



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE

APPLICATION FOR COVERAGE

Entity Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Contact Person: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Agent Information (if applicable)

Agent Name: _____ Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Commission %: _____ Liability Only _____ Property Only _____ All Lines of Coverage _____

SDPAA offers the ability to work with an agent of your choice. You, the Member and the agent agree on a commission percentage and SDPAA can include the commission on the invoice or you and the agent may work it out directly.

Entity Details

Population (your political subdivision): _____ Effective Date for SDPAA: _____

Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

Number of Elected Officials: _____



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE

APPLICATION FOR COVERAGE

Current Insurance Information

Coverage	Current Insurer	Limit	Expiration Date	Premium	Deductible
General Liability					
Public Officials Liability					
Automobile Liability					
Auto Physical Damage					
Law Enforcement Liability					
Property					
Equipment Breakdown					

Coverages Requested (please check)

- General Liability (includes Public Officials Coverage)
- Automobile Liability
- Auto Physical Damage
- Law Enforcement Liability
- Property
- Equipment Breakdown
- Enhanced Crime



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
GENERAL LIABILITY COVERAGE

Entity Name: _____

Limit: _____ Deductible: _____

Retroactive Coverage Requested? _____ If Yes, Retroactive Date: _____

Financial Information

Current Year

Total Operating Costs (including all funds) \$ _____
(expenditures without regard to source of revenue)

Deductions:

Capital Improvements \$ _____
(bondable items including interest on new construction,
major improvements & purchases of major items)

Expenditures for Independent Contractors \$ _____

Welfare Benefits \$ _____

Debt Service Fund \$ _____

Police Expenditures \$ _____

Total Deductions \$ _____

Adjusted Operating Expenditures (operating costs – total deductions) \$ _____

Payroll (estimated for current year)

Fire Department \$ _____

Sewer Department \$ _____

Water Department \$ _____

Electric Dept. \$ _____

Gas Utility \$ _____

Liquor Liability

Exposures (bar, liquor store, street dance): _____

On-Sale Receipts: _____ Off-Sale Receipts: _____



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
GENERAL LIABILITY COVERAGE (pg. 2)

Exposures

Ambulance Service

Number of Ambulances: _____

EMTs, Paramedics

Number of Technicians: _____

Garbage Dump, Landfill, Refuse Site

Number: _____

Swimming Pools/Areas

Number: _____

Diving Boards

Number: _____

Height: _____

Water Slides

Number: _____

Height: _____

Golf Course

Number: _____

Number of Holes: _____

Number of Road Miles

Fireworks Display

Number per Year: _____

Volunteer Firefighters

Number of Volunteer Firefighters: _____

Zoos

Number: _____

Bridges

Number: _____

Recreation Facilities

Skateboard Parks

Number: _____

Snowmobile Trails

Number: _____

Describe: _____

Does the Entity Participate in Pesticide/Herbicide Spraying? (Y/N) _____



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE

GENERAL LIABILITY COVERAGE (pg. 3)

Exposures Excluded

The following exposures are automatically excluded from SDPAA coverage, unless specifically included. Please mark any exposures that exist and mark if coverage is requested.

Ownership, Maintenance, Operations or Use of Any:

	Do You Have This Exposure? Y/N	Coverage Requested Through SDPAA Y/N
Aircraft, Airfields, Runways, Hangars, or other Aviation Operations	_____	_____
Amusement or Carnival Rides and Devices	_____	_____
Dam(s)	_____	_____
Downhill Ski Runs, Ski Tow or Ski Lifts	_____	_____
Educational System	_____	_____
Electric Utility System	_____	_____
Hospital, Medical Clinic, Assisted Living, Nursing Home, Intermediate Care Facility or other health care facility	_____	_____
Housing Authority	_____	_____
Mechanically Operated Amusement Devices	_____	_____
Medical Clinic	_____	_____
Natural Gas Transmission or Gas Utility System(s)	_____	_____
Nuclear Facilities	_____	_____
Railroad	_____	_____
Motorized Racing Events or Facilities	_____	_____
Trampolines, Rebounding or Tumbling Devices	_____	_____



**SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
AUTOMOBILE LIABILITY COVERAGE**

Entity Name: _____

Limit: _____ Deductible: _____

SDPAA Standard Sublimits

Uninsured/Underinsured Limit: \$100,000
Medical Payments Limit: \$5,000

If other limit requested, please note:

\$ _____
\$ _____

GENERAL INFORMATION

Do you have a specific driver-training program? _____

If yes, please explain: _____

Do you obtain MVR verification? _____

AUTOMOBILE LIABILITY

TYPE	NUMBER OF UNITS
Private Passenger, Police & Light/Medium Trucks	_____
Heavy, Fire, Dump, Maintenance Trucks and Ambulances	_____
Extra Heavy Trucks, Buses	_____
Antiques, Snowmobiles, ATVs/UTVs, FEMA Mobile Homes	_____
Motorcycles	_____
Trailers	_____
Golf Carts	_____
Total	_____

Light/Medium Trucks: 0 – 20,000 lbs. GVW
Heavy Trucks: 20,001 – 45,000 lbs. GVW
Extra Heavy Trucks: Over 45,000 lbs. GVW



**SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
LAW ENFORCEMENT LIABILITY COVERAGE**

Entity Name: _____

Limit: _____ Deductible: _____

Retroactive Coverage Requested? _____ If Yes, Retroactive Date: _____

PERSONNEL CLASSIFICATIONS

Number of Full Time Employees: _____ Number of Part Time Employees: _____

	NUMBER OF FULL TIME	NUMBER OF PART TIME
A. Officers with Arrest Powers (Excluding those associated with Detention & Auxiliary Officers)	_____	_____
B. Officers Assigned to Holding Facilities, Jail Medical Personnel and Armed Auxiliary Officers (Jail Administrators, Jailers, Matrons, Correctional Officers) There is NO coverage for MDs, CNPs or Nurse Practitioners	_____	_____
C. Officers without arrest powers (Meter Maids, Crossing Guards, Civil Process, Bailiff)	_____	_____
D. Auxiliary Officers - UNARMED	_____	_____
E. Police Dogs or Horses (owned or used)	_____	_____
F. Personnel without Arrest Powers (Stenographers, Clerical, Computer, Records, Dispatchers)	_____	_____
G. Watercraft (owned or used) – Powered or Unpowered	_____	_____
H. All other Jail Personnel (Stenographers, Clerical, Computer, Records, Dispatchers)	_____	_____



**SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
LAW ENFORCEMENT LIABILITY COVERAGE (pg. 2)**

PROCEDURES, OPERATIONS, AND TRAINING

	Yes/No
Does the department/facility have a Procedures Manual? (provide a copy)	_____
Last updated:	_____
Does the department provide any services to any other entity? _____	
Describe: _____	
Is the department involved in any mutual aid or reciprocal Law Enforcement Contract?	_____
Do you automatically require that your Agency be named as an additional insured for any subcontract work, approved special event, or other pre-approved activities which may require specific law enforcement involvement (concerts, parades, races)?	_____
Does the department permit moonlighting?	_____
Are background investigations conducted?	_____
Are medical examinations required?	_____
Are psychological tests required before hiring?	_____
Are officers trained in use of lethal and non-lethal force? (including but not limited to firearms, batons, mace & Tasers)	_____
Does the department require continued training programs for full time officers?	_____
Does the department have a Department Training Manual? (please provide a copy)	_____
In the last five (5) years, has there been any:	
Jail Suicides?	_____
Attempted Suicides?	_____
If yes to either, please explain: _____	



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
PROPERTY COVERAGE
COMPLETING A STATEMENT OF VALUES

Location Number:	Number each location in a sequence.
Address:	Enter the complete address for the location.
Building Value:	Enter the desired coverage amount for each building.
Contents Value:	Enter the desired coverage amount for the contents in the building. This should be the highest value of any date during the calendar year.
Occupancy:	Enter a one or two word description of what the building is used for. (Office, Storage Shed, Fire Station, City Hall, etc.)
Square Footage:	Multiply the building width by height by number of stories.
Construction Code:	Use the below descriptions to identify the type of each building.
NB 1-10:	Fire Department rating. Enter property protection class rating of your fire Department. The local fire department should be able to provide this information.

Construction Codes

Code 1: Frame

Buildings where the exterior walls are wood or other combustible materials including construction where the combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad and stucco on wood.

Code 2: Joisted Masonry

Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible.

Code 3: Non-Combustible

Buildings where the exterior walls and the floors are constructed of and supported by metal, asbestos, gypsum or other non-combustible materials.

Code 4: Masonry Non-Combustible

Buildings where the exterior walls are constructed of masonry materials as described in Code 2 above, with the floor and roof of metal or other non-combustible materials.

Code 5: Modified Fire Resistive

Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials with a fire resistance rating of one hour or more but less than two hours.

Code 6: Fire Resistive

Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

Code 7: Outdoor Property

Property located outdoors, and does not qualify under codes 1-6 (playground equipment, signs, fencing)



PROPERTY BUILDINGS & CONTENTS

Complete the below table of all buildings to be covered.
 An electronic spreadsheet in Excel format is also available, upon request.

Entity Name: _____

Loc. No.	Address	Building Value	Contents Value	Valuation ACV/RC	Occupancy	Sq. Ft.	Year Built	No. of Stories	Const Code	Deductible	Protection Class Code
1-1	321 Main Ave.	\$575,000	\$250,000	RC	Court House	3600	2005	2	2	\$1,000	8



**SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
EQUIPMENT BREAKDOWN COVERAGE**

Entity Name: _____

SDPAA Standard Deductibles

If other deductible requested, please note:

Deductible per Occurrence: \$1,000

\$ _____

Deductible for Water/Sewer Buildings: \$2,500 minimum

\$ _____

Deductible for Electric: \$25,000 minimum

\$ _____

Please specify the building location where there is a boiler and provide the Certificate expiration date on each.

LOCATION NUMBER

CERTIFICATE DATE

1-2

02-11-2015



**SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
LOSS RUN DETAILS AND EXPLANATIONS**

Provide details of any liability claims, equipment breakdown and/or any auto physical damage claims, which have occurred in the last five (5) years in excess of \$10,000, and attach details of the incident.

Provide any property claims, which have occurred in the last five (5) years in excess of \$100,000, and attach details of the incident.

Date	Line of Coverage	Type of Claim	Open or Closed	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Claim History Questions

Has any employee filed any suit or made any claim against the entity in any court or before any Commission or public agency? _____ Yes _____ No

Has your entity had any strikes or work stoppage in the last three (3) years? _____ Yes _____ No

Has your entity been involved in any disputes related to zoning issues? _____ Yes _____ No



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE

APPLICATION FOR COVERAGE

DECLARATIONS AND NOTICES

DECLARATION

To the best of my knowledge and belief, the information provided in connection with this application is true and there are no material facts withheld. I understand that non-disclosure or misrepresentation of a material fact will entitle the coverage provider to void any liability protection that is issued as a result of this application. I also understand that any contribution quotation is based on the loss information contained herein and is subject to change based on any verified loss information subsequently obtained by the coverage provider.

NOTICE

I understand that the signing of this application does not bind me to complete the Intergovernmental Contract, but agree that, should an Intergovernmental Contract be concluded, this application and the statements herein contained, shall form the basis of, and become a part of the coverage document and Intergovernmental Contract.

Authorized Signature of Applicant*: _____

Title of Applicant: _____

Date: _____

*Only original signature can be considered.

Return completed application to:

South Dakota Public Assurance Alliance
5024 Bur Oak Place, Suite 103
Sioux Falls, SD 57108

Email: sdpaa@sdmunicipalleague.org
Fax: 605-271-7830