

Municipalities EZ Quote Form

New Mexico Mutual 3900 Singer Blvd. NE Albuquerque NM 87109

* Please complete the General Information, Employee Information and Safety Information sections, along with the Risk Specific sections*

Completed By:	In addition to the supplemental information, please attach the following if applicable: <ul style="list-style-type: none"> • 3 to 5 Year Currently Valued Loss Runs • Associated Premium Figures • Experience Rating Worksheet
Title:	
Date:	

General Information and Operations

Entity Name:	FEIN:		
Business Operations: (Please check all that apply)			
	Public Entity	Separate Legal Entity	Subcontracted
<input type="checkbox"/> Airport * Please note: Aircraft exposure is typically excluded from NM Mutual's risk appetite. Please contact your NMM Underwriter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Animal Control Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Animal Pound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bridge Construction/Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Campgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arenas/Convention Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cemeteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dams/Levee/Dike/Canal/Flood Wall Maintenance & Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Daycare Centers- Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Daycare Centers- Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Detention Centers/Jails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elevator Inspection/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Department (Paid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Department (Volunteer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Golf Courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Group Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Homeless Shelters/Halfway Houses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Public Entity	Separate Legal Entity	Subcontracted
<input type="checkbox"/> Housing Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Landfills/Dumps/Refuse Sites/Incinerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Non-Profit Affiliations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parking Garage/Lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parks and Playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Police Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Lakes/Rivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Racetracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shooting Ranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sanitation/Garbage/Recycle/Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Senior Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sewage Disposal Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Snow Plowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Street Road Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Street/Road Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Street/Road Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Street/Road Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Swimming Pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Transportation Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Treatment Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Zoos/Aquariums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Exposures:
(Please Check All That Apply)

<input type="checkbox"/> Asbestos Abatement*	<input type="checkbox"/> Fireworks Display
<input type="checkbox"/> Biohazard Waste Disposal	<input type="checkbox"/> Lead Paint Removal/Disposal
<input type="checkbox"/> Blasting	<input type="checkbox"/> Oil/Gas Wells
<input type="checkbox"/> Chemical Plants	<input type="checkbox"/> Refineries
<input type="checkbox"/> Chemical Spraying	<input type="checkbox"/> Tree Trimming Above Ground Level
<input type="checkbox"/> Demolition* : _____ %	<input type="checkbox"/> Other: _____

* Please note: Asbestos exposures and Demolition over 10% are excluded from NM Mutual's risk appetite.

Fire/Police/ Emergency Response Department Operations

Are off-duty police officers required to respond to emergency scenes? ☐ Yes ☐ No

Are off-duty police officers required to carry assigned firearms? ☐ Yes ☐ No

Are volunteers used? ☐ Yes ☐ No

If yes, are the volunteers compensated with any of the following?

(Please Check All That Apply)

☐ Cash

☐ Incentives

☐ Expense Reimbursements

☐ Meals

☐ Gift Cards

☐ Other Substitutes for Money: _____

Do operations include aircraft/helicopter rescue service operations? ☐ Yes ☐ No

Do operations include water rescue? ☐ Yes ☐ No

If yes, which department is responsible for this operation? ☐ Fire ☐ Police ☐ Both Other: _____

Is training provided for the use of specialized water rescue equipment? ☐ Yes ☐ No

Does the applicant have a hazardous materials emergency response team? ☐ Yes ☐ No

If yes, who performs these operations?

☐ Employees ☐ Subcontractors ☐ Other: _____

Does the department offer stress management training and counseling? ☐ Yes ☐ No

How often are the following training/certification programs required?

Firearm Training and Certification:

☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other: _____

Hazmat Training and Certification:

☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other: _____

EMT Training and Certification:

☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other: _____

Garbage/Refuse/Landfill Operations

Are refuse collection operations: ☐ Automated ☐ Manual ☐ Both

What is the typical size of crew during refuse collection operations? _____ employees

Are employees allowed to ride outside of the collection truck's cab? ☐ Yes ☐ No

Is a policy in place that addresses size/weight limitations for manual refuse pickup? ☐ Yes ☐ No

What is the number of applicant owned vehicles? _____ ☐ N/A

Who conducts the maintenance of applicant owned vehicles? _____

How often is vehicle maintenance performed?

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Are trucks leased from other individuals or companies? ☐ Yes ☐ No ☐ N/A

If yes, what is the DOT#? _____

Who is responsible for leased vehicle maintenance? _____

How often is vehicle maintenance performed for leased vehicles?

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Employee Information

How many employees are on staff: Full time: _____ Part time: _____ Volunteers: _____

* Please note: NM Mutual does not provide coverage for volunteer labor

Does the applicant use individuals in detention facilities or prisoners on work release? ☐ Yes ☐ No

Does the applicant hire or provide employment opportunities to social service recipients? ☐ Yes ☐ No

How are employees paid?

(Please Check All That Apply):

☐ W-2' S ☐ 1099's ☐ Cash ☐ Other: _____

If subcontractors are used, are Certificates of Insurance obtained? ☐ Yes ☐ No

* Please note: Premiums must be paid on uninsured subcontract labor *

Please check all hiring practices utilized by the applicant:

<input type="checkbox"/> Applicant Interviews	<input type="checkbox"/> Medical Questionnaires	<input type="checkbox"/> New Employee Orientation
<input type="checkbox"/> Background Check	<input type="checkbox"/> Post-Offer Physicals	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Drug Screening	<input type="checkbox"/> Reference Checks	
<input type="checkbox"/> Pre-hire <input type="checkbox"/> Random <input type="checkbox"/> Post Accident		

Are CDL licenses required? ☐ Yes ☐ No **If yes, are they verified annually?** ☐ Yes ☐ No

Safety Information

Is a safety program utilized in the workplace? ☐ Yes ☐ No

If yes, is the program? ☐ Written ☐ Verbal

Does the safety program address/include:**(Please Check All That Apply)**

- | | | |
|---|---|---|
| <input type="checkbox"/> Accident/Injury Investigation | <input type="checkbox"/> Machine Guards (including power tools) | <input type="checkbox"/> Safety Incentive Program |
| <input type="checkbox"/> Ladder Tie Offs | <input type="checkbox"/> Onsite Supervisor | <input type="checkbox"/> Safety Orientation |
| <input type="checkbox"/> Emergency Response Plan | <input type="checkbox"/> Personal Fall Protection | <input type="checkbox"/> Substance Abuse Awareness Training |
| <input type="checkbox"/> Fire Extinguisher Training | <input type="checkbox"/> Progressive Disciplinary Action Plan | <input type="checkbox"/> Third Party Safety Company |
| <input type="checkbox"/> Hazard Communication Program with SDS Sheets | <input type="checkbox"/> Return to Work Program | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Job Safety Analysis (JSA's) | <input type="checkbox"/> Routine Safety Inspections | |
| <input type="checkbox"/> Lock Out/ Tag Out Procedures | <input type="checkbox"/> Safety Committee/Safety Officer | |

Please check the personal protective equipment that is enforced:**(Please Check All That Apply)**

- | | | |
|---|--|--|
| <input type="checkbox"/> Dust Masks | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Safety Vests |
| <input type="checkbox"/> Eye Protection | <input type="checkbox"/> Respirators (including fit tests) | <input type="checkbox"/> Steel Toe Boots |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hard Hats | | |

Identify the type of communication equipment used:**(Please Check All That Apply)**

- | | |
|--|---|
| <input type="checkbox"/> Cell Phones | <input type="checkbox"/> Two Way Radios |
| <input type="checkbox"/> Mobile Security Radio | <input type="checkbox"/> Other: _____ |

Please check all OSHA guidelines that apply:

- | | |
|--|--|
| <input type="checkbox"/> Confined Spaces | <input type="checkbox"/> Sloping |
| <input type="checkbox"/> Chemical/Solvent Storage (GHCS) | <input type="checkbox"/> Trenching |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Overhead Protection | <input type="checkbox"/> Signs, Signals and Barricades |
| <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Other: _____ |

Does the training program address/include the operations of the following heavy equipment?**(Please Check All That Apply)**

- | | |
|---|---|
| <input type="checkbox"/> Garbage/Landfill Equipment (i.e. incinerators) | <input type="checkbox"/> Road Construction Equipment (i.e. steam rollers) |
| <input type="checkbox"/> Maintenance Equipment (i.e. bucket trucks | <input type="checkbox"/> Other: _____ |

Who is responsible for maintaining/repairing the equipment?

- ☐
- Employees
- ☐
- Third Party

Who is responsible for emergency shutdowns?

- ☐
- Any Employee
- ☐
- Authorized Personnel Only

Does the driving program address/include:

(Please Check All That Apply)

- | | |
|---|--|
| <input type="checkbox"/> Cell Phone Usage | <input type="checkbox"/> Progressive Disciplinary Plan |
| <input type="checkbox"/> Impaired/Aggressive/Distracted Driving | <input type="checkbox"/> Mandatory Seat Belt Usage |
| <input type="checkbox"/> Initial and Routine MVR Checks | <input type="checkbox"/> Vehicle Tracking Device |

Does the applicant perform regular safety training? ☐ Yes ☐ No

If yes, identify the frequency:

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Does the applicant perform regular tailgate/tool box safety meetings? ☐ Yes ☐ No

If yes, identify the frequency:

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Please identify the individual responsible for safety training and their title:

Name: _____ Title: _____

Thank you for completing New Mexico Mutual's Underwriting EZ Quote Form. Please return this form to your assigned underwriter and we will review your account for our best pricing options.