



## **SPECIAL DISTRICT APPLICATION**

for

**Montana Association of Counties  
Property & Casualty Trust**  
2715 Skyway Drive  
Helena, MT 59602

**MACo Property & Casualty Trust  
SPECIAL DISTRICT APPLICATION**

**APPLICATION CHECKLIST**

	All questions are answered- Please use "N/A" where Not Applicable.
	Application is signed (by Chairman or Clerk) and dated.
	Application is legible and capable of being photocopied.
	Full details regarding previous carrier information is completed (Ex. Premium, Deductible, Limits).
	Premium level needed to write account (reasonable): <input style="width: 150px; height: 20px;" type="text"/>

**ATTACHED DOCUMENTS**

	Claims history for the past five (5) years.
	Copy of the Entities' most recent budget.  <input style="width: 50px; height: 30px;" type="checkbox"/> Adopted <input style="width: 50px; height: 30px;" type="checkbox"/> Tentative
	Statement of Values (SOV) for Property, Vehicles and Contractor's Equipment.

**SUBMIT APPLICATION**

**When completed, please return this form with the required attachments to:**

Montana Association of Counties  
2715 Skyway Drive  
Helena, MT 59602

**For questions regarding coverage or this application, please contact:**

Shannon Shanholtzer, Trust Administrator  
Phone (406) 449-4370  
Fax (406) 442-5238  
Email [smsr@mtcounties.org](mailto:smsr@mtcounties.org)

**MACo Property & Casualty Trust  
SPECIAL DISTRICT APPLICATION**

**SECTION I: ENTITY INFORMATION**

**A. Submitting Entity**

**Named Insured** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** MT **Zip Code** \_\_\_\_\_  
**County** \_\_\_\_\_  
**Designated Risk Manager** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**B. Submitting Agency**

**Named Agency** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** MT **Zip Code** \_\_\_\_\_  
**Producer's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**C. Effective Date:** \_\_\_\_\_

**SECTION II: SIGNATURES**

The information contained herein this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Presiding Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agent or Broker**  
(as named in Section I.B.)

\_\_\_\_\_  
**Date**

**SECTION III: PROPERTY / PHYSICAL DAMAGE  
INLAND MARINE / CRIME / BOILER & MACHINERY**

**A. Coverage Form**

- a. Blanket Replacement

**B. Limits of Coverage**

- a. Real & Personal Property
  - i. \$100,000,000/Occurrence for buildings and contents at Blanket Replacement
  - ii. \$15,000,000/Occurrence for machinery and equipment, contractor's equipment, vehicles and watercraft.
  - iii. \$50,000,000 for Earth Movements (per occurrence and in the aggregate)
  - iv. Floods (per occurrence and in the aggregate) at:
    - 1. \$1,000,000 for Zone A
    - 2. \$10,000,000 for Zone B
    - 3. \$20,000,000 for All Other Zones
- b. Boiler & Machinery
  - i. \$100,000,000/Occurrence at Blanket Replacement for all property in which a covered entity has an ownership interest
- c. Fidelity & Crime
  - i. \$500,000/Occurrence

**C. Maintenance Deductible**

- a. \$ \_\_\_\_\_

**D. Rating Information**

- a. Crime Coverage: Number of Employees: \_\_\_\_\_
- b. Boiler & Machinery Coverage needed: \_\_\_\_\_ No \_\_\_\_\_ Yes
- c. Is EDP Equipment covered under contents? \_\_\_\_\_ No \_\_\_\_\_ Yes
  - i. If "No," please attach the most recent schedule.

**E. Please attach the Entities' most recent Statement of Values (SOV).**

- a. Total value shown on the SOV: \$ \_\_\_\_\_

**F. Please attach the Entities' claims history for the past five (5) years.**

**SECTION IV: GENERAL LIABILITY**

**A. Coverage Form**

- a. Per Occurrence

**B. Limits of Liability**

- a. \$750,000/Claim; \$1,500,000/Occurrence
- b. \$1,000,000 Annual Aggregate with respect to products and completed operations per member
- c. \$3,000,000 Annual Aggregate with respect to all Section IV coverages per member per year for all claims made and occurrences.

**C. Maintenance Deductible**

- a. \$ \_\_\_\_\_

**D. Rating Information**

- a. Population: \_\_\_\_\_

- b. General Financial Information

i.	Fiscal Year	Total Revenue	Total Expenditures
	[ ]	\$ [ ]	\$ [ ]

**E. Please attach a copy of the District's most recent budget.**

**SECTION V: ERRORS & OMISSIONS FOR PUBLIC OFFICIALS**

**A. Coverage Form**

- a. Claims Made

**B. Limits of Liability**

- a. \$750,000/Claim; \$1,500,000/Occurrence

**C. Maintenance Deductible**

- a. \$ \_\_\_\_\_

**D. Rating Information**

- a. Questionnaire (If Yes, please give details on separate page.)
  - i. Has any person, former employee or job applicant, made claim alleging unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment? \_\_\_\_\_ No \_\_\_\_\_ Yes
  - ii. Have you had any disputes involving integration, segregation, discrimination or violations of Civil Rights? \_\_\_\_\_ No \_\_\_\_\_ Yes
  - iii. Do you follow a formal written grievance procedure for employee disputes and complaints? \_\_\_\_\_ No \_\_\_\_\_ Yes
  - iv. Do you have knowledge or information of any incident or occurrence, which might give rise to any claim being made? \_\_\_\_\_ No \_\_\_\_\_ Yes
- b. Prior Acts Coverage is subject to confirmation of continuous claims-made coverage, in force for the retroactive period at \$1,000,000 + limit, with all incidents likely to result in a claim having been reported to the prior carrier.
  - i. Retroactive Date: \_\_\_\_\_

**SECTION VI: AUTOMOBILE LIABILITY**

**A. Coverage Form**

a. Per Occurrence

**B. Limits of Liability**

a. \$750,000/Claim; \$1,500,000/Occurrence

**C. Maintenance Deductible**

a. \$ \_\_\_\_\_

**D. Summary of Vehicles**

a. Total Vehicle Count: \_\_\_\_\_

Vehicle Type (See Definitions in Section b. below)	# of Units	Vehicle Type	# of Units
Private Passenger (PP)	<input type="text"/>	Ambulance	<input type="text"/>
Light/ Medium Trucks (LMT)	<input type="text"/>	ATVs	<input type="text"/>
Heavy Trucks (HVY)	<input type="text"/>	Jet Skis	<input type="text"/>
X-Heavy Trucks (XHVY)	<input type="text"/>	Snowmobiles	<input type="text"/>
Other Buses	<input type="text"/>	Tugboats/ Ferries	<input type="text"/>
Police/ Sheriff	<input type="text"/>	Other	<input type="text"/>

b. Definitions

- i. All Private Passenger vehicles, excluding police and sheriff vehicles and 4-wheel drive vehicles, such as Jeeps, Broncos, Blazers, etc.
- ii. GVW <20,000, including vans, pick-ups, and the aforementioned 4-wheel drive vehicles.
- iii. GVW 20,001-45,000, including dump trucks.
- iv. GVW >45,000, including fire trucks, garbage trucks and tractor-trailers.
- v. Seating capacity >8, including shuttle busses.
- vi. All off-road vehicles, either 3 or 4 wheels.

**E. Please attach a vehicle schedule to this application, complete with a description of the vehicle and Actual Cash Value (ACV).**