



MISSISSIPPI MUNICIPAL SERVICE COMPANY  
MISSISSIPPI MUNICIPAL LIABILITY PLAN

## APPLICATION TO MISSISSIPPI MUNICIPAL LIABILITY PLAN

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

Account Number: \_\_\_\_\_ Type of Governmental Entity: \_\_\_\_\_

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

### List of Officials Authorized to Execute Contracts:

1. NAME: _____	3. NAME: _____
TITLE: _____	TITLE: _____
2. NAME: _____	4. NAME: _____
TITLE: _____	TITLE: _____

Prior Insurance Coverage Carried By: \_\_\_\_\_

I (WE) hereby formally apply for continuing membership for liability coverage in the above named Plan, to be effective 12:01 A.M. \_\_\_\_\_, 20\_\_\_\_, and if accepted by its duly authorized representative, do hereby constitute and appoint the Mississippi Municipal Liability Plan to act as administrator(s) of the fund as our agent(s)-in-fact in all matters relating to discharge of tort and wrongful death liability.

I (WE) further agree as follows:

- (A) That, by this reference, the terms and provisions of the agreements and/or amendments thereto filed on which may hereafter be filed are hereby adopted, approved, ratified, and confirmed by us and further, I (we) agree to assume all of the obligations set forth therein, and I (we) will pay any premium the date the same shall become due, I (we) will pay all costs of the collection thereof, including reasonable attorney's fees and the maximum rate of interest allowed by law on any past due premiums.
- (B) To abide by the rules and regulations of the Board of Trustees of the Plan and to conform to the terms of the agreements they may enter into with any authorized service company as long as we retain a member of the plan.



## APPLICATION TO MISSISSIPPI MUNICIPAL LIABILITY PLAN

- (C) That in the event of any changes in corporate or business structure or in legal entity or if any locations are to be added to or deleted from this coverage, I (we) agree to notify Mississippi Municipal Liability Plan immediately.
- (D) The Plan will give written notice 45 days prior to cancellation should they desire to cancel our coverage, and,
- (E) We agree to save and hold harmless the Plan and the Board of Trustees from any and all damages, causes of action, claims, delinquencies or expenses, including reasonable attorney's fees, which would otherwise be incurred by the Plan or the Board of Trustees by reason of any default hereunder on our part.

### WITNESS TO SIGNATURE

Name of Applicant/Municipality	Signature of Witness
Signature of Authorized Officer	Witness Address
Signature of Clerk/Secretary	Signature of Witness
Date	Witness Address

Internal Use Only

Is hereby approved for membership in this program, and coverage is effective  
 the \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signed this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

BY: \_\_\_\_\_