

LOCAL GOVERNMENT LIABILITY POOL

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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. PHYSICAL ADDRESS : _____

5. E-MAIL ADDRESS: _____

6. BUSINESS PHONE NUMBER: _____ FAX NUMBER: _____

7. MEMBERSHIP APPLICATION COMPLETED BY: _____
TITLE: _____

8. CHIEF ADMINISTRATIVE OFFICER: _____
TITLE: _____

9. CONTACT PERSON FOR INSURANCE MATTERS: _____
TITLE: _____

10. FISCAL YEAR RUNS FROM (MONTH) _____ TO _____

11. APPROXIMATE POPULATION OF AREA SERVICED: _____

12. NUMBER OF OFFICIALS ON YOUR GOVERNING BOARD: _____

13. ARE YOU A GOVERNMENTAL ENTITY? YES _____ NO _____

14. WHAT STATUTES AUTHORIZE YOUR EXISTENCE? _____

15. DO YOU OPERATE UNDER A JOINT POWERS BOARD? _____ SPECIAL DISTRICT _____

16. IF YOU ARE A JOINT POWERS BOARD, HAS YOUR JOINT POWRS AGREEMENT BEEN APPROVED BY THE ATTORNEY GENERAL'S OFFICE IN ACCORDANCE WITH W.S 16-1-105(a)(ii)? YES _____ NO _____

SECTION 1 – DESIRED DEDUCTIBLE:

- | | |
|---------------------------------|----------------------------------|
| _____ \$ 500.00 PER OCCURRENCE | _____ \$1,000.00 PER OCCURRENCE* |
| _____ \$2,000.00 PER OCCURRENCE | _____ \$2,500.00 PER OCCURRENCE |
| _____ \$5,000.00 PER OCCURRENCE | |

*Minimum deductible of \$1,000 for entities with payroll over \$1,000,000.

SECTION 2 – PAYROLL EXPENDITURES:

Payroll is based on your “Employer’s Quarterly Federal Tax Return – Form 941” (or 943/944).

- Entity’s Total Payroll: \$ _____
- For County’s who provide Contract Medical Staff for the County Jail.
Total Contract Amount (1099) \$ _____

SPECIAL NOTES:

- Report payroll for the last completed calendar year of operation January 1 to December 31.
- Attach a copy of your “Employer’s Quarterly Federal Tax Return – Form 941.” (or 943 or 944) There are four (4) quarters in a year; therefore you need to attach four (4) forms, one for each quarter. You need only to provide a copy of the first page of Form 941. If you submit a Form 943 or 944 to the IRS, you will need to supply one annual form.

SECTION 3 – GENERAL INFORMATION:

- Number of Licensed Motor Vehicles: _____
- Number of Employees: _____
- Number of Sworn Peace Officers: _____
- Number of Firemen: Employees _____ Volunteers _____
- Estimated Number of Volunteers: _____
- Does your Entity have an Attorney: Yes ___ No ___
Is the Attorney an employee _____ or independent contractor _____
- Do you employ?
 - _____ Doctors Number: _____
 - _____ Nurses Number: _____
 - _____ Psychologists Number: _____
 - _____ Psychiatrists Number: _____
 - _____ Paramedics/EMT’s Number: _____

SECTION 6 – INFORMATION REQUEST:

- 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 _____ | \$ _____ |

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 _____ | _____ |
| 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 _____ | _____ |
| _____ | Yes _____ | No _____ | _____ |

If you answered “Yes” to any of the above questions **and** that exposure has its own TIN, EIN or has formed a separate joint powers board, it must complete a separate application for coverage with LGLP.

*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 and must enroll separately.

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 | _____ | _____ |
| 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 | _____ | _____ |

Authorized Signature

Date

Title

E-mail address

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