|  |
| --- |
| C:\Users\kmccarthy\ShareFile\Shared Folders\APR-Alt Mkts - Marketing\Logos & Graphics\allied public risk NEW.PNG |
| **ALTERNATIVE MARKETS | DEDICATED TO PUBLIC ENTITY****APPLICATION FOR INSURANCE (NON-SCHOOL)** |
| **SUBMITTING AGENCY** |
| Application Date |  | Quote Needed By |  |
| Agency  |  | Contact Name |  |
| Address (Street, City, State, Zip) |  |
| Phone |  | Email |  |
|  |
| **GENERAL INFORMATION** |
| Entity Name |  | Inception Date |  |
| Address (Street, City, State, Zip) |  |
| Website  |  |
| Entity Type | [ ]  City [ ]  County [ ]  Special District [ ]  Township [ ]  Village [ ]  Other (Specify) |  |
| Population |  |
|  |
| **COVERAGE INFORMATION** |
| **Expiring Limits and Retentions** | **Carrier** | **Limits** | **Self-Insured Retention Limit** | **Check If****Claims Made** | **Retro Date for Claims Made** | **Expiring Premium** |
| General Liability |  |  |  |[ ]   |  |
| Law Enforcement Liability |  |  |  |[ ]   |  |
| Public Officials Liability |  |  |  |[ ]   |  |
| Employment Practices Liability |  |  |  |[ ]   |  |
| Automobile Liability |  |  |  |[ ]   |  |
|  |
| **Requested Limits and Retentions** | **Carrier** | **Limits** | **Self-Insured Retention Limit** | **Check If****Claims Made** | **Retro Date for Claims Made** |  |
| General Liability |  |  |  |[ ]   |  |
| Law Enforcement Liability |  |  |  |[ ]   |  |
| Public Officials Liability |  |  |  |[ ]   |  |
| Employment Practices Liability |  |  |  |[ ]   |  |
| Automobile Liability |  |  |  |[ ]   |  |
|  |
| [ ]  Yes | [ ]  No | Has any insurance carrier canceled coverage in the past three years? |
|  |  |  |
| If yes: | Coverage |  | Explain |  |
|  | Coverage |  | Explain |  |
|  |
| **FINANCIALS** |
| Moody’s Rating — General Obligation Bond |  |
| Standard & Poor’s Rating — General Obligation Bond |  |
| [ ]  Yes | [ ]  No | Are copies of the most recent financial statement and budget available online? If no, please provide copies. |
|  |

|  |
| --- |
| **EXPOSURES**  |
| **Operation/Exposure** | **Entity Exposure**(Owned, Operated, Controlled by the Entity) | **Subcontracted** | **Insured Elsewhere** | **Limits of Liability** |
| Adoption/Foster Care*(Complete Supplemental Application)* | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Beaches | [ ]  Yes | [ ]  No |  |  |  |
| Camps — Day | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Camps — Overnight | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Clinics | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Dams | [ ]  Yes | [ ]  No |  |
| Day Care Operations (Non-School) | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Drones*(Complete Supplemental Application)* | [ ]  Yes | [ ]  No |[ ] [ ]   |
| EMT/Fire/Paramedics | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Exhibition/Convention Centers/Stadiums (Seating > 5,000) | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Fireworks Displays | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Garbage Hauling | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Group Homes*(Complete Supplemental Application)* | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Housing Authority | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Landfills/Dumps | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Law — Holding Cells | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Law — Jail Operations (Adult) | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Law — Juvenile Detention Center | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Law — Police/Sheriff | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Liquor Sales | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Marinas | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Medical Directors | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Nurses | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Nursing Home/Assisted Living | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Parking Garages | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Parks and Recreation | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Physicians/Dentists | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Rehabilitation/Substance Abuse Centers | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Special Events | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Streets/Roads | [ ]  Yes | [ ]  No |  |
| Swimming Pools | [ ]  Yes | [ ]  No |  |
| Transit — Buses*(Complete Supplemental Application)* | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Transit — Paratransit*(Complete Supplemental Application)* | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Utilities — Electric | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Utilities — Gas | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Utilities — Sewer | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Utilities — Water | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Vehicle Fleet | [ ]  Yes | [ ]  No |  |
| Watercraft | [ ]  Yes | [ ]  No |  |
| Wharves/Piers (Not including docks) | [ ]  Yes | [ ]  No |[ ] [ ]   |
| Zoos | [ ]  Yes | [ ]  No |[ ] [ ]   |
|  |

|  |
| --- |
| **CLAIMS ADMINISTRATION** |
| [ ]  Self-Administered [ ]  Third-Party Administrator (TPA) |
| TPA/Claim Administrator |  | Contact Name |  |
| Address (Street, City, State, Zip) |  | Email |  |
| Phone |  |
|  |
| **GENERAL RISK MANAGEMENT** |
| Risk Manager: | [ ]  Full Time [ ]  Part Time [ ]  None |  |
| Safety Officer: | [ ]  Full Time [ ]  Part Time [ ]  None |
| Name of Risk Manager |  |  | Email |  |  |  |
| If there is no risk manager, please provide the title of the individual who is responsible for risk management: |  |
| [ ]  Yes [ ]  No | Is there a written safety program?  |
| [ ]  Yes [ ]  No | Is there a safety committee?  |
| [ ]  Yes [ ]  No | Are loss trends analyzed? |
| [ ]  Yes [ ]  No | Are accidents and claims reviewed?  |
| [ ]  Yes [ ]  No | Are claims expenses charged back to the division responsible for the loss?  |
| [ ]  Yes [ ]  No | Are hold harmless agreements required of all subcontractors? |
| [ ]  Yes [ ]  No | Is the entity named as an additional insured on all subcontractors’ policies? |
| What are the minimum liability limits required of all subcontractors? |  |
|  |
| **GENERAL LIABILITY** |
| **BEACHES** | [ ]  ***Check if N/A*** |
| Number of Beaches |  | Miles of Beach |  |  |  |  |
| [ ]  Yes [ ]  No | Are there lifeguards on duty? |
| [ ]  Yes [ ]  No | Are beach swimming activities separated from boating activities? |
| [ ]  Yes [ ]  No | Are warning signs posted? If yes, check all warning signs that apply: |
| [ ]  Swim at Your Own Risk | [ ]  No Lifeguard on Duty | [ ]  No Swimming Allowed | [ ]  No Water Activities Allowed |  |
|  |
| **CAMPS — CHILDREN** | [ ]  ***Check if N/A*** |
|  | **Day Camps** | **Overnight Camps** |  |
| Number of Camp Programs |  |  |  |
| Camp Hours |  |  |  |
| Months of Operation |  |  |  |
| Age Range |  |  |  |
| Average Daily Attendance |  |  |  |
| [ ]  Yes [ ]  No | Are signed permission slips obtained from all parents or guardians? |
| [ ]  Yes [ ]  No | Are liability waivers obtained for all parents or guardians? |
| [ ]  Yes [ ]  No | Are athletic activities supervised? |
| [ ]  Yes [ ]  No | Are criminal background checks done on all staff and volunteers? |
| [ ]  Yes [ ]  No | Are there sexual abuse/molestation prevention and reporting policies and procedures in place? |
| [ ]  Yes [ ]  No | Have there been any sexual abuse/molestation claims in the past ten years? Please explain: |  |
| In-force policies regarding (check all that apply): |
| [ ]  Protective equipment |
| [ ]  Concussion protocol, including removal from play and return to play |
| [ ]  Prompt medical care for injured campers  |
|  |
| **CLINICS**  | [ ]  ***Check if N/A*** |
| Number of Clinics |  |  |
| Services provided: |  |
| [ ]  Administration of Medication | [ ]  Communicable Disease Testing | [ ]  Immunizations | [ ]  Mental Health Consultations |
| [ ]  STD/HIV Testing | [ ]  Women/Infant Care | [ ]  Other (Specify) |  |
| [ ]  Yes [ ]  No | Do all physicians have medical professional liability insurance?  |
|  | What limits are they required to carry? |  |  |
|  |
| **DAMS** | [ ]  ***Check if N/A*** |
| Please list dams owned, operated, or maintained by the entity. Attach additional dam listing if more than five dams.  |
| Also, please provide latest inspection report for all dams. |
| **Dam Name/****NIDID #** | **State ID #** | **Year Built** | **Construction** | **Height** | **Acre Feet** | **Inspection Date** | **Is an Emergency Action Plan required?** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| [ ]  Yes [ ]  No | Are dams inspected and maintained by the entity? |
| [ ]  Yes [ ]  No | Are dams inspected by state and/or federal agencies?  |
| [ ]  Yes [ ]  No | Have all safety recommendations been complied with?  |
|  | If no, please give reason and expected compliance date. |  |
|  |
| **DAY CARE OPERATIONS (NON-SCHOOL)** | [ ]  ***Check if N/A*** |
| Days/Hours of Operation |  | / |  |  | Number of Certified/Licensed Employees |  |  |
| Minimum/Maximum Age |  | / |  |  | Number of All Other Employees |  |  |
| Average Daily Attendance |  |  | Number of Volunteers |  |  |
| [ ]  Yes [ ]  No | Is the operation licensed? |
| [ ]  Yes [ ]  No | Are criminal background checks conducted on all staff and volunteers? |
| [ ]  Yes [ ]  No | Is there a sexual abuse prevention program in effect? |
| [ ]  Yes [ ]  No | Is staff trained in policies and procedures relating to the sexual abuse prevention program? |
| [ ]  Yes [ ]  No | Does the staff-to-child ratio comply with state requirements? |
|  |
| **EMT/PARAMEDICS** | [ ]  ***Check if N/A*** |
| Number of EMTs/Paramedics  |  |  |  |  |
| [ ]  Yes [ ]  No | Are all EMTs and paramedics in compliance with ongoing training and recertification as required by state law?  |
| [ ]  Yes [ ]  No | Are there any mutual aid agreements with other public agencies? |
| [ ]  Yes [ ]  No | If yes, are mutual hold harmless and full indemnification included in the agreements? |
|  |
| **EXHIBITION/CONVENTION CENTERS/STADIUMS (> 5,000 Seats)** | [ ]  ***Check if N/A*** |
| Name  |  |  |  |  |  |  |  |
| Annual Receipts |  |  |  |  |  |  |  |
| Area (Sq. Ft.) |  |  |  |  |  |  |  |
| Number of Stories |  |  |  |  |  |  |  |
| Maximum Capacity |  |  |  |  |  |  |  |
| [ ]  Yes [ ]  No | Does the exhibition/convention center meet all state and local life and safety requirements?  |
| [ ]  Yes [ ]  No | Are security cameras and/or monitoring systems installed throughout the facility?  |
| [ ]  Yes [ ]  No | Is security provided during the events? By whom? |  |
| [ ]  Yes [ ]  No | Are security guards armed?  |
|  |
| **FIREWORKS DISPLAYS** | [ ]  ***Check if N/A*** |
| Number of Events Annually |  |
| [ ]  Yes [ ]  No | Is the operator a licensed pyrotechnician?  |
| [ ]  Yes [ ]  No | Does the fire department approve the event site?  |
|  |  |
| **GARBAGE HAULING** | [ ]  ***Check if N/A*** |
| **Customers** |  |  | **Operations** |  |
| % Residential |  |  | [ ]  Collection/Hauling Nonhazardous Waste |
| % Commercial |  |  | [ ]  Recycling Collection |
| % Industrial |  |  | [ ]  Other (Specify) |  |  |
| Radius of Operation: |  |  |
| [ ]  Yes [ ]  No | Does the operation handle hazardous waste? If yes, please explain: |  |
| [ ]  Yes [ ]  No | Are Motor Vehicle Reports (MVRs) checked prior to hiring drivers? |
| [ ]  Yes [ ]  No | Are MVRs pulled annually thereafter? |
| [ ]  Yes [ ]  No | Does the policy prohibit the use of cell phone/electronic messaging while driving?  |
| [ ]  Yes [ ]  No | Does the policy address disciplinary actions taken following a violation of the driving policies? |
| [ ]  Yes [ ]  No | Do all drivers have a valid commercial Class B driver’s license? |
| [ ]  Yes [ ]  No | Are drivers required to attend defensive driving training classes? |
| [ ]  Yes [ ]  No | Are all drivers required to attend ongoing safety training classes? |
| [ ]  Yes [ ]  No | Does the entity have a fleet maintenance program? |
|  |
| **HOUSING AUTHORITY***Attach listing if more than three locations.* | [ ]  ***Check if N/A*** |
| **Facility Name** |  |  |  |
| Number of Units |  |  |  |
| Number of Stories |  |  |  |
| Number of Residents |  |  |  |
| Are there established admission policies in place? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Is there a code of conduct for residents? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Is there a manager on site 24/7? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Are there security cameras or monitoring systems? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Are all buildings in compliance with state-mandated life and safety codes?  | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Are there security guards at the facility? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Are the security guards armed? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Are the security-guard services subcontracted? | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
|  |  |
| **LANDFILLS/DUMPS**  | [ ]  ***Check if N/A*** |
| **Active Facility Name** |  |  |  |
| Year Opened |  |  |  |
| Days of Operation |  |  |  |
| Hours of Operation |  |  |  |
|  |
| **Closed Facility Name** |  |  |  |
| Year Opened |  |  |  |
| Year Closed |  |  |  |
| Total Acres |  |  |  |
| [ ]  Yes [ ]  No | Are all landfills/dumps fenced, gated, and locked? |
| [ ]  Yes [ ]  No | Are any landfills/dumps designated as a “Superfund” site? If yes, name: |  |
| [ ]  Yes [ ]  No | Do landfills/dumps meet federal EPA and state environmental protection requirements? If no, please explain: |  |
| [ ]  Yes [ ]  No | Does the entity carry environmental impairment liability insurance?  |
|  | If yes, limits required: |  |  |  |
|  |
| **LIQUOR SALES** | [ ]  ***Check if N/A*** |
| Activity/Event  |  |  |  |  |
| Annual Liquor Receipts |  |  |  |  |
| Specific Dates (Per Event) |  |  |  |  |
| [ ]  Yes [ ]  No | Are bartenders certified by Training for Intervention Procedures (TIPS)? |
| [ ]  Yes [ ]  No | Are waiters/waitresses TIPS certified? |
|  |  |
| **MARINAS** | [ ]  ***Check if N/A*** |
| Annual Receipts (Excluding Fuel) |  | Number of Slips |  |  |
| Annual Receipts — Fueling Operation |  | Maximum Number of Boats in Dry Storage  |  |  |
| [ ]  Yes [ ]  No | Is the marina gated and locked? |
| [ ]  Yes [ ]  No | Does the entity or operator have a regular inspection and maintenance program? |
| [ ]  Yes [ ]  No | Is a certificate of insurance obtained from each boat owner? If yes, liability limits required: |  |
| [ ]  Yes [ ]  No | Is there a fueling operation? If yes, the fueling operation is [ ]  Self-Service [ ]  Attendant Service |
|  |
| **MEDICAL DIRECTOR** | [ ]  ***Check if N/A*** |
| [ ]  Yes [ ]  No | Does the medical director provide direct patient care? |
| [ ]  Yes [ ]  No | If yes, is the medical director required to purchase separate medical professional liability insurance?  |  |
|  | If yes, what limits are they required to carry? |  |  |
|  |  |
| **NURSES** | [ ]  ***Check if N/A*** |
| Number of RNs |  |  |  |  |  |
| Number of LPNs |  |  |  |  |  |
| Number of CNAs |  |  |  |  |  |
| Number of Nurse Practitioners |  |  |  |  |  |
| [ ]  Yes [ ]  No | Do nurses have medical professional liability insurance?  |
|  | If yes, what limits are they required to carry? |  |  |
|  |  |
| **PARKING GARAGES**  | [ ]  ***Check if N/A*** |
| Number of Parking Structures |  |
| Annual Receipts |  |
| Security Guards Armed |  |
| Security Guards Unarmed |  |
| Equipped with Cameras/Monitoring Systems  |  |
|  |  |  |  |  |
| **PARKS AND RECREATION** | [ ]  ***Check if N/A*** |
| Park Acreage  |  |  |  |  |  |
| Number of Skateboard Parks  |  |  |  |  |  |
| [ ]  Yes [ ]  No | Are safety and conduct rules posted at all parks? |
| [ ]  Yes [ ]  No | Are park hours posted at all parks?  |
| [ ]  Yes [ ]  No | Are warning and emergency signs posted for any dangerous conditions? |
| [ ]  Yes [ ]  No | Are regular, documented inspections/maintenance scheduled for parks, playground equipment, and other park facilities?  |
| If yes, how often are inspections? | [ ]  Daily [ ]  Weekly [ ]  Biweekly [ ]  Quarterly [ ]  Other (Specify) |  |
| **Recreational Department Programs** | **Youth — # of Participants** | **Adult — # of Participants** |  |
| Baseball |  |  |  |
| Basketball |  |  |  |
| Field Hockey |  |  |  |
| Football (Touch/Flag) |  |  |  |
| Gymnastics |  |  |  |
| Hiking/Backpacking |  |  |  |
| Hockey |  |  |  |
| Lacrosse |  |  |  |
| Soccer |  |  |  |
| Softball |  |  |  |
| Swimming/Diving |  |  |  |
| Volleyball |  |  |  |
| [ ]  Yes [ ]  No | Are participants required to wear safety equipment when applicable? |
| [ ]  Yes [ ]  No | Are all coaches/instructors trained annually in first aid? |
| [ ]  Yes [ ]  No | Is there a concussion policy in place for all athletic activities organized and offered by the entity? |
| [ ]  Yes [ ]  No | Are coaches/instructors trained annually in concussion protocols? |
| [ ]  Yes [ ]  No | Are waivers or consent forms obtained for all participants?  |
| [ ]  Yes [ ]  No | Does the entity sponsor any trips or outings for children or senior citizens?  |
| If yes, provide destination information as follows: |
| Sponsored Trip/Outing |  |  |  |
| Description |  |  |  |
| Destination/Location |  |  |  |
| Duration |  |  |  |
| Number of Participants |  |  |  |
| Staff-to-Participant Ratio  |  |  |  |
| Mode of Transportation |  |  |  |
|  |  |  |  |
| **SPECIAL EVENTS** | [ ]  ***Check if N/A*** |
| Number of Events |  |  |  |  |  |  |
| Maximum Number of Attendees per Day  |  |  |  |  |  |
| [ ]  Yes [ ]  No | Are emergency evacuation procedures in place?  |
| [ ]  Yes [ ]  No | Are crowd control procedures established and in place? |
| Event security is provided by [ ]  the entity [ ]  subcontractors |
| [ ]  Yes [ ]  No | Is security armed?  |
|  |  |
| **STREETS/ROADS** | [ ]  ***Check if N/A*** |
| Miles Paved |  |  |  |  |  |  |
| Miles Unpaved |  |  |  |  |  |  |
| Street/Road Repair Budget |  |  |  |  |  |
| [ ]  Yes [ ]  No | Does the entity have a maintenance program and regular inspections? |
|  | If yes, how often are inspections conducted? | [ ]  Daily [ ]  Weekly [ ]  Biweekly [ ]  Quarterly [ ]  Other (Specify) |  |
| [ ]  Yes [ ]  No | Are there any blasting operations? If yes, work is done by [ ]  the entity [ ]  subcontracted |
| [ ]  Yes [ ]  No | Does the entity do any road construction work? If yes, describe: |  |
|  | What limits of liability are subcontractors required to carry? |  |  |
|  |  |
| **SWIMMING POOLS** | [ ]  ***Check if N/A*** |
| Number of Swimming Pools |  |  |  |  |  |
| Number of Diving Boards  |  | Height |  |  |  |
| Number of Waterslides |  | Height |  |  |  |
| [ ]  Yes [ ]  No | Are all pools fenced and locked during closed hours in compliance with state regulations? |
| [ ]  Yes [ ]  No | Are pool depths marked? |
| [ ]  Yes [ ]  No | Are safety rules and code of conduct posted? |
| [ ]  Yes [ ]  No | Are procedures in place for limiting the number of individuals in the pool? |
| [ ]  Yes [ ]  No | Are hours of operation posted? |
| [ ]  Yes [ ]  No | Are regular inspections and maintenance of pools, facilities, and surrounding areas documented? |
| [ ]  Yes [ ]  No | Are pools staffed with certified lifeguards? If yes, provide number:  |  |  |
| [ ]  Yes [ ]  No | Are all lifeguards required to complete ongoing training or recertification? |
|  |  |
| **UTILITIES — ELECTRIC** | [ ]  ***Check if N/A*** |
| Non-clerical Annual Payroll |  |  |  |  |  |
| Annual Receipts |  |  |  |  |  |
| Number of Customers |  |  |  |  |  |
| **Customers:** |  | **Operation Type:** |  |  |  |
| % Residential |  |  |  | % Distribution |  |  |  |
| % Commercial |  |  |  | % Generation |  |  |  |
| % Industrial |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| Percentage of generating capacity by fuel type: |  |  |  |  |
| % Fossil Fuel |  |  |  |  |  |
| % Renewable Energy |  |  |  |  |  |
| % Nuclear |  |  |  |  |  |
| % Other  |  |  |  |  |  |
| [ ]  Yes [ ]  No | Is there a written emergency plan in place? |
| [ ]  Yes [ ]  No | Is there a contingency plan for an alternate supplier?  |
| [ ]  Yes [ ]  No | Have there been any service interruptions greater than twenty-four hours?  |
|  | If yes, how many hours and how many times in the past three years? |  |
| [ ]  Yes [ ]  No | Are regular facility inspections and equipment maintenance conducted and documented? |
|  |
| **UTILITIES — GAS** | [ ]  ***Check if N/A*** |
| Non-clerical Annual Payroll |  |  |  |  |  |
| Annual Receipts |  |  |  |  |  |
| Number of Customers |  |  |  |  |  |
| **Customers:** |  | **Operation Type:** |  |  |  |
| % Residential |  |  |  | % Distribution |  |  |  |
| % Commercial |  |  |  | % Generation |  |  |  |
| % Industrial |  |  |  |  |  |  |  |
| Does the entity have the following (check all that apply): |  |  |  |
| [ ]  Backup Power Supply |
| [ ]  Looped Distribution System |
| [ ]  Redundant Supply Line |
| [ ]  Yes [ ]  No | Is there a contingency plan for an alternate supplier?  |
| [ ]  Yes [ ]  No | Have there been any service interruptions greater than twenty-four hours?  |
|  | If yes, how many hours and how many times in the past three years?  |  |
| [ ]  Yes [ ]  No | Have there been any Grade\* [ ]  1 [ ]  2 or [ ]  3 leaks? |
| [ ]  Yes [ ]  No | Are all corrective actions documented and kept on file? |
| [ ]  Yes [ ]  No | Are the gas storage tanks above ground? If Yes, how many? |  |  |  |
| [ ]  Yes [ ]  No | Are the gas storage tanks below ground? If Yes, how many? |  |  |  |
| [ ]  Yes [ ]  No | Are regular facility inspection and equipment maintenance conducted and documented? |
|  \*Grade 1 — Immediate hazard requires prompt action  Grade 2 — Nonhazardous requires repair within one year or no later than fifteen months  Grade 3 — Nonhazardous reading less than 80% lower explosive limit (LEL) in small gas substructures or reading less than 20% LEL in a confined space and reasonably expected to remain nonhazardous. Leak to be reevaluated at the next scheduled inspection. |
|  |  |
| **UTILITIES — SEWER** | [ ]  ***Check if N/A*** |
| Non-clerical Annual Payroll |  |  | **Treatment Plant:** |  |  |
| Annual Receipts |  |  | [ ]  Primary |  |  |
| Miles of Sanitary Sewer Lines |  |  | [ ]  Secondary  |  |  |
| Miles of Storm Sewer Lines |  |  | [ ]  Tertiary |  |  |
| Age of System |  |  |  |  |  |
| Number of Customers |  |  |  |  |  |
| [ ]  Yes [ ]  No | Is there an ongoing sewer upgrade and replacement program? |
| [ ]  Yes [ ]  No | Are sewer mains regularly monitored by cameras? |
| [ ]  Yes [ ]  No | Is there an emergency response plan in place for backups and blockage? |
| [ ]  Yes [ ]  No | Is there a maintenance schedule? |
| [ ]  Yes [ ]  No | Are all regular inspections, maintenance, and cleanings documented? |
| [ ]  Yes [ ]  No | Does the entity have a sewer use ordinance for new construction? |
| [ ]  Yes [ ]  No | Has the entity been fined or received a noncompliant citation in the past five years?  |
|  | If yes, please explain: |  |
|  |
| **UTILITIES — WATER** | [ ]  ***Check if N/A*** |
| Non-clerical Annual Payroll |  |  | **Water Source:** |  |  |
| Annual Gallons of Distribution  |  |  | [ ]  Ground |  |  |
| Miles of Water Main |  |  | [ ]  Rain |  |  |
| Number of Water Treatment Plants |  |  | [ ]  Surface |  |  |
| Age of System |  |  | [ ]  Other (Specify)  |  |
| Number of Customers |  |  |  |  |  |
| **Customers:** |  | **Operation Type:** |  |  |  |
| % Residential |  |  |  | % Distribution |  |  |  |
| % Commercial |  |  |  | % Treatment |  |  |  |
| % Industrial |  |  |  | Both |  |  |  |
| [ ]  Yes [ ]  No | Have there been any service interruptions greater than twenty-four hours? If yes, how many times in the past three years? |  |
| [ ]  Yes [ ]  No | Is there a contingency plan for an alternate supplier? |
| [ ]  Yes [ ]  No | Is there a written emergency plan in place? |
| [ ]  Yes [ ]  No | Are all facilities fenced, locked, and secured with cameras/monitoring systems? |
| [ ]  Yes [ ]  No | Is there security at the facilities? If yes, security is provided by [ ]  the entity [ ]  subcontractors |
| [ ]  Yes [ ]  No | Are security guards armed? |
| [ ]  Yes [ ]  No | Are regular inspections and maintenance conducted and documented? |
|  | If yes, please explain: |  |
|  |  |
| **WATERCRAFT***Attach listing of watercraft if more than ten.* | [ ]  ***Check if N/A*** |
| [ ]  Yes [ ]  No | Are there any owned watercraft less than or equal to fifty-one feet in length? If yes, please list below: |
| **Make** | **Model** | **Length** | **Department** | **Purpose** |
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| [ ]  Yes [ ]  No | Are employees trained in the use of the watercraft and required to follow all safety protocols? |
| [ ]  Yes [ ]  No | Are regular maintenance and inspections conducted and documented? |
| [ ]  Yes [ ]  No | Are any owned or operated watercrafts used to carry people or property for a charge? If yes, explain: |  |
|  |  |
| **WHARVES/PIERS** | [ ]  ***Check if N/A*** |
| [ ]  Yes [ ]  No | Are regular maintenance and inspections conducted and documented? |
| [ ]  Yes [ ]  No | Is swimming allowed? |
| [ ]  Yes [ ]  No | Is diving allowed? |
| [ ]  Yes [ ]  No | Are there stairs leading to the water? |
| [ ]  Yes [ ]  No | Is alcohol consumption permitted? |
| [ ]  Yes [ ]  No | Are private operations/vendors permitted to operate on wharves/piers?  |
|  | If yes, vendors required to provide liability limits of: |  |  |  |
|  |  |
| **ZOOS** | [ ]  ***Check if N/A*** |
| Annual Receipts |  | Year Built |  | Number of Employees |  |
| Total Annual Attendance  |  | Acres |  | Number of Volunteers |  |
| Maximum Daily Attendance  |  | Days/Hours of Operation  |  |  |  |
| The zoo operations are managed [ ]  by the entity [ ]  subcontracted |
| Please check all zoo activities that apply: |
| [ ]  Animal Petting | [ ]  Animal Rides | [ ]  Children’s Rides |  |  |  |
| [ ]  Fireworks | [ ]  Playground | [ ]  Train Rides |  |  |  |
| [ ]  Yes [ ]  No | Is the zoo accredited by the Association of Zoos and Aquariums (AZA)? |
| [ ]  Yes [ ]  No | Are security cameras stationed around all animal exhibits? |
| [ ]  Yes [ ]  No | Are security cameras stationed around the perimeter of the facility? |
| [ ]  Yes [ ]  No | Are there security guards? If yes, they are employed [ ]  by the entity or [ ]  subcontracted |
| [ ]  Yes [ ]  No | If yes, are security armed?  |
| [ ]  Yes [ ]  No | Are warning and safety rules signs posted throughout the zoo? |
| [ ]  Yes [ ]  No | Are all facilities and premises fenced and locked? |
| [ ]  Yes [ ]  No | Are regular maintenance and inspections conducted and documented? |
| [ ]  Yes [ ]  No | Are employees, volunteers, and contractors trained in all safety protocols? |
| [ ]  Yes [ ]  No | Are employees, volunteers, and contractors trained in first aid? |
| [ ]  Yes [ ]  No | Are employees, volunteers, and contractors trained in animal escape procedures? |
| [ ]  Yes [ ]  No | Are special events held at the zoo?  |  |
|  | If yes, they are conducted by [ ]  the entity or [ ]  Other (Specify) |  |
| Please list zoo events. |  |
| Event Type |  |  |  |
| Month Held  |  |  |  |
| Duration  |  |  |  |
| Hours of Event |  |  |  |
| Expected Attendance |  |  |  |
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| **LAW ENFORCEMENT LIABILITY** |
|  | **Full Time** | **Part Time** | **Number with Arrest Authority** |
| Number of Armed Officers |  |  |  |
| Number of Unarmed Officers |  |  |  |
| Number of Dispatchers |  |  |  |
| Number of Jail Administrators |  |  |  |
| Number of Jailers |  |  |  |
| Number of Jail Nurses |  |  |  |
| Number of Court Security Officers |  |  |  |
|  |  |  |  |
| Number of Canines |  |  |  |
| Background Check and Screening (check all that apply): |  |  |
| [ ]  Criminal Background Check | [ ]  Motor Vehicle Records | [ ]  Psychological Screening | [ ]  Sexual Offender Registry |
| [ ]  Substance Abuse | [ ]  Other (Specify) |  |
| [ ]  Yes [ ]  No | Are new recruits required to complete the police academy? |
|  | How many hours of field training are required of new recruits? |  |
| [ ]  Yes [ ]  No | Is firearms training required of all armed personnel? |
|  | If yes, how often is reoccurring firearms training required of armed personnel?  |  |
| [ ]  Yes [ ]  No | Does the entity contract law enforcement services? If yes, services are contracted to [ ]  another public agency and/or [ ]  private party |
| [ ]  Yes [ ]  No | Are all law enforcement officers certified by Peace Officers Standard Training (POST)? |
| [ ]  Yes [ ]  No | Is the entity certified by the Commission on Accreditation for Law Enforcement Agencies (CALEA)? |
| [ ]  Yes [ ]  No | Are canine officers certified by the National Tactical Police Dog Association (NTPDA)? |
| [ ]  Yes [ ]  No | Do all officers meet state minimum training standards? |
| [ ]  Yes [ ]  No | Is there a continuing education/training requirement after hire? |
| [ ]  Yes [ ]  No | Is there a policy and procedures manual? If yes, when was it last updated? |  |
| [ ]  Yes [ ]  No | Have officers been trained on all items in the policy and procedures manual? |
| [ ]  Yes [ ]  No | Is officer training documented? |
| [ ]  Yes [ ]  No | Are police officers required to wear a body camera at all times? How long are films kept? |  |
| [ ]  Yes [ ]  No | Are vehicles equipped with cameras? How long are films kept? |  |  |
| Does the policy and procedures manual include the following (check all that apply): |  |
| [ ]  Armed While Off Duty | [ ]  Body Cameras | [ ]  Canines | [ ]  Domestic Violence |
| [ ]  Escalating Use of Force | [ ]  Formal Strip Search | [ ]  Handling of Intoxicated Persons | [ ]  High-Speed Vehicle Pursuit |
| [ ]  Integration with Protected Classes | [ ]  Medical Treatment  | [ ]  Miranda Rights | [ ]  Moonlighting |
| [ ]  Rights of Detainees | [ ]  Search and Seizure | [ ]  Service of Warrants | [ ]  Suicide Screening |
| [ ]  Vehicle Cameras | [ ]  Vehicle Stops/Searches |  |  |
|  |
| **JAILS — HOLDING CELLS** | [ ]  ***Check if N/A*** |
| Number of Cells |  | Maximum Capacity |  |  |  |
| Average Number of Detainees |  | Average Length of Stay |  |  |  |
| Holding cells are located at the [ ]  Courthouse [ ]  Jail Facility [ ]  Police/Sheriff Station |
|  |
| **JAILS — ADULT FACILITY**  | [ ]  ***Check if N/A*** |
| Number of Cells |  | Maximum Number of Inmates in Single Cell Block |  |  |
| Average Inmate Population |  | Maximum Capacity |  |  |
| Average Length of Stay |  |  |  |  |  |
| Officer-to-Inmate Ratio |  | / |  |  |  |  |  |
| Please respond to all questions below for Jails — Holding Cells and Jails — Adult Facility. |
| [ ]  Yes [ ]  No | Is the facility certified by the American Correctional Association (ACA)? |
| [ ]  Yes [ ]  No | Do jail personnel meet minimum state requirements? |
| [ ]  Yes [ ]  No | Are violent inmates separated from nonviolent inmates? |
| [ ]  Yes [ ]  No | Are male and female inmates separated? |
| [ ]  Yes [ ]  No | Is there a surveillance system? |
| [ ]  Yes [ ]  No | Are safety checks conducted according to state requirements? |
| [ ]  Yes [ ]  No | Are suicide checks conducted according to state requirements? |
| [ ]  Yes [ ]  No | Is there a policy and procedures manual? If yes, when was it last updated? |  |  |  |
| [ ]  Yes [ ]  No | Are correctional officers trained on all policies and procedures? |
| [ ]  Yes [ ]  No | Are correctional officers required to sign an acknowledgment of their policy and procedures training? |
| Does the policy and procedures manual include the following (check all that apply): |
| [ ]  Admitting/Booking | [ ]  Care of Mentally Challenged/ Disabled Inmates | [ ]  Classification of Inmates  | [ ]  Drug/Substance Abuse |  |
| [ ]  Evacuation | [ ]  Inmate Intoxication  | [ ]  Medical Screening/Care | [ ]  Mental/Behavioral Health Assessment |  |
| [ ]  Riot Protocols | [ ]  Sexual Assault | [ ]  Strip Searches | [ ]  Suicide Prevention |  |
|  |
| **JUVENILE DETENTION FACILITY** | [ ]  ***Check if N/A*** |
| Number of Beds |  |  | Maximum Capacity |  |  |
| Average Juvenile Population |  |  | Average Length of Stay |  |  |
| Officer-to-Inmate Ratio |  | / |  |  |  |  |  |  |
| Date of Last Inspection |  |  | Recommendations Made (Yes/No) |  |  |
| Recommendations Compliance Date |  |  | Recommendations Estimated Completion Date |  |  |
| [ ]  Yes [ ]  No | Is the facility certified by the Center for Juvenile Justice Reform (CJJR)? |
| [ ]  Yes [ ]  No | Are correctional officers Certified Corrections Officers/Juvenile (CCO/JUV)? |
| [ ]  Yes [ ]  No | Are male and female juveniles separated? |
| [ ]  Yes [ ]  No | Are safety checks conducted according to state requirements? |
| [ ]  Yes [ ]  No | Are suicide checks conducted according to state requirements? |
| [ ]  Yes [ ]  No | Is there a policy and procedures manual? If yes, when was it last updated? |  |
| [ ]  Yes [ ]  No | Are correctional officers trained on all policies and procedures? |
| [ ]  Yes [ ]  No | Are correctional officers required to sign an acknowledgment of their policy and procedures training? |
| Does the policy and procedures manual include the following (check all that apply): |
| [ ]  Admitting/Booking | [ ]  Bullying | [ ]  Care of Mentally Challenged/ Disabled Juveniles | [ ]  Drug/Substance Abuse |  |
| [ ]  Evacuation | [ ]  Medical Screening/Care | [ ]  Mental/Behavioral Health Assessment | [ ]  Riot Protocols |  |
| [ ]  Sexual Assault/Abuse | [ ]  Strip Searches | [ ]  Suicide Prevention | [ ]  Use of Volunteers |  |
|  |  |  |  |  |
| **PUBLIC OFFICALS LIABILITY** |
| Number of Elected Officials  |  |  |  |  |
| [ ]  Yes [ ]  No | Is there a formal written policy and procedures manual? If yes, check all the policies and procedures that apply: |
| [ ]  Anti-harassment | [ ]  Budgeting/Financials  | [ ]  Building Code Enforcement | [ ]  Business Permit/License Guide  |
| [ ]  Conflicts of Interest | [ ]  Contract Bidding | [ ]  Contract Review | [ ]  Disaster Planning |
| [ ]  Discrimination  | [ ]  Email/Internet Use | [ ]  Establishment of Ordinances or Regulations | [ ]  Land Use and Zoning Appeals, Policies, Processes, and Provisions |
| [ ]  Open Meetings/Hearings | [ ]  Open Record Laws | [ ]  Public Relations (Media/Social Media) |
| [ ]  Yes [ ]  No | Has the manual been updated within the past five years?  |
| [ ]  Yes [ ]  No | Is training required for [ ]  Elected/Appointed Officials [ ]  Department Heads [ ]  Managers/Supervisors? |
| [ ]  Yes [ ]  No | Do all officials and managers receive training when changes are made to the manual? |
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| **EMPLOYMENT PRACTICES LIABILITY** |
| Number of Full Time Employees  |  |  |  |  |  |
| Number of Part Time Employees |  |  |  |  |  |
| Number of Seasonal Employees |  |  |  |  |  |
| **Current Year** |  |  | **Previous Year** |  |  |
| Annual Turnover Rate (%) |  |  | Annual Turnover Rate (%) |  |  |
| Number of Involuntary Terminations |  |  | Number of Involuntary Terminations |  |  |
|  |  |  |  |  |  |
| Union Employees (%) |  |  |  |  |  |
|  |  |  |  |  |  |
| [ ]  Yes [ ]  No | Is there a human resource manager? |
| [ ]  Yes [ ]  No | Are all personnel trained in discrimination and harassment prevention? |
| [ ]  Yes [ ]  No | Are all harassment claims investigated? |
| [ ]  Yes [ ]  No | Are standard job applications used for all employees?  |
| [ ]  Yes [ ]  No | Are there written job descriptions for all positions? |
| [ ]  Yes [ ]  No | Are employees subject to an annual employment evaluation or review? |
| [ ]  Yes [ ]  No | Are personnel records maintained and secured?  |
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| **AUTOMOBILE LIABILITY** |
| Exclude mobile equipment. Please separate Private Passenger (PPT) by police, fire, and all other. |
| Private Passenger Type (PPT)  |  |  | **Buses** |  |  |
| PPT — Police |  |  | 1–8 Passengers |  |  |
| PPT — Fire |  |  | 9–20 Passengers |  |  |
| Motorcycle |  |  | 21–60 Passengers  |  |  |
| Ambulance |  |  | 61+ Passengers |  |  |
| Light Truck (<10,000 GVW) |  |  |  |  |  |
| Medium Truck (10,001–20,000 GVW) |  |  | **Vans** |  |  |
| Heavy Truck (20,001–45,000 GVW) |  |  | 1–8 Passengers |  |  |
| Extra Heavy Truck (>45,001 GVW) |  |  | 9–20 Passengers |  |  |
| Tractors with Fifth Wheel (<45,000 GVW) |  |  |  |  |  |
| Fire Truck (Pumper, Ladder Truck, or Similar) |  |  |  |  |  |
| Garbage Truck |  |  |  |  |  |
| Trailers (>2,000 lbs load capacity) |  |  | **Total Units** |  |  |
| [ ]  Yes [ ]  No | Are MVRs obtained prior to assigning driving duties? |
| [ ]  Yes [ ]  No | Are MVRs obtained annually thereafter? |
| [ ]  Yes [ ]  No | Is there a formal written driving policy in place with MVR standards?  |
| [ ]  Yes [ ]  No | Does the policy prohibit the use of cell phone/electronic messaging while driving?  |
| [ ]  Yes [ ]  No | Does the policy address disciplinary actions taken following a violation of the driving policies? |
| [ ]  Yes [ ]  No | Is there an accident investigation program in place?  |
| [ ]  Yes [ ]  No | Are employees allowed to take vehicles home at night?  |
| [ ]  Yes [ ]  No | Are family members allowed to drive the vehicles? |
| [ ]  Yes [ ]  No | Is there a personal use program in place?  |
| [ ]  Yes [ ]  No | Is there an ongoing fleet maintenance program for all vehicles?  |
| [ ]  Yes [ ]  No | Are vehicles maintained according to the manufacturer’s specifications?  |
| [ ]  Yes [ ]  No | Are any transportation services provided by the entity? If yes, please fill out the Transit Supplemental.  |
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