



CALIFORNIA AFFILIATED RISK MANAGEMENT AUTHORITIES (CARMA)

NEW MEMBER POOL APPLICATION

A. Applicant Contact Information

Name of Joint Powers Authority (JPA): \_\_\_\_\_

Desired Effective Date of Participation: July 1, 20\_\_\_\_

Contact Person: Last First M.I. \_\_\_\_\_

Mailing Address: Street Address Apartment/Unit # City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

B. Liability Insurance/Coverage

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

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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. Please attach a copy of the most recently completed Financial Audit.

C. Litigation Management & Loss Control

1. Please provide an explanation of the JPA's Litigation Management process and oversight procedures. Attach a separate sheet if needed.

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2. Please provide an explanation of the JPA's current safety and loss control and training program. Attach a separate sheet if needed.

\_\_\_\_\_

D. Claims Handling

1. How does the JPA handle claims? In-house [ ] Third Party Administrator (TPA) [ ]

If claims are currently handled through a TPA, please provide the following contact information:

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Please note any procedural or administrative changes related to claims handling within the previous six (6) years:**

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### E. Attachments

**1. Please include the following items with your completed application:**

- JPA loss information (including Date of Loss and total incurred) for each member entity for the previous six (6) completed fiscal years, including the partial current fiscal year. The data should include all losses with total incurred in excess of \$50,000.
- Payroll information for each member entity for the previous six (6) completed calendar years
- Completed resolution authorizing participation in CARMA, approved by the JPA's governing body\*
- JPA Litigation Management Guidelines/Policy (if available)
- JPA Safety & Loss Control Plan (if available)

*\* Applications may be considered without a completed resolution, but JPAs approved for participation must supply a copy of the fully executed resolution prior to the coverage effective date.*

### F. Acknowledgment and Signature

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands this application, and declares all statements set forth herein are true, complete, and accurate, and include all material information.

The undersigned further declares and represents that any occurrence taking place prior to the inception of the coverage for which is being applied, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to CARMA. The undersigned acknowledges and agrees that the submission and CARMA's receipt of such report, prior to the inception of the coverage for which being applied, is a condition precedent to coverage.

The undersigned further acknowledges and agrees this application contains requests for information and requests for data on a range of exposures, but such requests do not imply that coverage is afforded in the program for which is being applied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_