

SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY COMMERCIAL CRIME INSURANCE APPLICATION

For Agency Use Only
 Producer Name: _____
 Producer Number: _____
 Office: Newport Beach

Note: Please complete one questionnaire for each legal entity to be insured.

Applicant: Marin Emergency Radio Authority (MERA)

| | |
|-------------------------|---|
| Complete Named Insured: | <u>Marin Emergency Radio Authority</u> _____ _____ _____ |
|-------------------------|---|

Insured Address: MERA c/o Town of Corte Madera
For overnight mail 240 Tamal Vista Blvd. #110
(No P.O. Box) Corte Madera, CA 94925

Mailing Address: MERA
 Same as above PO BOX 159
Corte Madera, CA 94976-0159

Contact: Heather Plamondon Title: Executive Officer
 Phone: (650) 269-9490 Ext. Fax: () -
 email: hplamondon@rgs.ca.gov

• CURRENT COVERAGE •

Total Limit: \$50,000,000 Deductible: \$ \$25,000 Policy Expiration Date: 7 / 1 / 2024

• OPTIONAL QUOTATIONS •

| | | | |
|-------------------|--|-------------|--|
| Limits Requested: | \$ <u>1,000,000</u> <input type="checkbox"/> | Deductible: | |
|-------------------|--|-------------|--|

• RENEWAL INFORMATION REQUIRED •

| | |
|--|---|
| Description of Operations: | <u>Provide Public Safety Radio Communications</u> _____ |
| Type of Entity to be Insured: | <input type="checkbox"/> Municipality <input type="checkbox"/> District Hospital <input type="checkbox"/> Special District <input type="checkbox"/> Nonprofit Corporation <input checked="" type="checkbox"/> Other (please specify) <u>Joint Powers Authority</u> |
| Total Number of Employees (Break down as follows): Full Time: _____ Part Time: _____ Elected/Appointed Officials: _____ Volunteers: _____ NO EMPLOYEES | |
| Number of Employees who actually handle, have access to or maintain records of money, securities or other property: _____ | |
| Number of Locations where all employees are located: _____ | |
| Total Revenues: \$ _____ | Total Assets: \$ _____ |
| Net Income or Revenue: \$ _____ | |
| Total Fund Equity (Total Assets – Total Liabilities): \$ _____ | |
| Have any control recommendations been made by your CPA in the past 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, provide a list and explain): _____ _____ | |

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| Have any control recommendations made by your CPA within the last 2 years NOT been implemented? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain _____ _____ _____ |
| Do you have separation of duties over wire fund transfer procedures (i.e. the same person does not authorize and execute the transfer?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____ _____ _____ |
| Are any bank deposits or accounts reconciled on a monthly basis by someone NOT authorized to deposit or withdraw? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain _____ _____ _____ |
| Do you have counter signature on all checks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, describe alternate procedures: _____ _____ |
| Is an authorized vendor list utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No ALL PURCHASES REQUIRE APPROVALS Are your procedures designed so that no single employee can control a transaction from beginning to end (i.e. approve a voucher, request and sign a check?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____ _____ _____ |
| Do you have any employees on staff who act as internal claims adjuster? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please attach an explanation of the internal controls over the establishment of claims files and issuance of claims settlement checks. |
| Please list any changes or revisions to your audit or internal control procedures during the last 12 months. _____ _____ _____ |
| Has the Insured had any Commercial Crime losses in the last six (6) years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please provide details): _____ _____ _____ |
| Please provide the latest annual financial statement and CPA Memorandum on Internal Controls if excess limits are being purchased. |

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

The undersigned authorized officer/manager of the applicant declares that the statements set forth herein are true. The undersigned authorized officer/manager agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance

Signing of this application does not bind the applicant or the insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued.

All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Signed _____ Title _____
 (Applicant)

Date _____