



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
LIABILITY SELF-INSURANCE FUND, INC.**

County-Related Entity Renewal Application

Email completed form to: shanvey@meadowbrook.com

Contact: _____

Name of Entity: _____

Mailing Address: _____

Please provide a brief description of current operations:

Entity's Website: _____

General Information

1. Number of full time employees: _____

2. Current fiscal year financials

a) Total estimated revenue *(This includes all funds, regardless of the source):* \$ _____

b) Total budgeted expenditures *(This includes payroll reported below):* \$ _____

c) Estimated annual WC payroll of ALL employees: \$ _____

3. Do you handle, transport, distribute or store chemicals, hazardous materials, explosives or explosive substances? Yes No
If yes, provide full details.

4. Number of aircraft, owned or leased *(This includes rotary or fixed-wing):* _____

Exposures Requiring Separate Applications

5. Does your entity require automobile liability coverage? Yes No
If "Yes", the attached Supplemental Application "D" must be completed.)

6. Does your entity operate a detention facility? (This includes jail, juvenile detention center or other)
(If "Yes", the attached Supplemental Application "E" must be completed.) Yes No

7. Does your entity own or operate any dams?
(If "Yes", the attached Supplemental Application "F" must be completed.) Yes No

8. Does your entity operate any utility services? (This includes Water, Sewer, Gas or Electric)
(If "Yes", the attached Supplemental Application "G", "H", "J" or "K" must be completed.) Yes No

9. Does your entity own or operate a Day Camp, Day Care or Nursery?
(If "Yes", the attached Supplemental Application "L" must be completed.) Yes No

10. Does your entity own or operate any Drones?
(If "Yes", the attached Supplemental Application "M" must be completed.) Yes No

11. Does your entity require canine coverage?
(If "Yes", the attached Supplemental Application "N" must be completed.) Yes No



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County-Related Entity Renewal Application

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Name of Entity: _____

12. Does the County Commission appoint members to your board? Yes No

13. Are any County Commissioners on your board? Yes No

If yes, how many County Commissioners are on your board? _____

14. List names of current Board of Directors for your entity:	County Commissioner	Appointed by Commission
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>

15. Locations: *Please list all locations with any employees (Zip code must be included)*

No.	Building Description	Location Street Address	City	State	Zip	Number of Employees at location
1						
2						
3						
4						
5						

Member Representative: _____ Title: _____
(print name)

Signature: _____ Date: _____



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
LIABILITY SELF-INSURANCE FUND, INC.**

Member Contact Update

Member: _____

Liability Insurance Coordinator

The Liability Self-Insurance Fund's Participation Agreement states that you agree to appoint a Liability Insurance Coordinator, who will receive invoices, renewals, and ALL Fund-related information. 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 Coordinator:

Contact Name: _____ Title: _____
Mailing Address: _____ Email: _____
_____ Phone: _____

Property Insurance Contact Person (Property Program Members Only)

Please provide information below for the person who has been designated to serve as your County's Property Insurance Contact Person:

Contact Name: _____ Title: _____
Mailing Address: _____ Email: _____
_____ Phone: _____

Completed by: _____ **Date:** _____



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
LIABILITY SELF-INSURANCE FUND, INC.**
Supplemental Application for Automobile Liability

D

Member: _____

Please provide a count of the number of each type of vehicle listed below. Include all vehicles that are:

- Designed and approved to be operated on public roadways and are
- Titled to the county or leased by the county and operated by county employees or
- Titled to the county or leased by the county and operated by *non-county employees* (such as employees of the District Attorney, Community Corrections, Volunteer Fire Department, Water Authority, etc.) ** See note below.

Types of Vehicles (See page 5 for descriptions of each type)	Operated by County Employees	Operated by Non-County Employees **	Total
a) Private Passenger Vehicles (<i>non-emergency</i>):	_____	_____	_____
b) Garbage Trucks:	_____	_____	_____
c) Dump Trucks:	_____	_____	_____
d) Buses & Vans (<i>seating 15 or more passengers</i>):	_____	_____	_____
e) Ambulances:	_____	_____	_____
f) Fire Trucks:	_____	_____	_____
g) Law Enforcement Vehicles (<i>patrol cars & other</i>):	_____	_____	_____
h) All Other Vehicles (<i>including motorcycles</i>):	_____	_____	_____
Total number of vehicles:			_____

**** Automobile liability coverage is reduced for vehicles that are titled to the county or leased by the county and are operated by non-county employees. Other coverage may need to be purchased elsewhere.**



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
LIABILITY SELF-INSURANCE FUND, INC.**
Supplemental Application for Automobile Liability

D

Vehicle Categories

a. Private Passenger Vehicles

All sedans, coupes, station wagons, sport utility vehicles and pickup trucks.

Also included are vans that seat less than fifteen passengers.

**Do not include in this category any vehicles that are used by Law Enforcement or emergency personnel.*

b. Garbage Trucks

Trucks specially designed for the purpose of collecting and hauling waste to landfills and other recycling / disposal facilities. Includes front loader, rear loader or side loader models.

c. Dump Trucks

Trucks having a bed whose contents can be emptied without handling; the bed can be hydraulically raised so that the load is discharged by gravity.

d. Buses & Vans

Large, two or three axle vehicles that are designed to carry fifteen or more passengers.

Vans that seat less than fifteen passengers and used to transport inmates are considered law enforcement vehicles.

Vans that seat less than fifteen passengers and used to transport senior citizens or used by the road department to transport supplies / tools are considered "private passenger" vehicles.

**Do not include in this category any vehicles that are used by Law Enforcement or emergency personnel.*

e. Ambulances

Specially equipped vehicles for transporting the injured or sick.

f. Fire Trucks

Large vehicles specially designed to carry firefighters and/or their equipment to a fire.

g. Law Enforcement Vehicles

Motor vehicles that are used in apprehension, surveillance, police or other law enforcement work or are specifically designed for use in law enforcement. Includes both marked and unmarked vehicles as well as sport utility vehicles, vans or trucks used by law enforcement personnel.

h. All Other Vehicles

Any other vehicles that are designed and approved to be operated on public roadways that do not fit in any one of the above categories. Includes two and three wheel motorcycles.



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
LIABILITY SELF-INSURANCE FUND, INC.**
Supplemental Application for Jail / Detention Facilities

E

Member: _____

1. Jail / Holding Cell Operations – Please complete the following:

Facility	Total Square Footage	Number Of Cells	Design Capacity (# Inmates)	Number of Intakes From ALL Sources Past 12 Months	Number of Jail / Detention Officers
Jail					
Juvenile Detention Center					
Other Detention Facility					

2. Do you contract with a health care services organization (Southern Health Partners, Quality Health Care, local hospital, primary care facility, etc.) to provide health care services in the jail / detention facility? Yes No

- *If yes, provide the name of the health care services organization(s).*
- *Include a current copy of each contract and certificate of insurance with this application.*

3. List any medical doctors, doctors of osteopathy, physician assistants, advanced practice nurses, registered nurses, licensed practical nurses, paramedics, or other medical professionals that volunteer or that you DIRECTLY employ/contract with to provide health care services in the jail / detention facility? **(Other than the individuals listed in section 2 above)**

- *Include a copy of each contract, license, certifications and certificates of insurance with this application.*

Name	Title/Location	Individual carries their own Liability Coverage?	Employed/Contracted Directly w/Member	Volunteer
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

4. If any of the above persons in Section 3 DO NOT have their own professional medical liability coverage while working in your jail / detention facility, do you wish to add Professional Health Care Services Endorsement for them while working in your jail / detention facility? Yes No

NOTE: Unless Professional Health Care Services Endorsement is added, coverage is not afforded to any individual that provides or fails to provide professional health care services in your jail / detention facility.

**Effective 01/01/2019, coverage for medical professionals listed on Endorsement 18A may be sub-limited.*

5. Please provide a copy of any inspection reports involving the jail/detention facility prepared by any county, state or federal agency or department, or prepared by any consultant retained by you or some other entity in the past year.



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
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Supplemental Application for Dams

F

Member: _____

Please list each dam location separately and attach a copy of the latest engineering report.

1.	Nature of Dam	Location			
	Construction	Year Built	Height (feet)	Storage Capacity	Federal Hazard Potential Classification
2.	Nature of Dam	Location			
	Construction	Year Built	Height (feet)	Storage Capacity	Federal Hazard Potential Classification
3.	Nature of Dam	Location			
	Construction	Year Built	Height (feet)	Storage Capacity	Federal Hazard Potential Classification
4.	Nature of Dam	Location			
	Construction	Year Built	Height (feet)	Storage Capacity	Federal Hazard Potential Classification
5.	Nature of Dam	Location			
	Construction	Year Built	Height (feet)	Storage Capacity	Federal Hazard Potential Classification
6.	Nature of Dam	Location			
	Construction	Year Built	Height (feet)	Storage Capacity	Federal Hazard Potential Classification
7.	Nature of Dam	Location			
	Construction	Year Built	Height (feet)	Storage Capacity	Federal Hazard Potential Classification
8.	Nature of Dam	Location			
	Construction	Year Built	Height (feet)	Storage Capacity	Federal Hazard Potential Classification
9.	Nature of Dam	Location			
	Construction	Year Built	Height (feet)	Storage Capacity	Federal Hazard Potential Classification



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
LIABILITY SELF-INSURANCE FUND, INC.**
Supplemental Application for Water Authorities

G

Member: _____

1. Total water utility payroll (excluding clerical) \$ _____
2. Miles of water mains _____
3. Average age of water mains _____
4. Annual number of gallons distributed _____
5. Water consumption (%) by type:
 - Personal _____ %
 - Farming _____ %
 - Industrial _____ %
6. Number of customers served: _____
7. Identify water source:
 - Lake Well River Spring
 - Other (Specify): _____
8. Type of storage facility
 - Tank Towers Dam Reservoir
 - Other (Specify): _____
9. Pipe used (%) by type:

Lead	_____ %	Plastic	_____ %
Cast Iron	_____ %	Asbestos/Concrete	_____ %
Other (Specify) _____			
10. Is repair / construction done by Utility employees? Yes No
(If contracted, please attach Certificate of Insurance from contractor.)
11. Who is responsible for treatment of water? _____
12. If your Entity is, what chemicals are used in the treatment process? _____
13. How often is the drinking water tested? _____
14. Who performs the testing? _____
15. Are any operations contracted? Yes No
(If so, please describe the operations and attach Certificate of Insurance from Contractor.)



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
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Supplemental Application for Sewer Authorities

H

Member: _____

1. Total sewer utility payroll (excluding clerical) \$ _____

2. Miles of sewer mains: Storm: _____
Sanitary: _____

3. Average age of sewer mains _____

4. Type of facility operated:
 Treatment Plant Lift Stations Pumps

5. If Treatment Plant is operated, type of plant:
 Type of plant: Primary Secondary Tertiary
 What chemicals are used in the treatment process?

 Who is responsible for monitoring?

 Has plant ever been fined or received citation? If yes, explain Yes No

6. Are any operations contracted? Yes No

(If so, please describe the operations and attach Certificate of Insurance from contractor.)



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
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Supplemental Application for Gas Utilities**

J

Member: _____

1. Total gas utility payroll (excluding clerical) \$ _____
2. Miles of gas pipelines: _____
3. Total number of customers: _____
4. Distribution (%) by type:

Commercial	_____	%
Residential	_____	%
Industrial	_____	%

5. Are you in compliance with EPA Regulation (if not, explain) Yes No

6. Is service and maintenance contracted? Yes No

(If so, please attach Certificate of Insurance from contractor.)



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
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Supplemental Application for Day Care Facilities**



Member: _____

- 1. Is facility currently licensed with the state? Yes No
- 2. Number of years in operation: _____
- 3. Do you operate a day care facility with your own employees and/or volunteers? Yes No
- 4. If you own a day care facility, but a third party operates it for you, is the 3rd party contractually responsible for maintaining liability insurance? Yes No
- 5. Days and hours in operation: _____
- 6. Qualification requirements of staff members? _____
- 7. Number of teachers: _____
- 8. Number of volunteers: _____
- 9. Age of children: _____
- 10. Ratio of adults to children: _____
- 11. Describe playground equipment: _____

- 12. Describe any activities away from premises _____

- 13. What transportation is provided? _____

- 14. Are parental permission / waiver forms required? (If Yes, attach copy.) Yes No



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
LIABILITY SELF-INSURANCE FUND, INC.
Supplemental Application for Unmanned Aircraft
(i.e., Drones)**

M

Member: _____

**PLEASE COMPLETE THIS APPLICATION ONLY IF YOUR COUNTY NEEDS
UNMANNED AIRCRAFT LIABILITY COVERAGE AND/OR PROPERTY COVERAGE!**

CHECK REQUESTED COVERAGES: Liability Coverage Property Coverage
(Must be a member of Property Program)

1. Description of Unmanned Aircraft: (Please complete one form for each unmanned aircraft)
(Mandatory to be considered for coverage)

Owned by: _____

Used for: _____

Location: _____

Make & Model: _____

Year Built: _____ Weight: _____ Cost: _____

Registration # : _____ Serial # : _____

2. Pilot information: (Member employee pilot(s) only)

Name of Pilot in Control: _____ FAA Airman Certificate # : _____
(Mandatory to be considered for coverage)

Please attach a copy of each pilot(s) certifications.

Sponsored By



ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
LIABILITY SELF-INSURANCE FUND, INC.
Supplemental Application for Canines

N

Member: _____

PLEASE COMPLETE THIS APPLICATION ONLY IF YOUR COUNTY NEEDS
CANINE PROPERTY COVERAGE!

(Must be a member of Property Program to be considered for coverage)

(Please list each canine to be covered)

1. Name: _____ Breed: _____
Used for: _____
Is the animal on heartworm preventative? [] Yes [] No
Registration / Tattoo Number / Microchip: _____
Birthdate: _____ Sex: _____
Purchase Date: _____ Cost (including cost of training): _____

2. Name: _____ Breed: _____
Used for: _____
Is the animal on heartworm preventative? [] Yes [] No
Registration / Tattoo Number / Microchip: _____
Birthdate: _____ Sex: _____
Purchase Date: _____ Cost (including cost of training): _____

3. Name: _____ Breed: _____
Used for: _____
Is the animal on heartworm preventative? [] Yes [] No
Registration / Tattoo Number / Microchip: _____
Birthdate: _____ Sex: _____
Purchase Date: _____ Cost (including cost of training): _____

Please attach current verification from veterinarian that animal has tested negative for heartworms.

*Maximum coverage is \$10,000 per animal; \$1,000 deductible applies.