

Kansas Municipal Insurance Trust

2020 Application for Membership



Workers Compensation Insurance For Kansas Cities

Please complete the following form to apply for membership with the Kansas Municipal Insurance Trust. Completing this application is not a commitment on the part of the Entity or KMIT until the approval process is completed and coverage begins.

Kansas Municipal Insurance Trust
2250 N. Rock Rd. Ste 118-PMB302
Wichita, KS 67226
Phone (316) 266-6233
Fax (316) 266-6254
Email Kyle.Johnston@corisksol.com

A. General Information

Name of Entity _____

Address _____

Contact Person _____ Title _____

Phone _____ Fax _____ Email _____

Who is the Entity Currently Insured By? _____

Current Policy Expiration Date _____ Current Experience Modification Factor _____

Current Workers' Compensation Annual Premium _____

B. Special Exposures

Check the appropriate box which reflects the actual and/or anticipated exposures associated with the applicant's operations.

	Yes	No
Does the Entity distribute or generate electricity? (If Yes, complete electrical exposure supplemental.)	<input type="checkbox"/>	<input type="checkbox"/>
Does the Entity own, lease, or charter any aircraft? (If Yes, please complete aircraft supplemental.)	<input type="checkbox"/>	<input type="checkbox"/>
Does the Entity own, lease, or charter any watercraft? (If Yes, please complete watercraft supplemental.)	<input type="checkbox"/>	<input type="checkbox"/>
Does the Entity have operations involving the loading, unloading, repair or construction of watercraft or vessels including work performed on barges or docks?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Entity own, operate, or maintain a railroad or own, lease, operate, or repair railroad equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any occupational disease exposures involved in the applicant's operations? (Includes Asbestos, Silica, Dusts, Toxic, Injurious or Hazardous Chemicals, Caustic, Fumes, Radiation, Communicable Diseases or any other such exposures.)	<input type="checkbox"/>	<input type="checkbox"/>
Is the Entity engaged in the manufacturing, handling, transportation, distribution or storage of explosives or explosive substances?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Entity perform any underground, subaqueous, or tunneling operations?	<input type="checkbox"/>	<input type="checkbox"/>
Do the operations of the Entity include wrecking or demolition of structures?	<input type="checkbox"/>	<input type="checkbox"/>
Do the operations of the Entity include exposure to heights from unusual circumstances?	<input type="checkbox"/>	<input type="checkbox"/>
Do the operations of the Entity involve exposure to burns from unusual circumstances?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Entity provide group transportation for employees to or from the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
Do the operations of the Entity include volunteer or donated labor?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Entity ever been cited for any OSHA violations?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any substantial or unusual changes in operations that are planned or have taken place in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Entity's workers' compensation coverage been cancelled or non-renewed in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of the above questions, please attach an explanation for your "yes" responses. (Refer to Section F.)

C. Payroll Estimate Form

Please provide estimated budgeted payroll by class code for the calendar year 2020. State classification description, number of full-time and part-time employees, volunteers, class code, and total payroll for that class code. Note that code 7370 (ambulance drivers) are no longer be used. All EMS-only personnel are now 7705 (both paid and volunteer staff). All personnel who do both EMS and fire fighting are firefighters (paid are 7710, volunteers are 7711). If any payroll is assigned to class code 7539, please fill out the “Electrical Exposure Supplement” and return with the completed application. **Please contact KMIT if you have any questions.**

	Classification Description	# of FTE	# of PTE	# of Volunteers [1]	Class Code [2]	Payroll
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						

A copy of this application can be obtained via email, from Kyle Johnston, Kyle.Johnston@corisksol.com. These applications may be submitted via email.

[1] Entities may choose whether or not to cover any volunteers, **EXCEPT – POLICE, FIREFIGHTERS, EMS, AND FIRST RESPONDERS**. Contact KMIT with questions.

[2] See attached list of approved class codes. If a position is not on the approved list, please contact KMIT.

D. Large Claims

Please provide the following information concerning all death and permanent total disability claims and all claims which total incurred costs in excess of \$25,000 in the past five years. Attach additional page(s), if needed. Provide written explanation of claims in excess of \$50,000.

Date of Loss	# of Emp Involved	Claimants Name(s)	Facts of Loss and Type of Injury or Disease	Indemnity Incurred	Medical Expense Incurred	Total Incurred	Open or Closed

Please provide the premiums your Entity has paid for the current policy year and the previous four years for work comp.

Policy Year	Work Comp Premium Paid	Total Payroll Amounts
2015		
2016		
2017		
2018		
2019		

Please Replicate on Entity Specific Letterhead

Date

National Council on Compensation Insurance
Midwestern Division
PO Box 19430 Wabash Ave.
Springfield, IL 62794-9430

Dear Sir or Madam,

Please consider this letter the authority to release premium, loss, and experience modification information to the Kansas Municipal Insurance Trust (KMIT), 2250 N. Rock Rd. Ste 118-PMB302; C/O Don Osenbaugh, Pool Administrator.

Thank you in advance,

Chairman/Mayor

Please Replicate on Entity Specific Letterhead

Date

Current Insurance Company
Street Address
City, State, Zip Code

Dear Sir or Madam,

Please consider this letter the authority to release loss information, premium audits, payrolls, and a copy of the current policy to the Kansas Municipal Insurance Trust (KMIT), 2250 N. Rock Rd. Ste 118-PMB302; C/O Don Osenbaugh, Pool Administrator.

Thank you in advance,

Chairman/Mayor

Aircraft Supplement Application

1.

Make and Model (indicate if amphibious)	Model Year	Jet or Prop	Owned, Leased, or Chartered *	Avg. Hours Per Month	Avg. Trips Per Month

* If aircraft is chartered, please provide a copy of the contract or sections containing insurance and hold harmless clauses. If chartered hold applicant harmless, is a certificate of insurance obtained? Yes ___ No ___

2. Provide the following information for each aircraft indicated above:

Location Hangared	General Purpose of Use	Total Seats		Avg. Employees Per Trip		Avg. Trips Per Month	
		Crew	Pass.	Crew	Pass.	From	To

3. Any trips outside U.S. in past two years? Yes ___ No ___ If yes, please explain.

4. Provide the following pilot information (attach copy of pilot history if available):

Name	Age	Highest Rating Held		Total Hours		Hours Last 120 Days	Violations Waivers Accidents
		Kind	Date	Single	Multi		

5. Explain violations, waivers, and accidents in detail:

6. Are all pilots employed as full-time professional pilots? Yes ___ No ___ If no, please explain.

7. Does applicant have rules that limit the number of employees on board an aircraft at any one time? Yes ___ No ___ If Yes, please explain.

Electrical Exposure Supplement Application
 (Required if any payroll is assigned to Classification Code 7539)

Date _____

Entity Name _____

1. Is any electrical power generated? _____ If so, please explain.

2. Do employees construct electrical power lines (this would include excavation, setting poles, stringing wires, installing circuit breakers, transformers on poles, and laying underground cables)? _____ Please explain.

3. Do employees service or repair existing lines or perform commercial or residential hook-ups? Please explain operations.

4. Please provide total number of customers. _____

5. Please provide payroll and number of employees within classification code 7539 assigned to:

	Payroll	# of Employees
Store employees, meter readers, drivers, and administrative staff		
Operators of instrument and control panels for generation/distribution, sub-stations or other power equipment/facility		
Maintenance and repair crews for plant equipment		
Outside maintenance and repair crews of existing lines and customer hook-ups		
Installation crew for new lines		
Other (describe duties)		

Additional Comments:

Signature _____

Title _____

Watercraft Supplement Application

1. Provide description of owned, leased, or chartered watercraft:

Description of Watercraft or Vessel	Owned, Leased, or Chartered

2. Provide the following information for each watercraft indicated above:

Use	No. of Crew Members	Passenger Capacity	Frequency Of Use	Where Vessel Is Used

3. Is protection and indemnity coverage provided for all watercraft listed above? Yes ___ No ___ If no, please explain.

4. Does the protection and indemnity policy include coverage for workers described as seamen, masters, or crew members (Jones Act)? Yes ___ No ___ If no, please explain.

5. Is Longshoremen's and Harbor Workers' (USL&H) coverage included in the Protection and Indemnity policy? Yes ___ No ___ If no, please explain.

E. Required Information

In order to process the Entity's application the following information is required and must be returned with the completed application.

- Current Loss Experience History (please provide the past five [5] years of Loss Experience [four years plus current], i.e., loss runs from current carrier).
- Insurance Carrier Authority Letter
- NCCI Authority Letter
- Declarations Page of Current Insurance Policy

F. Supplemental Information

The following information need only be provided if indicated by the criteria below. If any of the following supplemental information is to be provided, please attach and return with the completed application and the required attachments.

Aircraft Supplement *

Watercraft Supplement *

Electrical Exposure Supplement **

Any additional information related to the Special Exposures, Section B of this form.

Any additional information related to claims, Section D of this form.

* These forms must be completed and attached only if indicated in Special Exposures Section B.

** This supplement must be completed and attached only if payroll is assigned to class code 7539 as indicated in Section C.

Thank you for taking the time and effort to complete this application. We look forward to your membership of the Kansas Municipal Insurance Trust.

Please return completed application to
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