



**Kentucky Association of Counties  
All Lines Fund  
New Business Quotation Form**

Date Submitted: \_\_\_\_\_

Date Due: \_\_\_\_\_

KALF Rep: \_\_\_\_\_

Member Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Please check applicable entity type:

- |   |   |   |
|---|---|---|
| <input type="radio"/> Administration              | <input type="radio"/> Fiscal Court      | <input type="radio"/> Seniors                 |
| <input type="radio"/> Airport                     | <input type="radio"/> Health Department | <input type="radio"/> Sheriff                 |
| <input type="radio"/> Ambulance/Rescue/EMT        | <input type="radio"/> Mental Health     | <input type="radio"/> Social Services         |
| <input type="radio"/> Animal Shelter              | <input type="radio"/> Housing Authority | <input type="radio"/> Transportation          |
| <input type="radio"/> Area/Industrial Development | <input type="radio"/> Library           | <input type="radio"/> Utilities               |
| <input type="radio"/> Community Action            | <input type="radio"/> Parks/Recreation  | <input type="radio"/> Water District          |
| <input type="radio"/> Conservation                | <input type="radio"/> Planning & Zoning | <input type="radio"/> Other (Describe): _____ |
| <input type="radio"/> Extension                   | <input type="radio"/> Riverport         |   |
| <input type="radio"/> Fire Department             | <input type="radio"/> Sanitation        |   |

2. Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

3. Total annual budget: \$ \_\_\_\_\_

4. Property Exposures

A. How many locations are to be insured? \_\_\_\_\_

B. Summary of Values (100% Replacement Cost)

Buildings	\$ _____
Contents	\$ _____
Contractor's Equipment	\$ _____
Computer Equipment	\$ _____
Other Equipment	\$ _____
Inland Marine	\$ _____
Other Property	\$ _____

***A completed Statement of Values***

***must be on file***

***prior to releasing the quotation.***

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."



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5. Owned/Leased Vehicle Exposures

<u>Vehicle Type</u>	<u>No. Vehicles</u>	<u>Total Values</u>	
Ambulance/Rescue	_____	_____	<i>A completed Statement of Values must be on file prior to releasing the quotation.</i>
Bus	_____	_____	
Fire	_____	_____	
Heavy Trucks	_____	_____	
Police	_____	_____	
Private Passenger	_____	_____	
Trailers	_____	_____	
Van/Pickup Truck	_____	_____	

6. How many employees use their own vehicles for business purposes on a regular basis? \_\_\_\_\_

Does Insured need Primary Non Owned Automobile coverage for Liability? Yes \_\_\_ No \_\_\_

Physical Damage? Yes \_\_\_ No \_\_\_

7. Coverages, Limits & Deductibles

The following coverages are available through the program and the standard program limits will be quoted. If member desires a quote for alternative limits, deductibles or coverages, please identify below:

	<u>Standard Program</u>	<u>Options (Circle Desired Options)</u>	
Limits of Liability:			
General Liability	\$3,000,000	\$1,000,000	\$5,000,000
Law Enforcement Liability (Upon Request)	\$3,000,000	\$1,000,000	\$5,000,000
Public Official's Liability	\$3,000,000	\$1,000,000	
Employment Practices Liability	\$3,000,000	\$1,000,000	
Auto Liability	\$3,000,000	\$1,000,000	\$5,000,000
Crime	\$150,000		
Employee Dishonesty	\$150,000		
Earthquake		Amount Desired: \$ _____	

Deductibles:

General Liability	None	\$1,000	
Law Enforcement Liability	\$1,000	\$2,500	\$5,000
Public Official's Liability	\$1,000	\$2,500	\$5,000
Employment Practices Liability	\$1,000	\$2,500	\$5,000
Property	\$500	\$1,000	\$2,500
Auto. Physical Damage	\$500	\$1,000	
Auto Liability	None	\$1,000	
Crime	\$500	\$1,000	
Employee Dishonesty	\$250	\$500	



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8. Please check below if member operates any of the following and attach a copy of the applicable Survey section:

	<u>Survey Section No.</u>		<u>Survey Section No.</u>
<input type="checkbox"/> Airport	14	<input type="checkbox"/> Fairs/Carnivals/Fireworks	8
<input type="checkbox"/> Arenas/Stadium/Auditoriums/ Recreational Facilities	8	<input type="checkbox"/> Fire Department	7
<input type="checkbox"/> Beach/Swimming Pool	8	<input type="checkbox"/> Housing Authority	4
<input type="checkbox"/> Blasting Operations	4	<input type="checkbox"/> Landfill	4
<input type="checkbox"/> Bridges	4	<input type="checkbox"/> Law Enforcement/Jails	15
<input type="checkbox"/> Dams/Levees/Dikes	6	<input type="checkbox"/> Marina/Wharves/Docks/Watercraft	9
<input type="checkbox"/> Daycare/Camps	4	<input type="checkbox"/> Transit Authority	10
<input type="checkbox"/> Golf Course	8	<input type="checkbox"/> Water/Sewer Authority	11
<input type="checkbox"/> EMS/Health Department	7		

9. Historical Losses (Past 5 Years)

<u>Policy Year</u>	<u>Valuation Date</u>	<u>No. Claims</u>	<u>Paid</u>	<u>Reserve</u>	<u>Incurred</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Please attach a detailed listing of claims from **current insurance carrier**.  
For claims with Total Incurred amounts greater than \$50,000, please attach a detailed description of the claim including current status of claim.*

10. Current Coverage

Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Annual Premium: \_\_\_\_\_

Appointed Agent: \_\_\_\_\_

Coverage	Limit	Deductible
General Liability	_____	_____
Public Officials Liability	_____	_____
Law Enforcement Liability	_____	_____
Automobile	_____	_____
Crime	_____	_____
Property (Values)	_____	_____

11. Did KALF receive this submission for quotation from an agent? Yes No

If yes, please identify commission rate payable to agent: \_\_\_\_\_%

