

**CALIFORNIA AFFILIATED RISK MANAGEMENT AUTHORITIES  
(CARMA)**

**NEW MEMBER POOL APPLICATION**

**1. Contact Information:**

Entity or JPA Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**2. Liability Insurance or Coverage:**

A. General Exposure Information:

1. Briefly describe the membership of the JPA. Attach a copy of the JPA membership criteria, if one exists.

2. Please provide the following JPA Financial Data for the most recent program year:

- Pool Administration Budget:  
\$ \_\_\_\_\_
- Liability Self-Insured Funds Collected  
\$ \_\_\_\_\_
- Excess Liability Insurance Premiums  
\$ \_\_\_\_\_

**3. Loss Information and Payroll**

1. Please provide a computer diskette with the JPA loss data for at minimum, the last seven years. The data should include all losses with total incurred in excess of \$50,000.

2. Please provide a listing by JPA member of total payroll as of December 31, 2000, as well as payroll at December 31 for the six prior years.

**4. Claims Handling:**

1. Are the JPA Claims handled:
  - In house \_\_\_\_\_
  - Third Party Administrator \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_
2. For how long? \_\_\_\_\_
3. If for less than five years, please advise who handled the claims prior to the above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Litigation Management**

Please provide an explanation of your litigation management process and oversight procedures. (Please attach separate sheet if needed.)

---

---

---

---

---

**6. Safety and Loss Control**

Please provide an explanation of your current safety and loss control and training program.

---

---

---

---

---

