



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
WORKERS' COMPENSATION SELF-INSURERS' FUND**

Member Renewal Application

Email completed form to: shanvey@meadowbrook.com

Contact: _____

Member: _____

Special Exposures:

(Check the box that most appropriately reflects the actual and/or anticipated exposures as applicable)

1. Does member own any aircraft? Yes No
 Does member lease or charter any aircraft? Yes No
 Does member have an employee that is a pilot and flies an aircraft, for any reason, while at work for the member? Yes No
 Does member have an employee that flies in an aircraft on a regular basis and as part of their job? Yes No
(If "Yes", to any of the above, the attached Supplemental Application "A" must be completed.)
2. Does member own, lease, or charter any watercraft that is in excess of 32 feet? Yes No
(If "Yes", the attached Supplemental Application "B" must be completed.)
3. Does member have any payroll assigned to class code #7539 – Electric Light or Power Co. NOC – all employees & drivers? Yes No
(If "Yes", the attached Supplemental Application "C" must be completed.)
4. Does member have operations involving the loading, unloading, repair, or construction of watercraft or vessels, including work performed on barges, docks or ferries? Yes No
5. Does member own, operate, or maintain a railroad, or own, lease, operate, or repair railroad equipment? Yes No
6. Does member have employees who may be subject to the Longshoremen and Harbor Workers Act, Jones Act or Federal Employers' Liability Act? Yes No
(If "Yes", please attach a list of employees with job descriptions.)
7. Does member have any employees who travel outside the U.S. on a regular basis or for more than a week at a time? (i.e. commissioners) Yes No
8. Is member engaged in manufacturing, handling, transporting, distributing, or storing explosives or explosive substances (other than gasoline)? Yes No
9. Does member perform any underground, subaqueous, or tunneling operations? Yes No
10. Does member provide group transportation for employees to and from the workplace? Yes No
(If "Yes," provide the average maximum number of employees in a vehicle per trip and the average number of daily trips.) Number of Employees _____ Number of Daily Trips _____
 For any "Yes" responses please provide a brief explanation below or on separate page:



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Member Renewal Application

Member: _____

Please list all locations with any employees (Zip Code must be included)

No.	Building Description (i.e.: Courthouse)	Location Street Address	City	State	Zip	Number of Employees at location
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
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21						
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28						
29						
30						



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Member Renewal Application

Member: _____

No.	Building Description (i.e.: Courthouse)	Location Street Address	City	State	Zip	Number of Employees at location
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

Member Representative: _____ Date: _____

Title: _____

Signature: _____

Note: Please complete the enclosed Member Contact Update form and return it with your application.



ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
WORKERS' COMPENSATION SELF-INSURERS' FUND
Member Contact Update

Member: _____

Workers' Compensation Insurance Contact person

The Workers' Compensation Insurance Contact person is the only appointed person who will receive invoices, renewals and related information for the member. Please provide the name, title, email and mailing addresses of the person in your office who has been designated to serve as your County's Liability Insurance Contact person.

NOTE: Changes to the Workers' Compensation Insurance Contact person must be made in writing to the Fund and to the service company no less than 10 days before the effective date of the change.

Contact Name: _____ Title: _____

Mailing Address: _____

Email: _____ Phone: _____

Safety Coordinator (County Fund Members Only)

County Fund Members should appoint a County Safety Coordinator. This person oversees a safety program, insuring compliance with safety rules and regulations; establishes a county-wide Safety Committee; presides, maintains and reports on Safety Committee meetings; assists with participation of all Safety-Sensitive Departments and the Commission in safety training, self-inspections and reporting and reviewing of all employee accidents; serves as the main point of contact for the ACCA SIDP program; and works with ACCA and the service company as needed to maintain a successful safety program. Please provide the name, title, email and mailing addresses of the person in your office who has been designated to serve as your County's Safety Coordinator. A Safety Coordinator Resolution is required and available at ACCA.

Contact Name: _____ Title: _____

Mailing Address: _____ Email: _____

_____ Phone: _____

Completed by: _____ Date: _____



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
WORKERS' COMPENSATION SELF-INSURERS' FUND**
Supplemental Application for Watercraft

B

**** This application is for reinsurance purposes. Please answer all questions. ****

Member: _____

For Watercraft in excess of 32 feet in length.

1. Provide the following information for any owned, leased or chartered watercraft.

Year/Make & Model	Length	Watercraft Type	Horse Power	Owned, Leased or Chartered

Description of General Use	No. of Crew Members	Passenger Capacity	Frequency of Use	Where Watercraft is used

2. Is Protection and Indemnity coverage provided for each watercraft listed above? Yes No

If "No," explain: _____

3. Do you require Jones Act coverage? Yes No

4. Do you require USL&H coverage? Yes No

If "Yes," what USL&H exposures are contemplated? _____

Member Representative: _____ Date: _____

Title: _____

Signature: _____



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
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Supplemental Application for Electrical Exposures**

C

**** This application is for reinsurance purposes. Please answer all questions. ****

Member: _____

Complete if any payroll is assigned to class code 7539 – Electric Light or Power Co. NOC – all employees & drivers.

1. Is any electrical power generated? Yes No If "Yes" complete the following:
- A. Amount generated as a percentage of your total consumption _____ %
 - B. Power source Water Coal Oil Gas Nuclear
 - C. Own or maintain Dams Coal mines Oil/gas field Pipeline
 - D. Power plants cooled by Hydrogen Water Oil
 - E. Does member subcontract any of the above operations? Yes No If "Yes", explain. _____

2. Does member agree to provide copies of certificates to excess carriers on demand? Yes No

3. Do employees construct, repair or maintain electrical power lines? (Includes excavation, the setting of poles, stringing of wires, installation of circuit breakers and transformers on poles and laying of underground cables.) Yes No

If "Yes," explain: _____

A. Does member subcontract any of the above operations? Yes No

If "Yes," explain: _____

B. Are certificates of workers' compensation coverage obtained from all subcontractors? Yes No

C. Does member agree to provide copies of certificates to excess carriers on demand? Yes No

4. Provide total number of customers _____ Commercial/Industrial _____ Residential

5. Complete the following:

Employee Duties	Payroll	No. of Employees
A. Store employees, meter readers, drivers and administrative staff	_____	_____
B. Operate, maintain or supervise equipment and facilities for the generation/distribution of power	_____	_____
C. Power line construction	_____	_____
D. Power line repair and maintenance	_____	_____
E. Other (List duties) _____	_____	_____

Member Representative: _____ Date: _____

Title: _____

Signature: _____