WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION

Form #7

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OFFICE OF WEST VIRGINIA SECRETARY OF STATE

NOTICE OF AN EMERGENCY RULE

AGENCY: Board of Risk & Insurance Management TITLE NUMBER: 115

CITE AUTHORITY: §29-12-1 et seq.

EMERGENCY AMENDMENT TO AN EXISTING RULE: YES___, NO_x_

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

TITLE OF RULE BEING AMENDED: _____

_____

IF NO, SERIES NUMBER OF RULE BEING FILED AS AN EMERGENCY: 2

TITLE OF RULE BEING FILED AS AN EMERGENCY: Rules of the West Virginia Board of Risk and Insurance Management

THE ABOVE RULE IS BEING FILED AS AN EMERGENCY RULE TO BECOME EFFECTIVE UPON FILING.

THE FACTS AND CIRCUMSTANCES CONSTITUTING THE EMERGENCY ARE AS FOLLOWS:

Due to the unavailability of insurance to governmental entities and nonprofit organizations, these rules are needed to be implemented immediately, for the Public Entities Insurance Program.

Use Additional Sheets If Necessary.

TITLE
LEGISLATIVE RULES
WEST VIRGINIA BOARD OF RISK AND INSURANCE MANAGEMENT

SERIES
RULES OF THE WEST VIRGINIA BOARD OF RISK
AND INSURANCE MANAGEMENT

Section 1. General.

1.1. Scope. -- These rules establish the procedures for the implementing and administering of the Public Entities Insurance Program as established by Senate Bill #3, 1986. Purpose of the program is to provide liability coverage and/or property coverage for governmental entities and non-profit organizations.

1.2. Authority. -- W.V. Code 2 29-12-1 et seq., and Code 29-12A-1 et seq.

1.3. Filing Date. -- _____.

1.4. Effective Date. -- _____.

Section 2. Definitions.

2.1. Board - means the West Virginia Board of Risk and Insurance Management.

2.2. Entity - means the political subdivision or other organization requesting and/or obtaining liability and/or property insurance.

2.3. Agent - means a resident property and casualty agent currently licensed as such by the West Virginia Insurance Commission.

2.4. Information Packet - means the questionnaire, survey, or any other underwriting data that may be requested by the Board and furnished to the entity and or agent.

2.5. Fee Agreement - means that document and/or agreement provided to the entity or agent for the purpose of paying agent a service fee.

2.6. Service Fee - means the data acquisition cost which shall be no greater than eight percent of the annual earned premium charged to the entity.

Section 3. Designation of Agent of Record.

3.1. Each entity which seeks to procure liability and/or property insurance through the Board pursuant to W.V. Code S 29-12-1 and Code 29 -12A-1 et seq. and WV Insurance Code 33-12-1, shall be required to use a resident licensed property and casualty agent.

3.2. The designation of an agent of record shall be made in writing to the Board either by letter or per Fee Agreement and signed by the insured entity.

3.3. Failure to comply will result in non-acceptance or non-renewal.

3.4. Upon designation of an agent of record an information packet shall be furnished to the agent. The entity seeking insurance and its agent of record shall be jointly responsible for submitting the information packet completed in a manner acceptable to the Board.

3.5. Failure of the agent of record to satisfactorily complete the information packet may result in disciplinary action by the Insurance Commissioner of West Virginia.

3.6. Failure to satisfactorily complete the information packet may also result in the entity losing insurance coverage and/or forfeiting moneys collected by the board as acquisition cost.

Section 4. Data Acquisition Cost.

4.1. An amount designated as a data acquisition cost shall be included in the insurance premium charged to the entity. These moneys may be used to defray administrative expenses incurred as a result of the acquisition of underwriting data by the Board. These moneys may forfeit to the Board to defray expenses incurred by the Board as a result of the submission by the entity and/or agent of record of information and data not completed in a manner acceptable to the Board.

4.2. The data acquisition cost shall be an amount equal to eight percent of the annual earned premium charged the entity for insurance coverage.

Section 5. Commission of Agent of Record.

5.1. The amount of commission or fee of the agent of record shall be a matter to be resolved between the entity and its agent.

5.2. The commission of the agent of record shall not be more than eight percent of the earned annual premium.

Section 6. Ineligible Classes.

6.1. The following classes of entities have been determined by the Board to be ineligible for coverage under the Senate Bill #3 program.

6.1.a. (1) Hospitals - except those owned and operated by political subdivisions already insured with the state program.
(2) Airports and Airport Authorities
(3) Churches and Religious Organizations

(4) Fraternal Organizations (i.e. VFW's, American Legions, Elks, Moose, Rotary, Lions Clubs, etc.)
(5) Country Clubs
(6) Homeowners Associations
(7) Lobbying Organizations
(8) Political Organizations
(9) Any "For Profit" organizations

6.2. If any of the above classes are in the Public Entity Insurance Program the Board will renew them, however the Board will not accept any of the above after February 1, 1988.

Section 7. Rates and Coverages.

7.1. The Board shall determine and establish rates, rate programs, deductibles, and coverages as needed.

Section 8. Advisory Committee.

8.1. The Board shall establish an advisory committee to assist the Board in identifying insurance problems for various types of organizations.

Section 9. Cancellation Provisions.

9.1. The Board shall have the authority to cancel any entity that fails to pay their premium within 30 days of the premium due date.

9.2. The Board shall give an entity a 30 day notice of cancellation for non payment of premium.

STATE OF WEST VIRGINIA
BOARD OF RISK AND INSURANCE MANAGEMENT
CAPITOL COMPLEX, BUILDING 5, ROOM 1017, CHARLESTON, WEST VIRGINIA 25305 (304) 348-2291

To: All Agents of Record for
Public Entities Insurance Program

From: Harry "Skip" Morris, Underwriting Manager
Board of Risk and Insurance Management

Date: April 29, 1988

Subject: Property Renewal Information

Attached are property forms that we are requesting each "Agent of Record" for insureds, placed in the Public Entities Insurance Program, to complete.

The attached Form (RMI-20) must be completed on each building and/or location insured with the Board of Risk, and returned to our office by June 1, 1988 in order for the Board to renew the insureds property coverage.

If you have any questions please contact our office.

HSM/ebf

Attached

REQUEST FOR PROPERTY INSURANCE - STATE OF WEST VIRGINIA FORM RMI-20 (11-1-87)

NAME OF ENTITY REQUESTING INSURANCE: _____

ENTITY DIVISION? (PARK,DISTRICT,ETC):_____STRUCTURE#: _____

STRUCTURE NAME:_____ STREET/ROAD:_____

CITY:_____ ZIP:_____ COUNTY:_____ DATE ACQUIRED:_____

STRUCTURE OWNER:_____ IF NOT OWNED, IS THE ENTITY

RESPONSIBLE FOR THE STRUCTURE INSURANCE?_____ STRUCTURE LOCATED IN INCORPORATED AREA?_____

CIRCLE STRUCTURE TYPE: BUILDING TOWER TANK SHED SHELTER OTHER:_____

STRUCTURE USE: _____ SPRINKLER SYSTEM? NONE FULL PARTIA.

YEAR CONSTRUCTED: _____ TOWN FIRE PROTECTION CLASS: _____ CONSTRUCTION TYPE(CIRCLE # BELOW

1. FIRE RESISTIVE - BUILT WITH NONCOMBUSTIBLE MATERIALS PROTECTED WITH MAXIMUM FIRE PROOFING
2. SEMIFIRE RESISTIVE - NONCOMBUSTIBLE MATERIALS PROVIDING AT LEAST ONE HOUR FIRE RESISTANCE
3. BRICK - BUILT WITH NONCOMBUSTIBLE MATERIALS BUT LACKING THE FIRE PROOFING OF ITEM NO. 2
4. HEAVY TIMBER SUPPORT - 10 BY 6 INCH BEAMS, 8 INCH COLUMNS, & 4 INCH FLOOR PLANKING (MIN.)
5. MASONRY - BRICK-STONE-CONCRETE SELF-SUPPORTING WALLS WITH WOOD OR STEEL FLOOR SUPPORTS
6. FRAME - BUILT OF LIGHT WOOD OR STEEL OF LOW FIRE RESISTANCE INCLUDING BRICK VENEER
7. OTHER - DESCRIBE:_____

NO. OWNED ELEVATORS? ____ DOES STRUCTURE HAVE BASEMENT?_____ IF YES, IS BASEMENT FINISHED?_____

NO. OF FLOOR LEVELS INCLUDING BASEMENT:_____ AREA OF STRUCTURE: _____ SQUARE FEET

* IF BUILDING IS OWNED, ENTER THE ACCUMULATED GROSS SQUARE FEET (OUTSIDE DIMENSION OF EACH FLOOR LEVEL INCL. THE BASEMENT). IF LEASED, ENTER THE ACTUAL SQFT UNDER THE LEASE AGREEMENT

DESCRIBE ANY ALARMS SYSTEMS: _____

TYPE OF HEATING (CIRCLE): UNHEATED ELECTRIC GAS FURNACE OIL FURNACE SPACE HEATER

STEAM BOILER HOT WATER BOILER OTHER:_____

HAS LOCATION BEEN SUBJECT TO PAST FLOOD DAMAGE?_____ UNDERGROUND COAL MINE SUBSIDENCE?_____

INSURANCE AMOUNT-BUILDING: $_____ CONTENTS: $_____ DOES LOCATION PRODUCE

REVENUE? _____ IF YES, SOURCE:_____ ANNUAL$_____

INDIVIDUAL COMPLETING REQUEST: _____ PHONE#: _____

COMMENTS:_____

_____

_____

MAIL TO: BOARD OF RISK AND INSURANCE MANAGEMENT
BUILDING 5, ROOM 1017, CAPITOL COMPLEX
CHARLESTON, WEST VIRGINIA, 25305

TELEPHONE #
800-345-4669
304-348-0153

FOR BOARD USE ONLY
DEPT #:_____
DIV #:_____
LOC #:_____
SPC :_____

STATE OF WEST VIRGINIA
BOARD OF RISK AND INSURANCE MANAGEMENT
CAPITOL COMPLEX, BUILDING 5, ROOM 1017, CHARLESTON, WEST VIRGINIA 25305 (304) 348-2291

MEMORANDUM

TO: All Agents of Record for Public Entities Program

FROM: William Sigmund, Chairman, Board of Risk and Insurance

DATE: August 15, 1988

SUBJECT: Fee Agreement

Attached is a revised Fee Agreement that will be used by the Board of Risk and Insurance Management for the payment of fees to agents who have provided services to the Board, and the entities insured in the Public Entities Program.

Please note the following changes from the previous Fee Agreement:

1. The attached agreement is a permanent agreement. It can only be changed upon the insureds request for a new agent or when the fee percentage amount is changed.

2. The new agreement will allow the Board to pay fees directly to the agent or agency. The difference between the agents fee and the maximum 8% will be credited to the insured's account.

3. The Board will pay based upon the annual earned premium.

4. The Board will pay at the end of the policy year. This will eliminate accounting problems when there are changes in premiums during the policy year.

5. The Board will pay only those agents that comply with the underwriting requests of the Board and who return the attached Fee Agreements.

6. The attached Fee Agreement is in triplicate. One is to be returned to the Board, the second is for the agent's records, and the third is for the insured's records.

7. The revised Fee Agreement makes it optional to pay either the individual agent or the agency. You must indicate how you want the fee to be paid.

8. FEE AGREEMENTS MUST BE RETURNED TO THE BOARD NO LATER THAN OCTOBER 1, 1988.

If you have any questions, please do not hesitate to contact our office at 1-800-345-4669.

FORM AG88 - SENATE BILL NO. 3 AGREEMENT ACCOUNT NO. 0240 P

The following definitions apply to this agreement:

"Board" means the West Virginia Board of Risk and Insurance Management

"Insured" means the following insured entity:

"Agent of Record" means the following licensed Insurance Agent or Insurance Agency:

Name of Agent _____ License # _____

Name of Agency _____ Tax #:_____
Street/P.O.Box _____
City/State/Zip _____

This agreement made with the "Board", the "Insured", and the Insured's designated "Agent of Record" mutually agrees as follows:

The "Insured" authorizes the "Board" to pay the "Agent of Record" a fee of _____% (subject to a maximum of 8%) of the earned premium. Payment of said fee is subject to the Agents compliance with all underwriting requirements as determined by the "Board".

The difference between the maximum of 8% and the percentage paid to the "Agent of Record" shall be credited to the "Insured's" account with the "Board".

The earned premium will be computed on an annual basis of July 1st of each year to June 30th of the following year. The "Insured" upon written request to the "Board" can change the "Agent of Record" and/or fee paid to the "Agent of Record".

_____ _____
Authorized Representative of the Board Date

_____ _____
Authorized Representative of the Insured Date

_____ _____
Signature of Agent of Record Date

Social Security Number of Agent: _____

Indicate if check is to be paid to Agent _____ or Agency _____.

STATE OF WEST VIRGINIA
BOARD OF RISK AND INSURANCE MANAGEMENT
BUILDING 5, ROOM 1017, CAPITOL COMPLEX, CHARLESTON, WEST VIRGINIA 25305 (304) 348-2291

STATE OF WEST VIRGINIA INSURANCE PROGRAM

Senate Bill #3

AGENTS GUIDE

PROPERTY AND LIABILITY

QUESTIONAIRES

(INCLUDED)

STATE OF WEST VIRGINIA

OFFICES OF THE
INSURANCE COMMISSIONER
2100 WASHINGTON STREET, EAST
CHARLESTON, WEST VIRGINIA 25305
TELEPHONE (304) 348-3354

FRED E. WRIGHT
INSURANCE COMMISSIONER

ARCH A. MOORE, JR.
GOVERNOR

M E M O R A N D U M

TO: Agents of Record

FROM: Fred E. Wright
Insurance Commissioner

DATE: February 12, 1987

RE: State of West Virginia Insurance Program
Senate Bill 3 - 1986

This office is appreciative of your willingness to assume the responsibility of agent for the entity which has chosen you as its insurance expert.

We are aware of the technical know-how, and the time and effort involved in this function; and we feel confident that you will carry out these duties in a professional manner.

Thank you for your help in making this plan work.

FEW/csp

STATE OF WEST VIRGINIA
BOARD OF RISK AND INSURANCE MANAGEMENT
BUILDING 5, ROOM 1017, CAPITOL COMPLEX, CHARLESTON, WEST VIRGINIA 25305 (304) 348-2291

TO: Participants of the State of West Virginia Insurance Program and the Agent of Record.

FROM: Board of Risk and Insurance Management

SUBJECT: Role and Duties of the Agent of Record

BACKGROUND:

Senate Bill # 3 passed by the State Legislature in a special session in May, 1986, authorized the Board of Risk and Insurance Management to provide liability and property insurance for political subdivisions and non-profit organizations in the State. Senate Bill #3 also authorized the Board to establish rules and regulations for the administration of the program.

Since the implementation of the State Insurance Program on July 1, 1986, several public entities and non-profit corporations have entered the program via the instructions forwarded to them by the Board. The entities and non-profits have been instructed to forward to the Board copies of their last years policies, along with 25% of last years premium and an Agent of Record letter. Once this has been received the Board has issued certificates of insurance to the participants and to the Agent of Record.

USE OF THE AGENT OF RECORD

The primary purpose for the use of agents in implementing Senate Bill #3, is to avoid confusion on the part of the participants as to their insurance needs and coverages. In most cases the agent should already have a knowledge of the participants insurance program and can assist them in entering the program with little or no problem. In some cases the agent may be able to save the participants money by reviewing their current coverages with those offered by the Board. It should be noted that property coverage is optional and the agent may be able to place the coverages offered through the State Program elsewhere at a greater savings to the participant.

ROLE OF THE AGENTS

The role of the agents will be similar to their duties with other insurance providers. The agents existing facilities are already established to perform the duties requested by the Board. The agents duties will be as follows:

I. Underwriting

II. Claims Reporting

III. Loss Control

IV. Billing

I. UNDERWRITING DUTIES

A. The initial underwriting duty of the agent will be to provide the Board with copies of existing policies along with a summary of current coverages and premiums.

B. The completition of any applications and forms or questionaires developed by the Board.

C. Providing the Board with the loss history upon request.

D. Provide the Board with Annual updates of participants exposures, and of any changes that may develop.

E. Provide the Board with any additional underwriting information which the Board may request.

CLAIMS DUTIES

II. A. The agent will assist the participant in the completion of the claims forms provided by the Board. It will be the agents responsibility to see that all claims are reported in a timely manner and that all claims forms are done correctly.

B. The agent will work with the Board's claim personnel in getting prompt settlement of claims.

III. LOSS CONTROL DUTIES

A. The agent will coordinate inspection of the risk with the Board, and the participant.

B. The agent will assist in the completition of all loss control reports.

C. The agent will follow-up on all loss control reports to verify completition of any recommendations.

D. The agent will notify the Board of any potential loss control problems so that the Board can avoid any potential loss.

IV. BILLING DUTIES

A. All premiums will be billed direct. The Board will bill the participants on a quarterly basis.

B. The agents will be notified by the Board if a participant fails to pay their premium on time. The agent should then notify the participant that failure to pay will result in cancellation. All copies of cancellations will be sent to the agent.

C. The agent's commission will be paid in the last quarter of the State's fiscal year. Commission will be based on a maximum of 8% of the earned premium.

SUMMARY

It is hoped that this will clarify some of the questions concerning the role and duties of the agent. However, it should be pointed out th any agent not complying with requests made by the Board, will be reported to the Insurance Commissioner and the Board will request that a political subdivision and/or non-profit organization assign another Agent of Record.

The Board has already developed rating programs for Volunteer Fire Departments, Transit Authorities, and Primary Care Centers. If you desire copies of these rating programs contact our office and we forward them to you.

If you have any questions or want any additional information please feel free to contact our office at 348-2291 or 348-0153 or 1-800-345-4669.

STATE OF WEST VIRGINIA
BOARD OF RISK AND INSURANCE MANAGEMENT
BUILDING 5, ROOM 1017, CAPITOL COMPLEX, CHARLESTON, WEST VIRGINIA 25305 (304) 348-2291

TO: Agents of Record - STATE INSURANCE PROGRAM.

FROM: Board of Risk and Insurance Mangement.

SUBJECT: PROPERTY QUESTIONAIRE

Please complete the attached property questionaire on each location you have insured through the State Insurance Program. All values are 100% replacement.

For computation of replacement cost of buildings, use standard insurance formulas and principles.

For computation of contents also include misc. marine coverages such as E. D. P. & Valuable Papers.

Please complete an ISO statement of values or an Accord Statement of values on those participants that have more than one location. The location number on the questionaire should correspond to the location number on the statement of values.

Also attached are liability questionaires for Public Entities, Non-profit Organizations and Health Care Facilities. Please complete where applicable.

PLEASE PRINT OR TYPE WVBR-01

REQUEST FOR PROPERTY INSURANCE

STATE OF WEST VIRGINIA

Check type(s) of Insurance: _____ Building
_____ Contents
_____ Boiler

DATE _____

1. Name of Insured: _____
_____
2. Address _____
3. Building Location _____ Location No. _____
4. Occupancy or use of Building _____
5. Construction _____
6. Square Feet _____
7. Fire Protection Class _____
8. Type of Building _____
9. Location of Contents _____
10. Building Sprinkler System _____ None _____ Full _____ Partial _____
11. Is Location subject to flood or mudslide? _____
12. Number of Elevators _____
13. Year Constructed _____
14. Type of Heat _____ Boiler (Type) _____
15. Describe any fire or burglary alarm system _____
16. Amount of Insurance _____ Building _____ Contents _____
17. Contanct person _____ Phone No. _____
18. Additional Insureds _____
19. Is building owned? _____ or leased? _____ If leased, from whom _____
_____
20. Agent of Record _____
21. COMMENTS: _____
_____
_____
_____

WEST VIRGINIA INSURANCE PROGRAM

EXPOSURE QUESTIONNAIRE
CITIES, TOWN, TOWNSHIPS, VILLAGES AND COUNTIES & OTHER QUASI GOVERNMENTAL ORGANIZATIONS
(Please attach separate page if necessary to explain answers)

IF QUESTION IS NOT APPLICABLE PLEASE MARK NA

I. GENERAL INFORMATION

A. Name of Entity_____

CHECK ONE: [ ] CITY [ ] TOWNSHIP
[ ] TOWN [ ] VILLAGE
[ ] COUNTY [ ] OTHER GOVERNMENTAL ENTITY

B. Population_____

C. Mailing address_____

D. Name and address of Agent of Record_____

_____Phone No._____

E. Date questionnaire completed_____

II. GENERAL LIABILITY

A. Total payroll:

Current $_____ (projected)-$ _____

B. Total operating expenditures (See explanation)

Current $_____ (projected)-$_____

"Total operating expenditures" is defined as total operating costs (expenditures without regard to the source of revenue) during the fiscal year period, excluding:

1. Captital improvements (bondable items, including the interest thereon, new construction, major improvements and purchase of major items).
2. Expenditures on those exposures which are separately rated (see below).
3. Expenditures for independent contractors' operations.
4. Welfare benefits (not administrative costs).

C. Expenditures (for 1985/86) on exposures to be separately rated:

1. Amusement parks——————————$_____
2. Arenas——————————$_____
3. Golf Courses——————————$_____
4. Housing Projects——————————$_____
5. Medical Care Facilities——(separately budgeted)——————$_____
6. Penal Institutions (separately budgeted)——————$_____

C. Expenditures on exposures to be separately rated (Continued)

7. Transportation systems and facilities, bus systems or other mass transit facilities, such as subways and ..... $_____

8. Utilities-electric, gas, water, steam..... $_____

9. Wharves, piers, docks, and marinas..... $_____

10. Zoos..... $_____

Total of 1 through 10..... $_____

D. General exposures. Do you operate or have:	Yes	NO
1. Owned cemeteries.....	[]	[]
2. Owned mausoleums.....	[]	[]
3. Owned housing projects.....	[]	[]
4. Land leased to others.....	[]	[]
5. Libraries.....	[]	[]
6. Parking lots.....	[]	[]
7. Parks and playgrounds.....	[]	[]
8. Stadiums or grandstands.....	[]	[]
9. Swimming pools.....	[]	[]
10. Golf courses.....	[]	[]
11. Amusement parks.....	[]	[]
12. Fairs.....	[]	[]
13. Festivals, parades,exhibitions,special events.....	[]	[]
14. Fireworks exhibitions.....	[]	[]
15. Exhibition buildings or auditoriums.....	[]	[]
16. Zoos.....	[]	[]
17. Wharves or waterfront property.....	[]	[]
18. Watercraft.....	[]	[]
19. Owned roads or streets.....	[]	[]
20. Blasting activities.....	[]	[]
21. Toll bridges or ferries.....	[]	[]
22. Bridge repair or construction operations.....	[]	[]

D. General exposures. Do you operate or have: (Continued)

	YES	NO
23. Underground operations (mines, tunnels, etc.)	☐	☐
24. Sewage disposal plant	☐ *	☐
25. Garbage reduction or incineration operations	☐ *	☐
26. Owned refuse sites	☐	☐
27. Owned firing ranges	☐	☐
28. Electric, gas or power department	☐ *	☐
29. Water department	☐ *	☐
30. Nursing homes, convalescent homes, homes for the aged, asylums, sanitariums	☐ *	☐
31. Doctors, nurses or psychologists	☐ *	☐
32. Clinics or health programs	☐ *	☐
33. Mental health programs	☐ *	☐

* For any "yes" responses marked with an asterisk (*), a special questionnaire will be sent to you for completion.

E. Fire department - indicate the number of: Firefighters _____ Volunteer Firefighters _____ Paramedics _____

F. Police department/peace officers - indicate the number of: Full time officers _____ Part time officers _____

Is there a "ride along" program? ☐ Yes ☐ No

If "yes", describe: _____

_____

Are jail facilities maintained? ☐ Yes ☐ No

If "yes", describe facilities and use _____

_____

_____

Do you conduct any search and rescue operations? ☐ Yes ☐ No

If "yes", describe: _____

_____

G. Do you own or operate firing ranges? ☐ Yes ☐ No

If "yes", describe facilities and use _____

_____

_____

WEST VIRGINIA INSURANCE PROGRAM

RISK MANAGEMENT

EXPOSURES QUESTIONNAIRE

NON-PROFIT ORGANIZATIONS

(Please attach separate page if necessary to explain answers)

IF QUESTION NOT APPLICABLE PLEASE MARK -NA

I. GENERAL INFORMATION

A. Name of Insured: _____

B. Type of Insured: _____

C. Mailing address _____

D. Name and Address of Agent of Record _____

_____ PHONE NO. _____

E. Date questionnaire completed and contact person _____

F. What geographical areas do you service? _____

G. Approximate square miles of area serviced: _____

H. Approximate population of area serviced: _____

I. Number of officials on your governing board: appointed____ elected____

J. Legal status

1. Are you a Non-profit organization filed with Secretary of State?

   Yes____ No____

2. Attach copy of by-laws:

3. Are you operated under a joint powers board, an interlocal cooperation agreement, an authority or similar structure?

   Yes____ No____

   If "yes," described: _____

   Provide names of owners or participating entities:

   _____

   _____

   _____

K. Describe your operations:

_____

_____

_____

ATTACH ANY BROCHURES, PAMPHLETS OR
OTHER LITERATURE THAT DESCRIBES YOUR OPERATIONS

II. GENERAL LIABILITY

	CURRENT	PROJECTED
A. Number of employees	_____	_____
B. Total payroll	_____	_____
C. Total budget	_____	_____
D. Total operating expenditures (as defined below)	_____	_____

"Total operating expenditures" is defined as total operating costs (expenditures without regard to the source of revenue) during the fiscal year period, excluding;

1. Capital improvements (bondable items, including the interest thereon, new construction, major improvements and purchase of major items).
2. Expenditures for independent contractors' operations.
3. Welfare benefits (notadministrative costs).

E. Principal sources of revenue:

_____

_____

_____

_____

_____

1. Buildings or land leased to others:

   a. Square footage or acreage:_____

   b. Use:_____

2. Describe exhibitions or other special events that you sponsor:

   _____

   _____

3. Describe wharves or waterfront property:

   _____

   _____

4. Watercraft – owned or non-owned. If any, description and use:

   _____

   _____

5. Indicate which of the following exposures your agency has:

	YES	NO
a. Blasting/use of explosives	[]	[]
b. Burning/use of controlled fires	[]	[]
c. Chemists, analytical or testing labs	[]	[]
d. Crop spraying	[]	[]
e. Dredging operations	[]	[]
f. Excavation work	[]	[]
g. Extermination, including pest control	[]	[]
h. Fumigating	[]	[]
i. Gardening, landscaping	[]	[]
j. Gas or oilfield operations	[]	[]
k. Medical, counseling or other care facilities or programs	[]	[]
l. Nurseries or greenhouses	[]	[]
m. Septic tank system cleaning	[]	[]
n. Septic tank system installation, service or repair	[]	[]
o. Sewage disposal – plant operations	[]	[]

p.	Sewer cleaning	____	____
q.	Sewer main or connections construction	____	____
r.	Sewers - maintenance and cleaning of storm or sanitary sewers	____	____
s.	Street cleaning	____	____
t.	Street or road construction or reconstruction	____	____
u.	Street or road paving or repaving, surfacing, resurfacing or scraping	____	____
v.	Surveyors or land not engaged in actual construction	____	____
w.	Tree trimming, repairing, pruning, dusting, spraying or fumigating	____	____
x.	Tunneling	____	____
y.	Utility operations	____	____

For any "yes" answer, please describe your activities:

_____

_____

_____

_____

_____

_____

_____

Describe any other major activities:

_____

_____

_____

_____

_____

_____

_____

WEST VIRGINIA INSURANCE PROGRAM

EXPOSURE QUESTIONNAIRE

PRIMARY CARE HEALTH CENTERS AND OTHER CARE FACILITIES AND HEALTH DEPARTMENTS

(Please attach separate page if necessary to expalin answers)

IF QUESTION IS NOT APPLICABLE PLEASE MARK- NA

I. GENERAL INFORMATION

A. Name of Insured: _____

B. Mailing address _____

C. Name and address of Agent of Record _____

_____ PHONE NO. _____

D. Date questionnaire completed and contact person: _____

E. What is your radius of operations? _____

F. Who do you serve? _____

II. GENERAL AND AUTOMOBILE LIABILITY

A. HEALTH CENTERS/CLINICS- Do you own or operate any clinics or health centers? [] Yes [] No

if "yes":

1. Number of outpatient visits annually: _____
2. Number of locations: _____
3. Home visiting programs - number administered: _____
4. Outside immunization programs - number administered: _____
5. Briefly describe facilties or programs or attach descriptive material:

_____

_____

_____

_____

6. Professional personnel (employed and contracted). Show number of persons in full time equivalents (FTE) based on 40 hours (i.e., 12 RN's working 40 hours, 4 RN's working 24 hours, and 5 RN's working 16 hours is 16.4 full time equivalent persons.

Physicians	Employed # Persons	Contracted # Persons
Emergency rooms		
Pathologists		
Radiologists		
Anesthesiologists		
Dentists		
Psychiatrists		
Other - describe:		
_____		
_____		
Non-Physician Support Personnel*		
Physician assistant		
Psychologist		
Registered nurse		
Licensed practical nurse		
Nurse practitioner		
CRNA		
Lab technicians		
X-ray technicians		
X-ray therapists		
Nuclear medicine technicians		
Physical therapists		
Pharmacists		
Respiratory therapists		
Emergency medical technicians		
Social workers		
Dieticians		

Other Non-Physician Professionals: List on separate sheet (i.e., patient rep., medical records - RRA/ART)

* Note: Be sure to include the support personnel in the figures as "contracted," if they are employees of the physician and on your premises.

	CURRENT	PROJECTED
7. Total budget	$	$
8. Total payroll	$	$

B. CARE PROGRAMS/FACILITIES:

1. Do you operate any of the following programs or facilities?

	YES	NO	Number of Locations
Nursing homes	☐	☐	
Convalescent homes	☐	☐	
Homes for the aged	☐	☐	
Foster home programs	☐	☐	
Orphanages	☐	☐	
Drug or alcohol rehabilitation programs	☐	☐	
Sanitariums/asylums	☐	☐	
Homes for retarded citizens	☐	☐	

2. Attach a page which describes the program(s) and/or facility(ies) operated.

3. Facility/program details. Provide the following information as applicable:

Type of Facility/Program	Number of Available Beds	Number of Inpatient Days	Number of Outpatients

III. AUTOMOBILE LIABILITY QUESTIONS

1. Attach a list of owned vehicles and mobile equipment, showing year built, manufacturer, body type and cost.

2. Summarize vehicles as to type:

(a) PASSENGER CARS	#UNITS	(b) MOTORCYCLES OR SCOOTERS	# UNITS
POLICE		POLICE	
FIRE		OTHER	
OTHER			

(c) LIGHT COMMERCIAL	#UNITS	(d) HEAVY COMMERCIAL	#UNITS
PICKUPS - ONE TON OR LESS		REFUSE COLLECTION	
PANEL VANS		FIRE -PUMPER TRUCKS	
SERVICE TRUCKS		FIRE - OTHER TRUCKS	
STREET SWEEPS		TRAILERS	
AMBULANCE		CONSTRUCTIONS EQUIPMENT	
RESCUE OR PARAMEDIC TRUCKS			

(e) MISCELLANEOUS (DESCRIBE)	# UNITS

3. Attach a list of drivers, showing Name, Date of Birth and Driver's License Number:

4. Automobile non-ownership:

(a) Number of employees whose usual duties involve the use of their own motor vehicles on Entity business _____

5. Does Entity operate or affilliate with or financially support any transit district, transit authority or dial-a-ride program? _____ If yes describe:

_____

_____

_____

Describe buses used, including number of passengers each will carry _____

_____

_____

_____

NAME OF PERSON WHO COMPLETED REPORT: _____

SIGNATURE: _____

PHONE NUMBER : _____

DATE : _____

IV. LIABILITY LOSS EXPERIENCE

A. Summarize your past three (3) years liability loss experience. Include all types of liability claims (e.g., general automobile, errors and omissions)

POLICY PERIOD	NUMBER OF CLAIMS	TOTAL PAID
_____ TO _____	_____	_____
_____ TO _____	_____	_____
_____ TO _____	_____	_____

B. Summarize your past three (3) years property loss experience.

POLICY PERIOD	NUMBER OF CLAIMS	TOTAL PAID
_____ TO _____	_____	_____
_____ TO _____	_____	_____
_____ TO _____	_____	_____