

PROSPECTIVE GROUNDWATER SUSTAINABILITY AGENCY APPLICATION CHECKLIST

Thank you for your interest in the ACWA JPIA Liability Program. To assist you in the evaluation process, below is a checklist of documents that needs to be completed and returned to ACWA JPIA.

<input type="checkbox"/>	Completed Application
<input type="checkbox"/>	ACWA Membership – required when coverage begins
<input type="checkbox"/>	Copy of Joint Powers Agreement and Bylaws
<input type="checkbox"/>	Loss History (General, Auto, Errors & Omissions, Employment Practices, Pollution, Excess) Copy of loss history reports for the last 10 years including current year
<input type="checkbox"/>	Latest Financial audit

**ACWA JOINT POWERS INSURANCE AUTHORITY
GSA UNDERWRITING APPLICATION**

Agency Name: _____

Mailing Address: _____

Agency Contact: _____

Email Address: _____

Phone Number: _____

Agency Formation Date: _____

ACWA Membership Join Date: _____

Annual Operating Budget: _____

Total Annual Revenues: _____

Total Property Assets Value: _____

Current Insurance Carrier or JPA: _____

Current Coverage Period: _____

Current Coverage Limit: _____

Current Retained Limit: _____

Desired Coverage Date: _____

List all participating members within the GSA:

Person designated to handle 3rd party liability claims:

Name: _____ Title: _____

During the last five years, has any insurer cancelled, declined, or non-renewed? YES NO

If yes, provide a brief explanation: _____

Describe any pending or expected litigation:

Total number of Directors: _____ Total number of employees _____

Estimated Annual Payroll (if any), including Board of Directors: _____

How long has the GSA Board Members been in place? _____

Is the GSA in full compliance with the training requirements set forth in AB 1825? YES NO

If no, please explain:

Do you have a procedure for maintaining AB 1825 training records: YES NO

Are elected officials and staff trained on the Agency's policy regarding ethics, harassment, and discrimination? YES NO

Do you utilize transfer of risk language in all contracts, i.e. minimum insurance limits, hold harmless, and indemnification provisions? YES NO

I certify that I am duly authorized to sign this application on behalf of the entity described above and that this application and all of its information and attachments are true, accurate, and complete.

Signature

Date

Print Name

Title