

# LOCAL GOVERNMENT LIABILITY POOL

P.O. Box 20700, Cheyenne, WY. 82003-7015  
Phone Number: 307-638-1911 Toll Free Number: 1-888-433-1911  
Website address: lglpwyoming.org

## MEMBERSHIP APPLICATION

It is important that you fill out this application carefully. Your eligibility for the Local Government Liability Pool (LGLP) is based on this information. Since this is a general application for all types of entities that are eligible to participate in LGLP, some of the questions or information requested may not apply to you. If a question does not apply to your entity, fill in "N/A". **Please type or print information neatly.**

1. TYPE OF ENTITY (check one of the following):

City/Town \_\_\_\_\_ County \_\_\_\_\_ Senior Center \_\_\_\_\_

Other District:

- |                                      |                              |                             |
|--------------------------------------|------------------------------|-----------------------------|
| _____ Water District                 | _____ Sewer District         | _____ Electrical District   |
| _____ Water & Sewer District         | _____ Gas District           | _____ Conservation District |
| _____ Recreation District            | _____ Weed & Pest District   | _____ School District       |
| _____ Transit District               | _____ Fire District          | _____ Solid Waste District  |
| _____ Airport Board/Dist.            | _____ Cemetery District      | _____ Irrigation District   |
| _____ Joint Powers Board             | _____ Child Support Services | _____ School District       |
| _____ Improvement & Service District |                              |                             |

Other type of entity: \_\_\_\_\_

2. ENTITY NAME: \_\_\_\_\_

3. BUSINESS MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. E-MAIL ADDRESS: \_\_\_\_\_

5. BUSINESS PHONE NUMBER: \_\_\_\_\_

6. BUSINESS FAX NUMBER: \_\_\_\_\_

7. MEMBERSHIP APPLICATION COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

8. CHIEF ADMINISTRATIVE OFFICER: \_\_\_\_\_

TITLE: \_\_\_\_\_

9. CONTACT PERSON FOR INSURANCE MATTERS:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

10. FISCAL YEAR RUNS FROM \_\_\_\_\_ TO \_\_\_\_\_

11. GEOGRAPHICAL AREA WITHIN YOUR DISTRICT (CITIES, TOWNS, COUNTIES, ETC): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. APPROXIMATE POPULATION OF AREA SERVICED: \_\_\_\_\_

13. NUMBER OF OFFICIALS ON YOUR GOVERNING BOARD: \_\_\_\_\_

14. ARE YOU A GOVERNMENTAL ENTITY? YES \_\_\_\_\_ NO \_\_\_\_\_

15. WHAT STATUTES AUTHORIZE YOUR EXISTENCE? \_\_\_\_\_

16. DO YOU PURCHASE YOUR POWER, WATER OR GAS WHOLESALE FOR RESALE? YES \_\_\_\_\_ NO \_\_\_\_\_



**SECTION 3 – GENERAL INFORMATION CONTINUED:**

- 5. Estimated Number of Volunteers: \_\_\_\_\_
- 6. School Total Enrollment (School Dist. Only) \_\_\_\_\_
- 7. Number of Teachers (School Districts Only) \_\_\_\_\_
- 8. Does your Entity have an Attorney?: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is the Attorney an employee \_\_\_\_\_ or independent contractor \_\_\_\_\_?
- 9. Do you employ:
  - A. \_\_\_\_\_ Doctors Number: \_\_\_\_\_
  - B. \_\_\_\_\_ Nurses Number: \_\_\_\_\_
  - C. \_\_\_\_\_ Psychologists Number: \_\_\_\_\_
  - D. \_\_\_\_\_ Psychiatrists Number: \_\_\_\_\_
  - E. \_\_\_\_\_ Paramedics/EMT's Number: \_\_\_\_\_

**SECTION 4 – EXPOSURE INFORMATION:**

<u>DEPARTMENT NAME</u>	<u>DOES YOUR ENTITY HAVE THIS EXPOSURE?</u>	<u>CHECK (X) IF WANT COVERED</u>
1. Animal Control	Yes _____ No _____	_____
2. Auditorium	Yes _____ No _____	_____
3. Cemetery	Yes _____ No _____	_____
4. Municipal Court	Yes _____ No _____	_____
5. Dams	Yes _____ No _____	_____
6. Fire Department	Yes _____ No _____	_____
7. Firing Range	Yes _____ No _____	_____
8. Library	Yes _____ No _____	_____
9. Museum	Yes _____ No _____	_____
10. Predator Control	Yes _____ No _____	_____
11. *Senior Center	Yes _____ No _____	_____
12. Search & Rescue	Yes _____ No _____	_____
13. Solid Waste Collection	Yes _____ No _____	_____
14. Solid Waste Disposal	Yes _____ No _____	_____
15. Football Program	Yes _____ No _____	_____
16. Baseball Program	Yes _____ No _____	_____
17. Basketball Program	Yes _____ No _____	_____
18. Track Program	Yes _____ No _____	_____
19. Swimming Program	Yes _____ No _____	_____
20. Rodeo Program	Yes _____ No _____	_____
21. Wrestling Program	Yes _____ No _____	_____
22. Gymnastics Program	Yes _____ No _____	_____
23. Ice Hockey Program	Yes _____ No _____	_____
24. Soccer Program	Yes _____ No _____	_____

\*Only report exposure for Senior Center if they are a department of the entity. If Senior Center is a non-profit corporation, do not report them here as they are a separate entity.

**SECTION 4 – EXPOSURE INFORMATION CONTINUED:**

<u>DEPARTMENT</u>	<u>DOES YOUR ENTITY HAVE THIS EXPOSURE?</u>	<u>CHECK (X) IF WANT COVERED</u>
25. Public Skating Rink	Yes _____ No _____	_____
26. Golf Course	Yes _____ No _____	_____
27. Ball Fields	Yes _____ No _____	_____
28. Playground Equipment	Yes _____ No _____	_____
29. Crop Spraying	Yes _____ No _____	_____
30. Fumigating	Yes _____ No _____	_____
31. Building Inspections	Yes _____ No _____	_____
32. Other Exposures (specify):		
_____	Yes _____ No _____	_____
_____	Yes _____ No _____	_____
_____	Yes _____ No _____	_____
_____	Yes _____ No _____	_____

**SECTION 5 – RISK MANAGEMENT INFORMATION:**

DOES YOUR ENTITY CURRENTLY HAVE THE FOLLOWING?:

<u>POLICIES</u>	<u>YES</u>	<u>NO</u>
1. Safety Rules/Committee	_____	_____
2. Formal Safety Training for Employees	_____	_____
3. Disaster Plan	_____	_____
4. Maintenance Schedules for Equipment	_____	_____
5. Regular Inspections of Playground Equipment	_____	_____
6. Formal Land Use/Zoning Policies	_____	_____
7. Police/Sheriff Department Policies	_____	_____
A. Use of Force	_____	_____
B. High Speed Pursuit	_____	_____
C. Use of Weapons	_____	_____
D. Annual Training Programs	_____	_____
E. Personnel Policies	_____	_____
8. Personnel Rules	_____	_____
A. Employee Evaluations	_____	_____
B. Policies for Discrimination	_____	_____
C. Policies for Sexual Harassment	_____	_____
D. Policies for American With Disabilities Act	_____	_____
E. Progressive Discipline	_____	_____
9. Landfill	_____	_____
10. Solid Liquid Waste Disposal	_____	_____
A. Maintenance Schedule for Cleaning Sewer Lines	_____	_____
B. Schedule for repair or replacement of Sewer Lines	_____	_____
C. Sewer Equipment for Cleaning Sewer Lines	_____	_____

**SECTION 5 – RISK MANAGEMENT CONTINUED:**

<u>POLICIES</u>	<u>YES</u>	<u>NO</u>
11. Vehicle Use Policies	_____	_____
A. Seat Belt Use Required	_____	_____
B. Non-Employee Allowed in Vehicles	_____	_____
C. Formal Accident Reporting Plan	_____	_____
D. Motor Vehicle Records Check	_____	_____
E. Defensive Driving Course	_____	_____
F. Vehicle Safety Inspections	_____	_____
G. Allowed To Use Company Vehicle for Personal Use	_____	_____
12. Contractual Agreements	_____	_____
A. Contractor Indemnifies Entity	_____	_____
B. Contracts Reviewed by Legal Counsel	_____	_____
C. Contract Clause Retaining Governmental Immunity	_____	_____

**SECTION 6 – INFORMATION REQUEST:**

1. The following information regarding your current insurance coverages:

Do you currently have the following insurance coverages?:

<u>COVERAGE</u>	<u>YES</u>	<u>NO</u>	<u>PREMIUM</u>
Auto Liability	_____	_____	\$ _____
General Liability	_____	_____	\$ _____
Directors & Officers Liability	_____	_____	\$ _____
Medical Malpractice Liability	_____	_____	\$ _____

Has your insurance company ever cancelled your coverage?: Yes \_\_\_\_\_ No \_\_\_\_\_

Total Amount Paid Out in Claims for Last Five Years:

<u>YEAR</u>	<u>TOTAL AMOUNT PAID</u>
FY _____	\$ _____
FY _____	\$ _____
FY _____	\$ _____
FY _____	\$ _____
FY _____	\$ _____

2. Provide a copy of your “**Employer’s Quarterly Federal Tax Return – Form 941**” (or **943/944**) as requested under the SPECIAL NOTES section above.

**SECTION 7 – QUESTION REGARDING APPLICATION CONTACT:**

Local Government Liability Pool  
 Business Phone Number: 307-638-1911  
 Toll Free Number (Wyoming Only): 1-888-433-1911  
 E-mail Address: [lglp@bresnan.net](mailto:lglp@bresnan.net)  
 Fax Number: 1-307-638-6211

**SECTION 8 – RETURN APPLICATION AND INFORMATION TO:**

Local Government Liability Pool  
P.O. Box 20700  
Cheyenne, WY 82003-7015

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Did you remember to enclose copies of the required tax forms?**

**“INTENTIONALLY LEFT BLANK”**