



Municipal Pooling Authority of Northern California



Risk Analysis Questionnaire

Name of Public Entity: _____
Mailing Address: _____
City/Town Manager or Executive Director: _____
Telephone #: () _____ Fax #: () _____

A. GENERAL INFORMATION (Indicate "Not Applicable" where appropriate)

- General Fund Operating Budget (most recent completed FY) \$ _____
• Population: _____
• Area of entity in square miles _____
• Miles of street/roads maintained by entity _____
• Number of entity owned vehicles _____
• Number of employees:
Full-Time _____ Part-Time _____ Volunteers _____
• Estimated Payroll (most recent completed FY) \$ _____
• Estimated Payroll (1 year prior FY) \$ _____
• Actual Payroll:
FY (most recent completed FY) _____
FY (1 year prior FY) _____
FY (2 years prior FY) _____

B. POLICE DEPARTMENT

- Does your entity operate a police department? Yes _____ No _____

If no, please attach a copy of contract with agency providing these services.

- What is the Annual Operating Budget (most recent completed FY) _____

- Full-Time Sworn Officers (indicate #) _____

- Part-Time Sworn Officers _____

- Full-Time Non-Sworn Officers _____

- Part-Time Non-Sworn Officers _____

Reserves

- Class I _____

- Class II _____

- Class III _____

- Number of Police Stations _____

Dispatchers/Administrative Personnel

- City Employees _____

- Contract Employees _____

- Is there a Policy & Procedures Manual used for the routine training of officers? Yes _____ No _____

- Is there a written Pursuit Policy? Yes _____ No _____

- Does your entity offer its officers continued education/training? Yes _____ No _____

- Does your entity use Canine Units? Yes _____ No _____

- Does your entity contract to provide police services to other agencies? Yes _____ No _____

If yes, please indicate agencies below:

- Does your entity participate in joint operations with other agencies? Yes _____ No _____

C. INCARCERATION FACILITIES

- Does your entity operate a jail, holding or correctional facility? Yes _____ No _____

If yes, please indicate:

- Number of cells _____
- Maximum occupancy _____
- Maximum length of detention _____

- What is the Annual Operating Budget for this facility? \$ _____

- Number of correctional personnel:

- Full-Time _____
- Part-Time _____
- Volunteer _____
- Other _____

D. FIRE DEPARTMENT

- Does your entity provide fire protection services? Yes _____ No _____

If no, please attach a copy of contract with agency providing these services.

- If yes, what is the Annual Operating Budget (most recent completed FY)? _____

- Full-Time Firefighters (indicate #) _____
- Part-Time Firefighters _____
- Paramedics _____
- Volunteers _____

- Does your entity contract to provide fire protection services to other agencies? Yes _____ No _____

If yes, please indicate Agencies below.

- Number of:
 - Fire Stations _____
 - Pumpers _____
 - Tankers _____
 - Ladder Trucks _____
 - Medical/Paramedic Vehicles _____
 - Other Emergency Vehicles _____

E. FACILITIES & RECREATION (Please indicate the total number of each type of facility, which the City/Town owns, operates, maintains, or participates in its operation. Include facilities such as county-owned libraries maintained or operated by the City/Town.)

- Exhibition Halls & Auditoriums _____
- Libraries & Museums _____
- Convention Centers _____
- Golf Courses _____
- Swimming Pools _____
- Senior Centers _____
- Youth Centers _____
- Skateboard Parks _____
- Roller Hockey Rinks _____
- Sports Stadiums _____

F. AIRPORTS

- Does your entity own an airport? Yes _____ No _____
 If yes, does your entity operate or maintain the airport? Yes _____ No _____
- Does your entity's council act as the Airport Board? Yes _____ No _____
- What level of insurance is maintained by your entity?
 - \$1,000,000 or under _____
 - \$1,000,000 - \$5,000,000 _____
 - Over \$5,000,000 _____
 If no, who operates the airport? _____

- What level of insurance is maintained by the operating entity?
 - \$1,000,000 or under _____
 - \$1,000,000 - \$5,000,000 _____
 - Over \$5,000,000 _____
- Is your entity named as an additional insured on the policy? Yes _____ No _____
- Is there an indemnification agreement holding your entity harmless? Yes _____ No _____

G. DAY CARE

- Does your entity own or operate a Day Care facility? Yes _____ No _____

If yes, how many locations are there? _____

- What is the total number of children which may be cared for at any given time? _____

H. WATER

- Does your entity distribute water for sale? Yes _____ No _____

If yes, what is the annual distribution (acre ft.)? _____

- What is the source of supply?
 - Dams _____
 - Reservoirs _____
 - Tanks _____
 - Others _____

If others, please describe: _____

I. WASTE WATER

- Does your entity own or operate a sewage treatment facility? Yes _____ No _____

- Number of treatment sites _____

- Total capacity of each site (MGD) _____

J. SOLID WASTE

- Does your entity own or operate the following:
 - Transfer Station Yes _____ No _____
 - Land Fill Yes _____ No _____
 - Recycling Program Yes _____ No _____

If yes, please answer below:

- Is the above operated by your entity's personnel? Yes _____ No _____

J. SOLID WASTE (continued...)

- If yes, are your entity's vehicles or facilities used to operate above? Yes _____ No _____
- If no, does your entity contract for solid waste services? Yes _____ No _____

If yes, please attach a copy of contract with entity providing these services.

K. PUBLIC TRANSIT

- Does your entity provide public transit services? Yes _____ No _____

If yes, does your entity operate this system utilizing its own:

- Personnel Yes _____ No _____
- Vehicles Yes _____ No _____

If yes, please indicate number & type (i.e. bus, van, etc.,) of vehicles.

Number	Type
_____	_____
_____	_____
_____	_____
_____	_____

- What level of insurance is maintained by your entity?
 - \$1,000,000 or under _____
 - \$1,000,000 - \$5,000,000 _____
 - Over \$5,000,000 _____
- Does your entity contract for transportation services? Yes _____ No _____

If yes, please attach a copy contract with Agency providing these services.

L. MEDICAL

- Does your entity own or operate a medical facility? Yes _____ No _____

If yes, is this facility operated by:

- City personnel _____
- Contract employees _____

L. MEDICAL (continued...)

- If operated by contract employees, what is the level of liability coverage required by your entity?
 - \$1,000,000 or under _____
 - \$1,000,000 - \$5,000,000 _____
 - Over \$5,000,000 _____

- Is there an indemnification agreement holding your entity harmless? Yes _____ No _____

- Is your entity named as an additional insured on the policy? Yes _____ No _____

M. RISK MANAGEMENT

- Does your entity employ a Risk Manager Yes _____ No _____
If yes, please list name(s) of person(s) _____

- Who administers your entity's claims within its retention?
 - Third party administrator _____
 - In-house _____
 - Insurance carrier _____

- Does your entity conduct an annual safety audit of its facilities?
(This question to be answered by new member applicants only.) Yes _____ No _____

- Have you adopted an IIPP? Yes _____ No _____

- Do you have an active Safety Committee? Yes _____ No _____

Please list other loss control programs your entity has implemented **(New member applicants only)**

N. EXISTING COVERAGE (New member applicants only)

- Is your entity currently insured? Yes _____ No _____
If yes, what is the coverage period? _____
- What is the policy's limit of liability? _____
- What is your entity's self-insured retention or deductible? _____
- Please list current carrier(s) _____

N. EXISTING COVERAGE (continued...) (New member applicants only)

- What self-insured retention level would your entity desire through MPA?

- \$ 1,000 _____
- \$ 5,000 _____
- \$ 10,000 _____
- \$ 25,000 _____
- \$ 50,000 _____
- \$100,000 _____
- \$250,000 _____
- \$500,000 _____

Please attach a copy your entity's loss report covering the past four years. The report should reflect the total incurred and include all opened and closed claims, amount; paid, and claim reserves.



The entity agrees that all answers, including attachments, are deemed material and that all pertinent information has been fully disclosed. No proposal will be considered unless all questions are answered and the questionnaire is signed.

Signature	_____
Title	_____
Date	_____