

INDICATION QUESTIONNAIRE- CITY AND COUNTY

GENERAL INFORMATION

District Name:			
Contact Person:		Phone:	
Fax:		Email:	
District Address:			
City:		State:	
		ZIP Code:	

CURRENT PROGRAM

Type	Expiration Date	Expiring Premiums
Workers' Compensation		
General Liability		
Property/Auto		
Boiler & Machinery		
Bond		
Total Premium		

COMPANY INFORMATION

Annual Operating Budget	
Real Property Value-Building and Improvements	
Personal Property Value-Building and Improvements	
Autos Value (Licensed Vehicles)	
Mobile Equipment Value (Unlicensed)	
Federal Tax ID#	

PAYROLL BY CLASS

Police/Sheriff (7720)	
Clerical (8810)	
Library Workers (8810-4)	
Fire	
Manual Labor (9420)	
Other ()	
Total Payroll	

EMPLOYEE INFORMATION

Number of Full Time Employees	
Number of Part Time Employees	
Number of Volunteers	

Note: This form is used to provide a **contribution indication only**. A full application will be needed in order to bind coverage. **All figures** should be current fiscal year. Thank you.

GOLDEN STATE
RISK MANAGEMENT AUTHORITY

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