



**DUE: MAY 1<sup>ST</sup>, 2010**

**LOCAL GOVERNMENT LIABILITY POOL**

P.O. Box 20700, Cheyenne, Wyoming 82003-7015  
Phone Number: 307-638-1911 Toll Free Number: 1-888-433-1911  
Website: lglpwyoming.org

**RENEWAL MEMBERSHIP APPLICATION**

It is important that you fill out this application carefully. Your eligibility for the Local Government Liability Pool is based on this information. Some of the questions or information requested may not apply to you. If a question does not apply to you, fill in "N/A". **Please type or print information neatly. Please return this application to the address listed above.**

- 1. ENTITY NAME: \_\_\_\_\_
- 2. BUSINESS MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
- 3. E-MAIL ADDRESS: \_\_\_\_\_
- 4. BUSINESS PHONE NUMBER: \_\_\_\_\_ FAX \_\_\_\_\_
- 5. APPLICATION COMPLETED BY: \_\_\_\_\_ TITLE \_\_\_\_\_
- 6. CHIEF ADMINISTRATIVE OFFICER: \_\_\_\_\_
- 7. CONTACT PERSON FOR INSURANCE MATTERS: \_\_\_\_\_  
TITLE: \_\_\_\_\_
- 8. HUMAN RESOURCE OFFICER: \_\_\_\_\_
- 9. LOSS CONTROL OFFICER: \_\_\_\_\_
- 10. FISCAL YEAR RUNS FROM (MONTH) \_\_\_\_\_ TO \_\_\_\_\_
- 11. NUMBER OF OFFICIALS ON YOUR GOVERNING BOARD: \_\_\_\_\_

**SPECIAL NOTES:**

- 1. Report payroll for the last completed calendar year of operation January 1 to December 31.
- 2. Attach a copy of your **"Employer's Quarterly Federal Tax Return – Form 941."** (or 943 or 944) There are four (4) quarters in a year; therefore, you need to attach **four** (4) forms, one for each quarter. You only need to provide a copy of the first page of Form 941. If you submit a Form 943 or 944 to the IRS, you will need to supply one annual form.

**SECTION 1 – DEDUCTIBLE:**

INDICATE DESIRED DEDUCTIBLE\*:

- |                                 |                                 |
|---------------------------------|---------------------------------|
| _____ \$ 250.00 per occurrence  | _____ \$ 500.00 per occurrence  |
| _____ \$1,000.00 per occurrence | _____ \$2,000.00 per occurrence |
| _____ \$2,500.00 per occurrence | _____ \$5,000.00 per occurrence |

**\*\$1,000 is the minimum deductible for entities that have payroll in excess of \$1,000,000.**

**SECTION 2 – PAYROLL EXPENDITURES:**

Payroll is based on your **“Employer’s Quarterly Federal Tax Return” Form 941 (or 943/944).**

- 1. Cities & Towns Total Payroll \$ \_\_\_\_\_
- 2. Counties Total Payroll \$ \_\_\_\_\_
  - County Boards under 12 mill levy
  - A. Fair Board Total Payroll \$ \_\_\_\_\_ (provide Form 941)
  - B. Library Board Total Payroll \$ \_\_\_\_\_ (provide Form 941)
  - C. Museum Board Total Payroll \$ \_\_\_\_\_ (provide Form 941)
  - D. Other County Boards:
    - \_\_\_\_\_ \$ \_\_\_\_\_
    - \_\_\_\_\_ \$ \_\_\_\_\_
    - \_\_\_\_\_ \$ \_\_\_\_\_
  - E. Contract Medial Staff who provide Medical services for the County Jail. Total Contract Amount (1099) \$ \_\_\_\_\_
- 3. Other Entity Total Payroll \$ \_\_\_\_\_

**SECTION 3 – GENERAL INFORMATION:**

- 1. Number of Licensed Motor Vehicles: \_\_\_\_\_
- 2. Number of Employees: \_\_\_\_\_
- 3. Number of Sworn Peace Officers: \_\_\_\_\_
- 4. Number of Firemen: Employees \_\_\_\_\_  
Number of Firemen: Volunteers: \_\_\_\_\_
- 5. Number of other Volunteers: \_\_\_\_\_
- 6. Does your entity have an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is the attorney an employee \_\_\_\_\_ or independent contractor \_\_\_\_\_?
- 7. Do you employ or contract the following? (Provide the number of ):
  - A. Physician: Employee \_\_\_\_\_ Contractor \_\_\_\_\_ Number \_\_\_\_\_
  - B. Physician Assistant: Employee \_\_\_\_\_ Contractor \_\_\_\_\_ Number \_\_\_\_\_
  - C. Nurses: Employee \_\_\_\_\_ Contractor \_\_\_\_\_ Number \_\_\_\_\_
  - D. Psychologists: Employee \_\_\_\_\_ Contractor \_\_\_\_\_ Number \_\_\_\_\_
  - E. Psychiatrists Employee \_\_\_\_\_ Contractor \_\_\_\_\_ Number \_\_\_\_\_
  - F. Paramedics/EMT’s: Employee \_\_\_\_\_ Contractor \_\_\_\_\_ Number \_\_\_\_\_

\_\_\_\_\_  
Entity Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Next Year Renewal Application Survey Question:**

\_\_\_ **Our entity can download the renewal application from the LGLPWyoming.org website**

\_\_\_ **Our entity prefers to have a hardcopy of the application mailed to us.**

**DON’T FORGET TO ATTACH YOUR EMPLOYER’S QUARTERLY FEDERAL TAX RETURN FORM 941 (OR ANNUAL FORMS 943 OR 944). PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.**