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ACCA
Association of County Commissions of Alabama

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

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: _____

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? ☐ Yes ☐ No
   (If "Yes", and in excess of 32 feet, the attached Supplemental Application "B" must be completed.)
3. Does member have 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 own any barges, docks or ferries? ☐ Yes ☐ No
5. 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
   (If "Yes," please explain operations and job descriptions.)

   _____

   _____
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 proof of coverage for these employees, as the Fund does not offer this coverage.)
7. Does member own, operate, or maintain a railroad, or own, lease, operate, or repair railroad equipment? ☐ Yes ☐ No
8. Does member have any employees who travel outside of the United States? (i.e. commissioners) ☐ Yes ☐ No
9. Is member engaged in manufacturing, handling, transporting, distributing, or storing explosives or explosive substances (other than gasoline)? ☐ Yes ☐ No
10. Does member perform any underground, subaqueous, trenching or tunneling operations? ☐ Yes ☐ No
11. Does member provide group transportation for employees to and from the workplace? (i.e. Road Department, etc.) ☐ 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 _____
12. **For any "Yes" responses, please provide additional explanations on a separate page.**

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Member Renewal Application

Member: _____

Please list all locations with any County 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						
20						
21						
22						
23						
24						
25						
26						
27						
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: _____

Completed by: _____ **Date:** _____

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A

Supplemental Application for Aircraft / Pilots

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

Member: _____

Aircraft Information (*Please complete one form for each aircraft*)

1. Type:
☐ Jet ☐ Propeller
☐ Helicopter ☐ Other

Ownership: *(If aircraft is regularly chartered or leased, attach a copy of the contract.)*
☐ Owned ☐ Regularly Chartered
☐ Leased ☐ Fractional Ownership (list %) _____

2. Description of general use and usual destination(s): _____

3. Do you own, lease or regularly carter any:
☐ Gliders ☐ Lighter-than-air Aircraft (hot air balloons, airships, etc.) ☐ Powered Parachutes
☐ Experimental ☐ Transportation To/From Offshore Oil or Gas Facilities ☐ Kit-built (home-built)

4. Chartered Aircraft:
Number of flights chartered per year: _____ Average number of employees on each flight: _____
Name of Charterer / Lessor: _____ Limits of Liability: _____
Is a Waiver of Subrogation Required by Any Charterer?: ☐Yes ☐ No

5. Owned or Leased Aircraft:
Hangar Address: _____
Year Built: _____ Make & Model: _____ # Engines: _____
Federal Registration #: _____ Amphibious? ☐Yes ☐ No

	Crew	Passenger		
Total # Seats:	_____	_____	Average # Trips per Month:	_____
Avg. # Employees per Trip:	_____	_____	Flight Hours:	_____

6. If employees fly on aircraft that are not owned, leased or regularly chartered, please describe:
_____

7. Select All Activities that the Applicant Performs with the Aircraft Listed: (Please select all that apply.)
☐ Aerial Advertising ☐ Mosquito Abatement ☐ Air Ambulance ☐ Carrying People or Cargo for Hire
☐ Law Enforcement ☐ Logging/Timber Hauling ☐ Weather Control ☐ Patrolling Pipelines, Power Lines or Canals
☐ Flight Instruction ☐ Low Altitude ☐ Stunt Flying ☐ Crop Seeding, Dusting or Spraying
☐ Traffic Control ☐ Oil or Mineral Exploration ☐ Air Racing ☐ None of These Activities
☐ Fire Fighting ☐ Organ Procurement ☐ Aerial Photography, Surveying, Mapping or News Reporting

8. Have any employees made trips outside the U.S. on the above-referenced aircraft in the past two years? ☐Yes ☐ No
If "Yes", provide details: _____

9. Do you have a limit to the number of employees on board an aircraft at any one time? ☐Yes ☐ No

10. Do you have weather restrictions? ☐Yes ☐ No **11.** Do you have night restrictions? ☐Yes ☐ No

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A

Supplemental Application for Aircraft / Pilots

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

Member:

Pilot information (***Please complete one form for each pilot***)

1. Full Name: _____ Date of Birth: _____

Address: _____

Employed by Member?: ☐ Yes ☐ No Full Time Pilot?: ☐ Yes ☐ No

2.

Pilot in command experience							
Aircraft Make / Model	Total Hours			Hours last 12 months	Hours last 90 days	Total Instrument	Total Night
	Single	Multi	Rotor				

3. FAA Pilot Certificates held:

☐ Student ☐ Private ☐ Commercial ☐ Flight Instructor ☐ ATP

4. FAA Pilot Ratings held:

☐ ASEL ☐ AMEL ☐ ASES ☐ Instrument ☐ Rotorcraft

5. FAA Medical Certificate:

☐ First-Class ☐ Second-Class ☐ Third-Class Waivers: ☐ Yes ☐ No If "Yes", describe: _____

6. Please list any aircraft for which you are type rated: _____

7.

Biennial flight review or equivalent		Last instrument competency check		Last recurrent/transition course		
Date	Type of Aircraft	Date	Type of Aircraft	Date	School/Instructor	Details of last course

8. As Pilot-in-command or as copilot, have you been involved in any aircraft incidents or accidents? ☐ Yes ☐ No

If "Yes", provide details: _____

9. As Pilot-in-command or as copilot, have you had or been found guilty of any federal air regulations or violations? ☐ Yes ☐ No

If "Yes", provide details: _____

Please attach a copy of each pilot's:

a. Experience (prior employment)
b. Flight Hours (breakdown to include aircraft flown and rank during hours)
c. Certifications and Ratings

Member Representative: _____ Date: _____

Title: _____

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B

Supplemental Application for Watercraft

*** * * * 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: _____

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C

Supplemental Application for Electrical Exposures

*** * * * 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: _____