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# **A. APPLICANT AND AGENCY INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I. Applicant Information: | | | | | |
| Legal Name of Public Entity: enter | | | | | |
| Mailing Address: enter | | | | City: enter | |
| State: enter | | Zip: enter | | County: enter | |
| Entity Website Address: enter | | | | | |
| Human Resource Contact: enter | | | | Phone: **(**enter) enter- enter | |
| E-mail: enter | | | | | |
| Population: enter | | | | Seasonal Population: enter | |
| Date Quote is needed: enter | | | | Bid Date: enter | |
| **Effective Date**: enter | | | | FEIN: enter | |
| Type of Entity: | | | | | |
| Borough | City | | Town | | Sewer District |
| Village | County | | Township | | Water District |

|  |  |  |
| --- | --- | --- |
| II. Submitting Agency | | |
| (All agents participating in this program must comply with their state licensing requirements) | | |
| Agency: | enter | |
| Producer’s Name: | enter | |
| Mailing Address: | enter | |
| Phone Number: | enter | |
| Agent License No: | enter | |
| Are you the incumbent agent:  Yes  No | | |
| AUTHORIZED ENTITY REPRESENTATIVE | | |
| Designee of entity to report claims and receive notices: | | |
| Name: enter | | Title: enter |
| **Instructions for use**: Please fill out the form by entering your information as needed. A YES answer will require more information to be filled out | | |

|  |  |
| --- | --- |
| III. Signature | |
| PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.  (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states). (Applicant’s Initials): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  =====================================================================================================  Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.  Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.  Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.  Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.  Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*.\*Applies in NY Only.  Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.  Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.  Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.  Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. | |

|  |  |  |  |
| --- | --- | --- | --- |
| THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. | | | |
| PRODUCER’S SIGNATURE  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PRODUCER’S NAME  (PLEASE PRINT)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | STATE PRODUCER LICENSE NO. (Required in Florida)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| APPLIANT’S SIGNATURE  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | DATE  \_\_\_\_\_\_\_\_\_\_ | NATIONAL PRODUCER NUMBER  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# **GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Financial Information | | |
| **PLEASE ATTACH MOST RECENT BUDGET, IN ITS ENTIRETY, AND INDICATE:  ADOPTED  TENATIVE** | | |
| II. Bond Information: | | |
| 1. What is amount of outstanding bonds? **$** enter | | |
| 1. What is your latest bond rating (Moody’s or Standard & Poor’s)? enter | | |
| 1. Has your public entity been in default on principal or interest on any bond? | Yes | No |
| If yes, explain: enter | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| III. PRIOR CARRIER INFORMATION (PREM, EXP EFF DATE, DED, LIMITS) ACORD 125 | | | | | | |
| Property | | | Commercial Auto | | | |
| Equipment Breakdown | | | Law Enforcement Liability | | | |
| Inland Marine | | | Public Officials Liability/Employment Practices | | | |
| Crime | | | Cyber/Privacy Liability | | | |
| Commercial General Liability | | | Commercial Umbrella/Excess Liability | | | |
| Employee Benefits Liability | | |  | | | |
| Click on hyperlink below to move to specific location. \*Press Ctrl + Home to move back to the TOC. | | | | | | |
| Line | Company Name | Eff/Exp Date | | Premium | Limits | Deductible |
| [**Property**](#_H._PROPERTY_SUPPLEMENTAL) | enter | enter | | enter | enter | enter |
| [**Earthquake**](#EQCov) | enter | enter | | enter | enter | enter |
| [**Flood**](#FloodCov) | enter | enter | | enter | enter | enter |
| [**Equipment Breakdown**](#_J._EQUIPMENT_BREAKDOWN) | enter | enter | | enter | enter | enter |
| [**Inland Marine**](#_K._INLAND_MARINE) | enter | enter | | enter | enter | enter |
| [**General Liability**](#_M._GENERAL_LIABILITY) | enter | enter | | enter | enter | enter |
| [**Law Enforcement**](#_O._POLICE_PROFESSIONAL) | enter | enter | | enter | enter | enter |
| [**Public Officials**](#_N._PUBLIC_OFFICIALS) | enter | enter | | enter | enter | enter |
| [**Employment Practices**](#EEPracticesInfo) | enter | enter | | enter | enter | enter |
| [**Crime**](#_L._CRIME_AND) | enter | enter | | enter | enter | enter |
| [**Automobile**](#_P._COMMERCIAL_AUTOMOBILE) | enter | enter | | enter | enter | enter |
| [**Excess/Umbrella**](#_Q._COMMERCIAL_UMBRELLA) | enter | enter | | enter | enter | enter |
| 1. Has any such insurance been canceled, declined or non-renewed in the last five years? | | | | | Yes | No |
| 1. If yes, please explain: enter | | | | | | |

# **RISK MANAGEMENT ANALYSIS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Contact Name for loss control inspection and/or mailings: | | | | |
| 1. Name: enter | | 1. Title: enter | | |
| 1. Phone: **(**enter) enter-enter | | 1. E-mail: enter | | |
| 1. Does the entity have a safety/loss control program? | | | Yes | No |
| 1. Are regular safety/loss control meetings conducted? | | | Yes | No |
| If yes, how often? enter | | | | |
| 1. Does the entity have an accident investigation program? | | | Yes | No |
| 1. Are all premises periodically inspected for safety? | | | Yes | No |
| Frequency? enter | | | | |
| 1. Is there a formal written program for preventative maintenance? | | | Yes | No |
| Frequency? enter | | | | |
| Buildings?  Yes  No | Equipment?  Yes  No | | | |
| 1. Does your entity have someone charged with the responsibility of risk management? | | | Yes | No |
| If yes: Full-time  Part-time | | |  | |
| 1. Does your entity have an emergency disaster plan? | | | Yes | No |
| 1. Is the entity in compliance with the Americans With Disabilities Act (ADA)? | | | Yes | No |
| 1. Do you fund or supply personnel to any commission, board, authority, administrative department or other similar unit that is independently operated or not directly operated by you? | | | Yes | No |
| If yes, please list (on a separate attachment) all the units for which you desire coverage as additional insured(s) and provide a brief description of the relationship. | | | | |
| 1. What is the largest city within a 25mile radius of your entity? enter Population? enter | | | | |
| 1. Are certificates of insurance required from all the entity’s subcontractors? | | | Yes | No |
| If “Yes” what are the minimum limits required? enter | | | | |
| 1. Does the entity utilize a uniform written contract for all subcontractors? | | | Yes | No |
| If “Yes”, check those items that are included: | | | | |
| Does entity have legal counsel review all contracts prior to execution? | | | | |
| Is Additional Insured Status on all subcontractors’ liability policies | | | | |
| Is Additional Insured Status on a Primary and Non-Contributor Basis | | | | |
| Is Hold Harmless wording in favor of insured | | | | |
| Is Defense and Indemnification wording in favor of insured | | | | |
| 1. Are “mutual aid” agreements in pace with other local governments? | | | Yes | No |
| If “Yes”, identify: enter | | | | |
| 1. Are these “mutual aid” agreements formal agreements? | | | Yes | No |

|  |  |  |
| --- | --- | --- |
| 1. **If any exposure is contracted, please complete the following:** | | |
|  | **Certificates of Insurance Secured?** | |
| **Type of Work** | **Yes** | **No** |
| enter |  |  |
| enter |  |  |
| enter |  |  |
| enter |  |  |
| enter |  |  |
| enter |  |  |
| enter |  |  |

# **LOSS HISTORY**

|  |  |  |
| --- | --- | --- |
| Loss History is required for each insurance coverage requested and must be verified through submission of loss experience reports. Loss reports must be **currently valued** and include the current expiring policy term plus four preceding policy terms. For any loss paid or reserved that is greater than **$25,000**, please attach a listing of such claims with a brief description of the losses. | | |
| For General Liability, Law Enforcement, Public Officials and Employment Practices, answer the following questions: | | |
| 1. Has any claim been made or is now pending against the public entity or any person in their capacity as an official or employee of the public entity? | Yes | No |
| If “Yes”, give details including the nature of the complaint and the current status: enter | | |
| 1. Does any official or employee have knowledge of any incident which may give rise to a claim? | Yes | No |
| If yes, | | |
| 1. Give details including the nature of the complaint and the current status: enter | | |
| 1. Confirm that the incident has been reported to current carrier  **Confirmed** | | |
| 1. Has any claim been made or is now pending against the entity for cyber liability? | Yes | No |
| If “yes”, give details including the nature of the damages of the cyber event. enter | | |

# **E. PROPERTY SUPPLEMENTAL APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I. Building and Personal Property Coverage | | | | | | | | | | | | | | | |
| **No Exposure** – Not Applicable | | | | | | | | | | | | | | | |
| In addition to this application, please submit all relevant schedules on separate Excel spreadsheets. | | | | | | | | | | | | | | | |
| **SECTION A – COVERAGE** of the **BUILDING AND PERSONAL** **PROPERTY COVERAGE FORM** includes as **Covered Property**, **Building**, **Your Business Personal Property**, and **Personal Property of Others** based upon the insured values submitted as part of this application. Refer to the attached Property Schedule and complete providing (1) Location Address, (2) Protection Class, (3) Year Built (if over 30 years old, provide renovations made and dates), (4) Construction Type, (5) Number of Stories for each structure, (6) Sprinkler Status, (7) Occupancy, and (8) Area or Square Footage for this application. | | | | | | | | | | | | | | | |
| II. Coverage Request | | | | | | | | | | | | | | | |
| 1. Total Insured Values **$** enter | | | | |  | | | | | | | | | | |
| 1. Valuation | | Replacement cost | | | | | | | | | | | | | |
| Functional Replacement Cost – Limit | | | | | | | | | | | | | |
| Actual Cash Value | | | | | | | | | | | | | |
| 1. Values are at: | | 80%  90%  100% Coinsurance | | | | | | | | | | | | | |
| 1. Property Deductible requested: | | | | | | | | | | | | | | | |
| $500 | $2,500 | | | $10,000 | | | | $20,000 | | | | | $75,000 | | |
| $1,000 | $5,000 | | | $15,000 | | | | $50,000 | | | | | $100,000 | | |
| 1. Building and Personal Property Coverage – Including Miscellaneous Program Property Enhancements: | | | | | | | | | | | | | | | |
| * 1. Accounts Receivable | | | | | | Per Occurrence | | | | $ enter | | | | | |
| In Transit Limit | | | | $ enter | | | | | |
| * 1. Business Income with Extra Expense – Including Alterations and Newly Acquired or Constructed Property, Interruption of Computer Operations, Civil Authority, Extra Expense and Business Interruption for Dependent Properties and Extended Business Income up to 180 days. | | | | | | Location: | | | | $ enter | | | | | |
| Limit: | | | | $ enter | | | | | |
| * 1. Electronic Data Processing Equipment - Attach a complete schedule, by location, of computers and peripheral devices, including serial numbers and values for each device. | | | | | | 1. ACV  RC | | | | | | | | | |
| ii. Deductible: $500  $1,000 | | | | | | | | | |
| iii. Other Deductible $ enter | | | | | | | | | |
| iv. Total Hardware Value $ enter | | | | | | | | | |
| * + 1. Data and Media Limit $ enter | | | | | | | | | |
| * + 1. Extra Expenses $ enter | | | | | | | | | |
| * + 1. Transit Limit $ enter | | | | | | | | | |
| * + 1. Breakdown Coverage Deductible $ enter | | | | | | | | | |
| 1. Earthquake Coverage | | | No Coverage Requested | | | | Limit $ enter | | | | | Deductible $ enter | | | |
| 1. Flood Coverage | | | No Coverage Requested | | | | Limit $ enter | | | | | Deductible $ enter | | | |
| 1. Is there coverage under the National Flood Program (FEMA)? | | | | | | | | | Yes | | | | | No | |
| **NOTE**: Flood coverage cannot be provided for (1) any premises determined to be in a 100-year or 500-year flood zone; or (2) property that is eligible for coverage through the National Flood Program. | | | | | | | | | | | | | | | |
| 1. Fine Arts | | | | | | $ enter Per Item | | | | | | | | | |
| $ enter Per Occurrence | | | | | | | | | |
| 1. Inflation Guard: | | | | | | enter % | | | | | | | | | |
| 1. Loss of Tax Revenue | | | | | | $ enter | | | | | | | | | |
| 1. Newly Acquired or Constructed Property | | | | | | Each Building $ enter | | | | | | | | | |
| Business Personal Property $ enter | | | | | | | | | |
| 1. Ordinance or Law Coverage | | | | | | | | | | | | | | | |
| 1. **Coverage – A** Demolition Cost Coverage | | | | | | Location: | | | | $ enter | | | | | |
| Limit: | | | | $ enter | | | | | |
|  | | | | | |  | | | |  | | | | | |
| **ii. Coverage B –**Loss to the Undamaged Portion of the Building | | | | | | Location: | | | | $ enter | | | | | |
| Limit: | | | | $ enter | | | | | |
|  | | | | | |  | | | |  | | | | | |
| **iii. Coverage C –** Increased Cost of Construction | | | | | | Location: | | | | $ enter | | | | | |
| Limit: | | | | $ enter | | | | | |
| 1. Outdoor Property (specific perils) – includes but not limited to Fences, Radio and Television Antennas (including Satellite Dishes), Signs (other than signs attached to buildings), Guardrails, Traffic Lights, Road Signs, Non-Utility Poles, including but not limited to Flagpoles and Poles bearing Signs, Backstops, Goal Posts, Playground Equipment, Scoreboards, Bleachers, Grandstands, Ticket Booths, Ball Field Dugouts, Press Boxes, Refreshment Stands, Picnic Pavilions, Trees, Shrubs, Plants, and Lawns (excluding golf course greens), including Debris Removal Expense. | | | | | | $ enter | | | | | | | | | |
| 1. Paved Surfaces (limited perils) | | | | | | $ enter | | | | | | | | | |
| 1. Property off Premises | | | | | | $ enter | | | | | | | | | |
| 1. Property in Transit | | | | | | $ enter | | | | | | | | | |
| 1. Sign Coverage | | | | | | $ enter | | | | | | | | | |
| 1. Valuable Papers | | | | | | $ enter Occurrence | | | | | | | | | |
| $ enter Off Premises | | | | | | | | | |
| * + - 1. Any vacant buildings? | | | | | | | | | | | Yes | | | | No |
| 1. How long has property been vacant? | | | | | | | | | | | | | | | |
| 1. What is the intended use of the property? | | | | | | | | | | | | | | | |
| 1. Is there an anticipated future occupancy date? enter (MM/YYYY) | | | | | | | | | | | Yes | | | | No |
| 1. Is the property properly secured, fenced and maintained? Is proper lighting in place (exterior and interior)? | | | | | | | | | | | Yes | | | | No |
| 1. Are frequent and regular “walk through” tours of the vacant property being conducted? Is a guard service being hired? | | | | | | | | | | | Yes | | | | No |
| 1. Are all sprinkler, fire protection and detection systems in service? | | | | | | | | | | | Yes | | | | No |
| 1. Any buildings over 30 years old? | | | | | | | | | | | Yes | | | | No |
| 1. If “Yes”, list premises, renovations, and date completed: enter | | | | | | | | | | | | | | | |
| 1. Mortgagee and Loss Payees | | | | | | | | | | | Yes | | | | No |
| * 1. If “Yes” Please provide: | | | | | | | | | | | | | | | |
| Name: enter Address: enter Location: enter | | | | | | | | | | | | | | | |
| Name: enter Address: enter Location: enter | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| III. Building Protection Class 8-10 | | |
| **No Exposure** – Not Applicable | | |
| Complete this section for each applicable location. | | |
| Available Water Supply: | | |
| * + - 1. How far is the nearest wet barrel hydrant? enter How far is the nearest dry barrel hydrant? enter | | |
| * + - 1. Number of wet barrel hydrants? enter Number of dry barrel hydrants? enter | | |
| * + - 1. What is the water supply to the dry hydrant? (i.e. lakes, ponds, man-made wells, etc.) enter | | |
| * + - 1. If lakes or ponds, is there piping low enough to still allow water flow during freezing weather? | Yes | No |
| * + - 1. If man made wells, or tanks, how many gallons of water? enter | | |
| * + - 1. How many and how close are the nearest fire departments? enter | | |
| * + - 1. How many tankers and pumpers are available? enter | | |
| * + - 1. How many men are available? enter | | |
| * + - 1. Are there only volunteer departments available or are there full time paid personnel to respond? enter | | |

# **EQUIPMENT BREAKDOWN**

|  |
| --- |
| **No Exposure** – Not Applicable |
| Relative to Water/Sewer Plants, confirm no power generation. If there is any generation, please provide the following: |
| 1. For what purpose is the generating equipment used:  **Emergency**  or  **Other Purposes** |
| 1. kW rating of the generator: enter |
| 1. Fuel type: enter |
| 1. Maintenance information: enter |
| Relative to incidental electrical distribution (no generating), confirm no hydro power generation at any owned dams. |
| 1. With power distribution exposure, provide the size of transformers being utilized in kVA. enter |

# **INLAND MARINE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No Exposure**– Not Applicable | | | | | | |
| I. Coverage Extension | | | Requested Limits | | | |
| Contractors Equipment (Attach supporting Excel Schedule) | | | Scheduled | | $ enter | |
| Unscheduled | | $ enter | |
| Data Compromise: (All States Other Than IL and NY) | | |  | | | |
| $ 5,000-Legal and Forensic IT Limit: | | | YesNo | | | |
| $ 50,000-Limit Per Data Compromise Event | | |  | | | |
| $ 2,500-Deductible | | |  | | | |
| Emergency Equipment Floater | | | Scheduled | | $ enter | |
| Unscheduled | | $ enter | |
| Miscellaneous or Special Floater | | | Scheduled | | $ enter | |
| Unscheduled | | $ enter | |
| Inland Marine Deductible Requested: | $500 | $1,000 | | $5,000 | | Other |

# **CRIME AND FIDELITY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No Exposure**– Not Applicable | | | | | | | | | | | | | | | | | | |
| The CRIME COVERAGE FORM has limits of insurance available as shown in the chart below. | | | | | | | | | | | | | | | | | | |
| 1. Limits option requested: (Select one of the following options) | | | | | | | | | | | | | | | | | | |
| Limits Option | | Employee Theft | | Forgery or Alteration | Inside the Premises | | | | | | Outside the Premises | | Computer Fraud | | Funds Transfer | | | Money Orders |
| Theft of Money & Securities | | | Robbery/Safe Burglary | | |
|  | 1 | $50,000 | | $50,000 | $25,000 | | | $5,000 | | | $25,000 | | $50,000 | | $10,000 | | | $10,000 |
|  | 2 | $75,000 | | $75,000 | $25,000 | | | $5,000 | | | $25,000 | | $75,000 | | $75,000 | | | $75,000 |
|  | 3 | $100,000 | | $100,000 | $25,000 | | | $5,000 | | | $25,000 | | $100,000 | | $100,000 | | | $100,000 |
|  | 4 | $200,000 | | $200,000 | $25,000 | | | $5,000 | | | $25,000 | | $200,000 | | $200,000 | | | $200,000 |
|  | 5 | $250,000 | | $250,000 | $25,000 | | | $5,000 | | | $25,000 | | $250,000 | | $250,000 | | | $250,000 |
| **Note:** Money and Security is only offered within the Property Coverage Form. ***All States Other Than IL and NY*** | | | | | | | | | | | | | | | | | | |
| 1. Deductible Requested: | | | | | | | | | | | | | | | | | | |
| $500 | | | $1,000 | | | | $2,500 | | $5,000 | | | $10,000 | | | | Other $ enter | | |
| 1. Have you ever had a loss due to employee dishonesty? | | | | | | | | | | | | | | Yes | | | No | |
| If yes, provide full details: enter | | | | | | | | | | | | | | | | | | |
| 1. Is Faithful Performance Coverage needed? | | | | | | | | | | | | | | Yes | | | No | |
| 1. Audit Procedures: | | | | | | | | | | | | | | | | | | |
| 1. Is an audit completed by a CPA, public accountant or equivalent, independent of your organization? | | | | | | | | | | | | | | Yes | | | No | |
| If **yes**, how often (check the appropriate box below): | | | | | | | | | | | | | | | | | | |
| Annually | | | | | | Quarterly | | | | Semi-Annually | | | | | | | | |
| 1. Are audits made in accordance with generally accepted auditing standards and certified? | | | | | | | | | | | | | | Yes | | | No | |
| If **no**, explain the scope of the audit. enter | | | | | | | | | | | | | | | | | | |
| 1. Is the audit report rendered to a regulatory authority? | | | | | | | | | | | | | | Yes | | | No | |
| If **yes,** to whom are the reports rendered to? enter | | | | | | | | | | | | | | | | | | |
| 1. Is there an Internal Audit Department? If so, is it under the control of an employee who is a certified public accountant? | | | | | | | | | | | | | | Yes | | | No | |
| 1. Internal Controls: | | | | | | | | | | | | | | | | | | |
| i) Are bank accounts reconciled by someone not authorized to make deposits or withdrawals? | | | | | | | | | | | | | | Yes | | | No | |
| ii) Do all checks require two signatures? | | | | | | | | | | | | | | Yes | | | No | |
| 1. Number of employees who handle, have custody or maintain records of money, securities or property, department and other divisions heads; assistant department and division heads, and peace officers (including patrolmen when Faithful Performance of Duty Coverage is being written). enter | | | | | | | | | | | | | | | | | | |
| Provide additional comments for crime coverage: enter | | | | | | | | | | | | | | | | | | |

# **GENERAL LIABILITY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No Exposure**– Not Applicable | | | | | | |
| I. RISK CLASSIFICATION | | | | | | |
| 1. Governmental Subdivision | | | 1. Public Sewer Utility | | | |
| 1. Public Water Utility | | | 1. Other | | | |
| II. COVERAGES (OCCURRENCE FORM) | | | **Limit** | | **Option** | |
| * + - 1. General Aggregate Limit (other than Prod./Comp. Ops) | | | **$** enter | | **$** enter | |
| * + - 1. Products – Completed Operations Aggregate | | | **$** enter | | **$** enter | |
| * + - 1. Personal & Advertising Injury | | | **$** enter | | **$** enter | |
| * + - 1. Each Occurrence | | | **$** enter | | **$** enter | |
| 1. Damage to Premises Rented to You | | | **$** enter | | **$** enter | |
| 1. Medical Expenses | | | **$** enter | | **$** enter | |
| III. DEDUCTIBLE | | | | | | |
| * + - 1. Deductible:  None | | | | | | |
| $500 | $2,500 | $10,000 | | $20,000 | | $75,000 |
| $1,000 | $5,000 | $15,000 | | $50,000 | | $100,000 |
| * + - 1. Does Deductible  Include or  Exclude Loss Adjustment Expense? (check one) | | | | | | |
| IV. Additional Interests | | | | | | |
| Additional interests: Yes No | | | | | | |
| For any organization or individual to be considered as an additional insured, provide a description of their interests and/or operations. Attach and describe any written/oral agreements, contracts, hold harmless clauses and insurance requirements. *enter* | | | | | | |

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| --- | --- | --- | --- | --- |
| V. RISK CLASSIFICATION  Check exposures that apply and complete the appropriate “Classification Detailed Information Section" for each. | | | | |
| Click on hyperlink to navigate to specific location. \*Press Ctrl + Home to move back to TOC. | | | | |
| Classification | **Exposure** | | **Any part of operation subcontracted to others?** | |
|  | **Yes** | **No** | **Yes** | **No** |
| [Airport Authority](#Airport_Authority) |  |  |  |  |
| [Amusement Parks](#Amusement_Parks) |  |  |  |  |
| [Blasting Operations](#Blasting_Operations) |  |  |  |  |
| [Bridges](#Bridges) |  |  |  |  |
| [Carnivals, Fairs and Parades](#Carnivals) |  |  |  |  |
| [Cemetery Liability](#Cemeteries) |  |  |  |  |
| [Chemical Spraying](#Chemicals) |  |  |  |  |
| [Dams, Levees, Dykes](#DamsLeevesDykes) |  |  |  |  |
| [Day Care, Day Camp, or Nursery](#Daycare) |  |  |  |  |
| [Employee Benefits Liability](#EEBenefitsLiability) |  |  |  |  |
| [Employers Liability (Stop Gap)](#Stopgap) |  |  |  |  |
| [EMT/Paramedics](#Paramedics) |  |  |  |  |
| [Exhibitions and Convention Buildings (Include Arenas and Auditoriums)](#Exhibition) |  |  |  |  |
| [Fire Department](#FireDept) |  |  |  |  |
| [Fireworks and Other Pyrotechnics](#FireworksPyro) |  |  |  |  |
| [Foster Care and Adoption Services](#Foster_Care_Adoption) |  |  |  |  |
| [Garage](#Garage_Municipal) |  |  |  |  |
| [Garbage and Refuse Collection](#GarbageRC) |  |  |  |  |
| [Golf Courses](#Golf_Courses) |  |  |  |  |
| [Ice or Roller Rinks](#Ice_or_Roller_Rinks) |  |  |  |  |
| [Landfills/ Dumps/ Refuse Sites/ Incinerators](#Landfills) |  |  |  |  |
| [Nurse](#Nurse) |  |  |  |  |
| [Parks and Playgrounds](#Parks_and_Playgrounds) |  |  |  |  |
| [Racetracks](#Racetracks) |  |  |  |  |
| [Recreational Activities](#RecActivities) |  |  |  |  |
| [Rifle Range](#Rifle_Range) |  |  |  |  |
| [Skates parks – Skateboarding- Line Skating](#Skate_Parks) |  |  |  |  |
| [Stadiums, Bleachers, Grandstands (capacity over 5,000)](#Stadiums_Bleachers) |  |  |  |  |
| [Storage Tanks](#Stoarge_Tanks) |  |  |  |  |
| [Streets, Roads, Highways, Bridges – Existence, Maintenance, and Construction Hazards](#Streets_Roads) |  |  |  |  |
| [Transportation Services – Dial-A-Ride](#Transportation_Services) |  |  |  |  |
| [Utility - Electric](#Utility_Electric) |  |  |  |  |
| [Utility - Gas](#Utility_Gas) |  |  |  |  |
| [Utility - Sewer](#Utility_Sewer) |  |  |  |  |
| [Utility - Water](#Utility_Water) |  |  |  |  |
| [Watercraft](#Waterecraft) |  |  |  |  |
| [Waterfront Activities (Swimming Pools, Beaches, Lakes, Reservoirs, etc.)](#Waterfront_Activities) |  |  |  |  |
| [Wharves, Piers, Docks, Marines](#Wharves_Piers_Marinas_Docks) |  |  |  |  |
| [Zoos](#Zoos) |  |  |  |  |

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| --- | --- | --- |
| **RISK CLASSIFICATION DETAILED INFORMATION** | | |
| [AIRPORT AUTHORITY](#airportauthoritygl) | | |
| 1. Is this airport  Owned  Operated  Leased to a third party | | |
| 1. Number of daily commercial passenger flights: enter | | |
| 1. Is there a fixed-base operator? | Yes | No |
| 1. Is there a tower? | Yes | No |
| 1. Is airport FAA controlled? | Yes | No |
| 1. Who writes the airport premises liability policy? enter Limits: enter | | |
| 1. If airport is leased to a third party, does lessee have airport premises liability coverage? | Yes | No |
| If yes, does the policy name entity as an additional insured? | Yes | No |
| 1. Are there any air shows or exhibitions? | Yes | No |
| If yes, attach narrative. |  |  |
| 1. Is there a separate board/commission that controls the operations of the airport? | Yes | No |
| If yes, describe (1) responsibilities of the board, and (2) what kind of decisions are made by the board? | | |
| enter | | |

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| --- | --- | --- | --- |
| AMUSEMENT PARKS | | | |
| 1. Amusement parks | Yes | No | **EXCLUDED**   Yes  No |
| 1. How many annually? | enter | | |
| 1. Any Mechanical rides? | Yes | No |  |
| 1. Alcohol served? | Yes | No |  |

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| --- | --- | --- | --- | --- | --- |
| BLASTING OPERATIONS | | | | | |
| 1. Describe all blasting operations: | | | | | |
| 1. Is blaster certified? | Yes | No |  | 1. Number of years of experience: enter | |
| 1. Is blasting contracted out? | Yes | No | **Attach Certificate of Insurance (Entity should be named as an Additional Insured and Policy Limits should be concurrent).** | |
| 1. Indicate the following: | | | | | |
| 1. Number of shots per year: enter 2. Safety precautions: enter 3. Site monitoring: enter 4. Transport/storage of explosives: enter | | | | | |

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| --- | --- | --- | --- | --- | --- |
| BRIDGES | | | | | |
| 1. How many bridges are owned and/or maintained by the entity? | | | enter | | |
| 1. If any recommendations were made based on inspections, have they been addressed? | | | | Yes | No |
| 3. Is bridge  pedestrian or  vehicular | | | | | |
| 4. What is the length of each bridge? enter | | | | | |
| 1. Are all bridges posted for size and weight limits? | | | | Yes | No |
| 1. How many one lane bridges? | enter | Are warnings posted? | | Yes | No |
| 1. How many draw bridges? | enter | Are warnings posted? | | Yes | No |
| 1. How many toll bridges? | enter Number of toll bridge crossings per year? enter | | | | |
| 1. Have any bridges not passed inspection? | | | | Yes | No |
| 1. Are any bridges closed or condemned? | | | | Yes | No |
| If yes, list bridges, locations, reasons for current conditions, and method of closing warnings/protections to prevent access. enter | | | | | |
| 1. Is the entity involved in any bridge construction? | | | | Yes | No |
| If Yes, describe: enter | | | | | |
| 1. Does the entity contract any portion of bridge operations (construction, maintenance, inspection, etc.)? | | | | Yes | No |
| If yes, describe: enter | | | | | |

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| --- | --- | --- |
| CARNIVALS, FAIRS, PARADES | | |
| 1. Description of event (s): enter | | |
| 1. Date/duration of event (s): enter | | |
| 1. Location and ownership of premises used for the event (s): enter | | |
| 1. Anticipated crowd attendance: enter | | |
| 1. Are any bleachers used? enter Capacity (number of persons): enter | | |
| 1. Describe entity’s responsibility for event (i.e., entity provides premises, funds, personnel, etc.) enter | | |
| 1. List each sponsor/co-sponsor and their respective responsibilities for each event or activity. enter | | |
| 1. Are independent contractors used to provide any services? | Yes | No |
| If so, what services: enter | | |
| 1. Describe security/crowd control/safety precautions: enter | | |
| 1. Are there any mechanical rides? | Yes | No |
| 1. Is any alcohol sold and/or served? | Yes | No |

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| --- | --- | --- |
| CEMETERY LIABILITY | | |
| 1. Describe operations performed by insured: enter | | |
| 1. Who is responsible for maintenance, site preparation and burial? enter | | |
| 1. How many plots in cemetery? enter | | |
| 1. How many new burial plots are expected for the next 12 months? enter | | |
| 1. How many burials have been performed in the past three years? enter | | |
| 1. Does the entity require a burial contract? | Yes | No |
| 1. Does the entity have a policy regarding disinterment? | Yes | No |
| If so, describe policy: enter | | |

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| --- | --- | --- |
| CHEMICAL SPRAYING | | |
| 1. What is the purpose and frequency of spraying operations: enter | | |
| 1. Are employees performing spraying duties? | Yes | No |
| If so, are they licensed? | Yes | No |
| 1. List the chemicals used: enter | | |
| 1. Where are chemicals stored? enter | | |

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| --- | --- | --- | --- | --- | --- | --- |
| DAMS, LEEVES OR DYKES/CANAL/FLOOD WALL | | | | | | |
| 1. DAM  LEEVES  DYKES  RESERVOIR HAZARD CODE: enter | | | | | | |
| 1. Name of structure: | enter | | | | | |
| 1. Location: | enter | | | | | |
| 1. Year built: | enter | | Under the direction of: enter | | | |
| 1. Name of tributary rivers: | | Upstream: enter | | Downstream: enter | | |
| 1. Purpose: | | | | | | |
| Flood control  Irrigation Water supply  Industrial  Power\* | | | | | | |
| \* If “power,” please describe alternate source in event of power failure: | | | | | | |
| 1. Construction: Concrete Earthen  Steel Sheered Timber Other | | | | | | |
| 1. Dimensions: Height: enterTop width: enter Base width: enter | | | | | | |
| 1. Storage capacity (gallons): enter Number of acres: enter Acre Feet enter | | | | | | |
| Additional storage available in a flood state?  Yes  No If yes, describe: enter | | | | | | |
| 1. Upstream exposure:  Yes  No | | | | | | |
| If yes, specifically describe, including distance (housing, industrial complexes, etc.): enter | | | | | | |
| 1. Downstream exposures (indicate if exposure is present, including distance) | | | | | | |
| 1. Housing: | | Yes  No | | | Distance: enter | Number: enter |
| 1. Other structures: | | Yes  No | | | Distance: enter | Number: enter |
| 1. Industrial complexes: | | Yes  No | | | Distance: enter | Number: enter |
| 1. Public utilities: | | Yes  No | | | Distance: enter | Number: enter |
| 1. Pumping stations: | | Yes  No | | | Distance: enter | Number: enter |
| 1. Lower dams: | | Yes  No | | | Distance: enter | Number: enter |
| 1. Bridge(s): | | Yes  No | | | Distance: enter | Number: enter |
| 1. Highway(s): | | Yes  No | | | Distance: enter | Number: enter |
| 1. Railroad(s): | | Yes  No | | | Distance: enter | Number: enter |
| 1. Agricultural area: | | Yes  No | | | Distance: enter | Number: enter |
| Type: | | Crops: enter | | | | Livestock: enter |
| 1. Recreational area: | | Yes  No | | | Distance: enter | Number: enter |
| Type of Recreation: | | enter | | | | |
| 1. Schools: | | Yes  No | | | Distance: enter | Number: enter |
| 1. Hospitals: | | Yes  No | | | Distance: enter | Number: enter |
| 1. Camps: | | Yes  No | | | Distance: enter | Number: enter |
| Maximum number of people flood could affect? enter | | | | | | |
| 1. Does the entity have an Emergency Notification Plan?  Yes  No Describe enter | | | | | | |
| 1. Who inspects the dam? enter How often? enter Date of last inspection on file: enter  Attach a copy of most recent inspection. | | | | | | |
| 1. Advise status of any recommendations. enter | | | | | | |

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| --- | --- | --- | --- | --- |
| DAY CARE, DAY CAMP OR NURSERY | | | | |
| 1. Name and location of facility: enter | | | | |
| 1. Description of operation:  Day Care  Day Camp  Nursery | | | | |
| 1. Is facility licensed?  Yes  No If yes, by whom? enter | | | | |
| 1. Number of years in operation: enter | | | | |
| 1. Days and hours of operation: enter | | | | |
| 1. Maximum number of children permitted by license: enter | | | | |
| 1. Indicate the number of children within each age group and the corresponding number of attendants assigned. | | | | |
| Age Group | Number of Children | Number of Attendants | | |
| 1 to 6 months | enter | enter | | |
| 7 to 12 months | enter | enter | | |
| 1 to 3 years | enter | enter | | |
| Over 3 years to 8 years | enter | enter | | |
| Over 8 years | enter | enter | | |
| 1. Number of staff/attendants: enter | | | | |
| 1. Number of volunteers: enter | | | | |
| 1. Professional qualifications of staff: | | | | |
| 1. How are staff members hired/evaluated? enter | | | | |
| 1. Are criminal background checks completed? | | | Yes | No |
| 1. Sexual abuse/molestation coverage requested? | | | Yes | No |
| If yes, requested limit? enter | | | | |
| 1. Any previous or pending allegations of sexual or physical abuse? | | | Yes | No |
| If yes, explain: enter | | | | |
| 1. Describe all activities on premises: enter | | | | |
| 1. Describe any activities away from premises (including number of trips, who transports, etc.): enter | | | | |
| 1. Are parental permission/waiver forms required? | | | Yes | No |
| 1. Please describe the play equipment and facilities: enter | | | | |
| 1. Does each location have the following: | | | | |
| 1. Emergency evacuation plan? | | | Yes | No |
| 1. Regularly inspected fire/smoke detection system? | | | Yes | No |
| 1. Two separated exits on each floor? | | | Yes | No |
| 1. First aid equipment? | | | Yes | No |
| 1. Someone on premises during business hours trained in administering first aid? | | | Yes | No |
| 1. Play area fully fenced? | | | Yes | No |

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| --- | --- | --- | --- | --- |
| EMPLOYEE BENEFITS LIABILITY | | | | |
| 1. Does applicant have a full time dedicated individual responsible for administrating their Employee Benefit Program? | | | Yes | No |
| 1. Number of employees under Employee Benefit Program administered: enter | | | | |
| 1. For programs permitting employees an option to enroll or not to enroll, does the applicant require a signed acceptance or rejection from each employee? | | | Yes | No |
| If “Yes” is the signed acceptance or rejection retained in the employee’s personnel file? enter | | | | |
| 1. Have there been any actual/pending sustained losses against the applicant? | | | Yes | No |
| 1. Has any occurrence taken place in the past that is likely to give rise to a claim? | | | Yes | No |
| If so, please provide details. enter | | | | |
| Selected desired Limit and Aggregate: | | | | |
| a. $ 1,000,000/1,000,000 | b. $ 1,000,000/2,000,000 | c. $ 1,000,000/3,000,000 | | |

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| --- | --- | --- |
| EMPLOYER’S LIABILITY (STOP GAP): | | |
| 1. Coverage Requested? (Available only in ND, OH, WA, WY) | Yes | No |
| 1. Number of Employees enter | | |
| 1. Total Employee Payrollenter | | |

|  |
| --- |
| EMTS/PARAMEDICS: |
| E.M.T/Paramedics/E.M.T.A:  Paid  Volunteer  Sub-contracted |
| Number of: EMT: enter Paramedics: enter |
| * + - 1. Describe training/certification procedures: enter |
| * + - 1. Approximate number of annual calls: enter |
| * + - 1. Radius of operations: enter |

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| --- | --- | --- | --- |
| EXHIBITION and CONVENTION BUILDINGS: | (INCLUDE ARENAS AND AUDITORIUMS) | | |
| **Note:** If the entity operates more than one, answer the following questions separately for each: | | | |
| 1. Description and address of each facility: enter | | | |
| 1. Number of days in use annually: enter | | | |
| 1. Description of any and all events, or use, at facility: enter | | | |
| 1. Does entity have an Emergency Evacuation Plan? | | Yes | No |
| 1. Are certificates of insurance secured from individuals or organizations using the facility(ies)? | | Yes | No |
| 1. Total square footage: enter | | | |
| 1. Total occupancy capacity: enter | | | |

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| --- | --- | --- | --- | --- |
| FIRE DEPARTMENT: | | | | |
| Fire Department:  Regular  Volunteer | | **YES** | | **NO** |
| 1. Number of firefighters: enter How many are **Paid**: enter How many are **Volunteer**: enter | | | | |
| 1. Describe training/certification procedures: enter | | | | |
| 1. Approximate number of annual calls: enter | Radius of operations: enter | | | |
| 1. Do any fire marshals carry guns or other weapons? | |  |  | |
| 1. Describe all fund raising activities: enter | | | | |
| 1. Are mutual aid agreements in place with neighboring communities? | |  |  | |
| If so, has legal counsel reviewed and approved the agreements? | |  |  | |
| FIREWORKS and PYROTECHNICS: | | | | |
| GENERAL INFORMATION | | **YES** | **NO** | |
| 1. Is the entity the sponsor? | |  |  | |
| 1. Co-sponsor? | |  |  | |
| 1. Does the event take place on entity-owned property? | |  |  | |
| 1. Location of event. (Physical Address): enter | | | | |
| 1. Desired dates of coverage: enter Rain date: enter | | | | |
| 1. Provide full schedule/description of all events to be covered (attach Brochure or Flyer, if available) enter | | | | |
| 1. Describe security protection (include Police, Fire, Ambulance-On-Call and location of same): enter | | | | |
| 1. Describe emergency evacuation procedures (in case of medical emergency, fire, weather, etc.) enter | | | | |
| 1. Estimated Total Attendance per day: enter | | | | |
| 1. Who is shooting off fireworks? enter | | | | |
| If Professional Pyrotechnic Company – Complete Part A. If not – Complete Part B. | | | | |

|  |  |  |
| --- | --- | --- |
| PART A – PROFESSIONAL PYROTECHNIC COMPANY | **YES** | **NO** |
| 1. Are they an independent contractor? **\*** |  |  |
| 1. Are they licensed? |  |  |
| 1. Has an Insurance of Certificate been attached? |  |  |
| **If not, a certificate must be required and submitted before this application can be approved\*** | | |
| 1. Is the entity the Named Insured? |  |  |
| 1. Limit of Liability: enter Company: enter | | |
| 1. Will the firing crew (or pyro technicians) conduct an inspection after the display of the fallout area for the purpose of locating any unexploded aerial shells or live components? **\*\*** |  |  |
| 1. If the answer (above) is “No” then who will be performing this task? enter | | |
| **\***If contracting out the fireworks, the pyrotechnic/independent contractor’s insurance certificate is required. The pyrotechnic/independent contractor should have at least $1,000,000 in Liability coverage and the municipality should be named as Additional Insured. The contract between the pyrotechnic/independent contractor and the entity should be reviewed to ensure that there is hold harmless/indemnification language protecting the municipality.  **\*\***The municipality needs to review the pyrotechnic/independent contractor’s certificate of insurance and/or contract to see if the pyrotechnic/independent contractor’s firing crew is responsible for the cleanup of the unfired shells after the event has ended (this is in compliance with the National Fire Protection Association (NFPA) 1123-Code for fireworks display). In the event the fireworks company DOES NOT want to be responsible, every effort should be made to change this, so the pyrotechnics perform this task. However, if this cannot be accomplished then the municipality MUST designate a spotter whose responsibility is to ensure that all shells have detonated. If there are any known unexploded shells, the area must be secured until the unexploded shells have been properly disposed of. | | |

|  |  |  |
| --- | --- | --- |
| PART B – FIRE DEPARTMENT or OTHER | **YES** | **NO** |
| If not licensed, do they have certified training? |  |  |
| If certified, when? enter Where? enter | | |
| 1. Provide evidence of certification. | | |
| Number of years’ experience? enter | | |
| FIREWORKS DISPLAY INFORMATION: | **YES** | **NO** |
| 1. Has the N.F.P.A. Code 1123 been complied with? |  |  |
| 1. What is the closet distance (in feet) between the spectators and the shooting area? enter | | |
| **Note:** If the entity is issuing a fireworks permit (for organization or private individual) or allowing the use of their entity owned property it is still the responsibility of the entity to evaluate the qualifications and site plans of the display before issuing the permit. Additionally, the entity is to ensure that the display and operators complies with NFPA 1123 requirements. | | |

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| --- | --- | --- | --- | --- |
| FOSTER CARE / ADOPTION SERVICE: | | | | |
| Adoption Agency/Facility  Foster Care | | | | |
| (If the entity operates more than one, a separate questionnaire must be completed for each.) | | | | |
| 1. Legal Name of Public Entity: enter | | | | |
| 1. Name and location of facility: enter | | | | |
| 1. Description of operation: | | | | |
| 1. Is facility licensed?  Yes  No If yes, by whom? enter | | | | |
| 1. Number of years in operation: enter | | | | |
| 1. Maximum number of children permitted by license: enter | | | | |
| 1. Indicate the number of children within each age group and the corresponding number of attendants assigned: | | | | |
| Age Group | Number of Children | Number of Children | | |
| 1 to 6 months | enter | enter | | |
| 7 to 12 months | enter | enter | | |
| 1 to 3 years | enter | enter | | |
| Over 3 years to 8 years | enter | enter | | |
| Over 8 years | enter | enter | | |
| 1. Number of staff/ attendants: enter Number of volunteers: enter | | | | |
| 1. Professional qualifications of staff: | | | **YES** | **NO** |
| 1. How are staff members hired or evaluated? enter | | | | |
| 1. Are criminal background checks completed? | | |  |  |
| 1. Any previous or pending allegations of sexual or physical abuse? | | |  |  |
| If yes, explain: enter | | | | |
| 1. Does the entity specialize in a certain type of adoption such as closed, mediated (i.e., “semi-open”), or open? | | |  |  |
| 1. Is the entity an independent agency, or is it affiliated with some other organization or religious institution? | | |  |  |
| 1. Is the Agency accredited by a legitimate accreditation organization? | | |  |  |
| If yes, and where required by law, is the entity licensed as an adoption agency within the state(s) of operation? | | | | |
| 1. What measures are in place to protect clients’ confidential information? enter | | | | |
| 1. What are the professional credentials of the entity’s staff including social workers, case workers and family therapists? enter | | | | |
| 1. Does an examination of the entity’s records indicate any history of discrimination, either regarding the children who are being placed or the families they are placed with? | | |  |  |
| 1. Sexual abuse/molestation coverage? | | |  |  |
| If “yes”, requested limits: **$** enter | | | | |

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| --- | --- | --- | --- | --- | --- |
| GARAGE - MUNICIPAL: | | | | | |
| Protection Provided: | **YES** | **NO** |  | **YES** | **NO** |
| * + - 1. Is there burglary Protection |  |  | If yes, is it monitored? |  |  |
| * + - 1. Is there a sprinkler system? |  |  | If yes, is it monitored? |  |  |
| * + - 1. Is there a central station fire alarm? |  |  | If yes, is it monitored? |  |  |
| Vehicle Storage: (If yes, please answer questions 1 -5). | | | |  |  |
| 1. Is there a mandatory “clearance zone” maintained between each stored vehicle? | | | |  |  |
| 1. What is the average TOTAL value of vehicles stored in garage overnight? enter | | | | | |
| 1. Are fuel tanks topped off before storage or after? enter | | | | | |
| 1. Are chemicals or additional fuel sources (gas cans) removed from vehicles before they are serviced or stored in the garage? | | | |  |  |
| 1. Are buses and/or trucks cooled off outside the service garage before they are stored in the garage? | | | |  |  |
| Operations: | | | | **YES** | **NO** |
| Where are the keys for vehicles kept? enter | | | | | |
| 2. What percentage of work is: | | | | | |
| Routine Maintenance enter **%** | | | | | |
| * 1. Transmission enter **%** | | | | | |
| * 1. Brakes enter **%** | | | | | |
| * 1. Body/Paint enter **%** | | | | | |
| * 1. Engine rebuilding enter % | | | | | |
| 3. Is welding performed? | | | |  |  |
| * + - 1. If yes, are tanks secured/locked or chained in place? | | | |  |  |
| * + - 1. Any body work done? | | | |  |  |
| * + - 1. Spray painting performed? | | | |  |  |
| If yes,   1. UL approved spray booths in place? (electrical and ventilation system is explosive proof) | | | |  |  |
| 1. Is paint stored in UL approved fire cabinets? | | | |  |  |
| 1. Are floor space heaters used? | | | |  |  |
| If yes, describe the type (gas or electric) and placement of the heater in the garage. enter | | | | | |
| * + - 1. Are batteries disconnected prior to performing non-routine engine work? | | | |  |  |

|  |  |  |
| --- | --- | --- |
| Equipment: | **YES** | **NO** |
| 1. What types of tanks are used? enter | | |
| 1. Do the tanks/pumps use  gasoline or  natural gas? | | |
| 1. Are gas tanks and /or pumps  on site above or  below ground? | | |
| 1. What is the distance of the tanks/pumps from the building? | | |
| 1. How often are tanks inspected? enter | | |
| 1. Are gas tanks protected by barricades from vehicle impact? |  |  |
| 1. What kinds of chemicals are used? enter | | |
| 1. How and where are chemicals stored? enter | | |
| Housekeeping: | **YES** | **NO** |
| 1. UL approved receptacles in shop area for disposal of oily rags? |  |  |
| 1. How often is the garage floor cleaned of oil and grease buildup? enter | | |
| 1. Are no smoking rules posted and enforced inside the garage? |  |  |
| 1. Are fire extinguishers strategically located in all service bays and properly inspected/tagged within the last 12 months? |  |  |
| 1. Are supervisor’s inspections of the facility performed at the end of all shifts? |  |  |
| 1. Are they documented? |  |  |
| Outside Premises: | **YES** | **NO** |
| 1. Is smoking permitted outside the garage? |  |  |
| 1. If permitted outside, how far from building is it restricted? enter | | |
| 1. Are fire retardant receptacles provided outside of the building for disposal of cigarettes? |  |  |
| Contract Work: | **YES** | **NO** |
| 1. What type of vehicle work is contracted out? enter | | |
| 1. Are certificates of insurance obtained from the contractor? |  |  |
| 1. Is there a contract for snow removal on the roof? |  |  |
| If not, explain snow removal precautions and procedures used to clear roof areas in event of heavy snowfall. enter | | |

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| --- | --- | --- | --- |
| GARBAGE REFUSE COLLECTION | **YES** | **NO** | |
| 1. Does the entity collect the refuse? |  |  | |
| 1. What type of trash? enter | | | |
| 1. Household  Yes  No Commercial  Yes  No Industrial  Yes  No | | | |
| 1. Are collections deposited in a certified landfilled? |  | |  |

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| --- | --- | --- | --- |
| GOLF COURSES | | | |
| 1. Name of golf course: enter | | | |
| * 1. Location: enter | | | |
| * 1. Number of holes: enter | | | |
| 1. Annual Golf Receipts: $ enter  Note: If risk is a Country Club or Golf Club do not include one-time initiation fees in gross receipts/sales. | | | |
| 1. Annual Rounds Played: enter | | | |
| 1. Do they provide food services? | | Yes | No |
| 1. Alcohol served? | | Yes | No |
| 1. Annual food receipts: enter |  | | |
| 1. Annual liquor receipts: enter | | | |
| 1. Annual sporting goods (i.e., Pro-Shop) receipts: enter | | | |

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| --- | --- | --- | --- |
| ICE or ROLLER RINKS | | | |
| 1. Type of rink:  Ice  Roller | | | |
| 1. Location: enter | Indoor  Outdoor | | |
| 1. Size of rink (square feet). enter |  | | |
| 1. Annual sales/receipts: $ enter | | | |
| 1. Are warning signs posted? | | Yes | No |
| 1. Is rink lighted? | | Yes | No |
| 1. Is ice hockey permitted? | | Yes | No |
| 1. Hours and days of operation: enter | | | |
| 1. Supervised? | | Yes | No |
| 1. Describe procedures for checking ice thickness: enter | | | |

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| LANDFILLS/DUMPS/REFUSE SITE/INCENERATORS | | | | | | | | |
| 1. Type of facility:  Landfill  Dump  Transfer station | | | | | | | | |
| 1. Advise if the site is:  Owned  Operated or  Owned and Operated by the Applicant | | | | | | | | |
| 1. Has the site been designated as either a hazardous waste or superfund site by the EPA? | | | | | | | Yes | No |
| 1. a. Describe the site as specifically as possible: enter | | | | | | | | |
| 1. What is immediately adjacent to landfill site? enter | | | | | | | | |
| 1. What is nearest body of water? enter | | | | | How far away from site?enter | | | |
| 1. What is nearest building? enter | | | | | How far away from site? enter | | | |
| 1. a. Total number of acres: enter | | | | | | | | |
| 1. Number of acres in use: enter | | | | | | | | |
| 1. Number of years operated: enter | | | | | | | | |
| 1. What is remaining useful life? enter | | | | | | | | |
| 1. Is the landfill licensed or certified? | | | | | | | Yes | No |
| If yes, by what agency? enter | | | | | | | | |
| 1. Security provisions: | | | | | | | | |
| 1. Fenced? | Yes | No | | Height? enter | | | | |
| 1. Attendant? | Yes | No | | Hours? enter | | | | |
| 1. Locked? | Yes | No | | Describe lock policy: enter | | | | |
| 1. Describe waste accepted: | | | | | | | | |
| 1. Type (residential, commercial, etc.): enter | | | | | | | | |
| 1. Form (solid, liquid, sludge, etc.): enter | | | | | | | | |
| 1. Hazardous waste? | | | | | | | Yes | No |
| If yes, explain: enter | | | | | | | | |
| 1. Any record of violation or citations outstanding? | | | | | | | Yes | No |
| If yes, explain: enter | | | | | | | | |
| 1. How are leachate and methane exposures evaluated and controlled? enter | | | | | | | | |
| 1. Number of inactive landfills: enter | | | Locations**:** enter | | | No. of acres**:** enter | | |
| 1. Are monitoring wells installed? | | | | | | | Yes | No |
| If yes, describe any protection surrounding monitoring wells: enter | | | | | | | | |
| 1. a. Describe closure plans for landfill: enter | | | | | | | | |
| 1. Were EPA guidelines followed: | | | | | | | Yes | No |
| 1. If transfer station: | | | | | | | | |
| 1. Are dumpsters used? | | | | | | | Yes | No |
| 1. Is there an open pit? | | | | | | | Yes | No |
| 1. Is entity responsible for transportation to landfill? | | | | | | | Yes | No |
| If no, is it contracted? (**Provide Certificate of Insurance**) | | | | | | | Yes | No |

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| NURSE | | | | | | | | | |
| 1. Name of location and facility: enter | | | | | | | | | |
| Facility | Yes | No | | Number | | | Services Provided | | |
| Clinic |  |  | | enter | | | enter | | |
| Drug Rehabilitation |  |  | | enter | | | enter | | |
| Jail |  |  | | enter | | | enter | | |
| Mental Health |  |  | | enter | | | enter | | |
| Nursing Home Hospital |  |  | | enter | | | enter | | |
| Other |  |  | | enter | | | enter | | |
| 1. Number of Nurses: | Full-time: enter | | Part-Time: enter | | Temporary: enter | | | Leased: enter | |
| 1. Are any of these working in a jail environment? enter | | | | | | | | | |
| If yes, how many Full-time: enter | | | Part-time:enter | | | | | | |
| 1. Indicate below the procedures used in the nurse selection process: | | | | | | | | | |
| Verify educational background | | | | | | | | | |
| Verify license or certified status | | | | | | | | | |
| Check previous work history | | | | | | | | | |
| Check personal references | | | | | | | | | |
| Conduct a criminal background check | | | | | | | | | |
| Require disclosure of any past professional claims due to performance or failure to perform | | | | | | | | | |
| 1. Are nurses required to provide their own professional liability coverage? | | | | | | Yes | | | No |
| 1. Desired Limit: $enter | | | | | | | | | |

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| --- | --- | --- |
| PARKS and PLAYGROUNDS | | |
| * + - 1. Number of Parks: enter | | |
| * + - 1. Is there playground equipment? | Yes | No |
| * + - 1. What surface is provided underneath playground equipment? enter | | |
| * + - 1. Does the Entity have a regular inspection/maintenance program for all facilities and equipment? | Yes | No |
| If yes, how often? Weekly Monthly  Other | | |
| * + - 1. Are all regular inspections and corrective actions documented> | Yes | No |

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| RACETRACKS | **YES** | **NO** |
| 1. Has the racetrack ever had chunks of it fall from an upper level to a section below? |  |  |
| If so, what was done to remedy the situation? enter | | |
| 1. Do all the insured’s public access door open outward, away from spectators, and remain open and unlocked during an event? |  |  |
| 1. Are firework displays ever conducted at events? |  |  |
| If so, are the limits of liability of the fireworks exhibitor adequate?enter | | |
| Are such displays cancelled in case of inclement weather? |  |  |
| 1. Does the insured serve alcoholic beverages at either on-site bars or restaurants or do concession workers serve such drinks in the grandstands? |  |  |
| How do employees monitor alcohol consumption among patrons? enter | | |
| 1. Does the insured ever hire off-duty police officers from the local department to add a layer of security during an event? |  |  |
| 1. For insured that maintain stables or kennels on site, are these areas properly fenced and adequately secured? |  |  |

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| RECREATIONAL ACTIVITIES | | | | | | | | | | | | | |
| 1. ENTITY ORGANIZED ACTIVITIES – Please attach detailed description of each activity and any brochures or schedules available. | | | | | | | | | | | | | |
| Activity (Example: Baseball, Hockey) | Number of Participants | | | Entity Sponsored/Supervised? | | Third Party Sponsored | | | | | | | |
| Supervised | | COI Entity | | | AI Status | | |
|  | **Youth** | **Adult** | **Yes** | | **No** | **Yes** | **No** | **Yes** | | **No** | **Yes** | | **No** |
| enter | enter | enter |  | |  |  |  |  | |  |  | |  |
| enter | enter | enter |  | |  |  |  |  | |  |  | |  |
| enter | enter | enter |  | |  |  |  |  | |  |  | |  |
| enter | enter | enter |  | |  |  |  |  | |  |  | |  |
| enter | enter | enter |  | |  |  |  |  | |  |  | |  |
| 1. Does entity secure waiver and release and/or consent forms for all participants? | | | | | | | | | Yes | | | No | |
| 1. Does participant provide their own insurance? | | | | | | | | | Yes | | | No | |
| 1. Describe any activities away from premises: enter | | | | | | | | | | | | | |
| 1. What transportation is provided, if any? enter | | | | | | | | | | | | | |
| 1. Are parental permission/waiver forms required? | | | | | | | | | Yes | | | No | |

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| --- | --- | --- | --- | --- | --- |
| RIFLE RANGE | | | **Yes** | | **No** |
| 1. Indoor? |  |  | |  | |
| 1. Outdoor |  |  | |  | |
| 1. What security measures are taken (incl. signage)? enter | | | | | |
| 1. Police only? |  |  | |  | |
| 1. Open to public? |  |  | |  | |
| 1. If public, is a range officer on duty whenever the shooting areas are operating? | |  | |  | |
| 1. Skeet? |  |  | |  | |
| 1. Stationary targets? |  |  | |  | |
| 1. What is the distance to the nearest buildings? enter | | | | | |
| 1. Is the range near an industrial or residential section? | |  | |  | |
| 1. Does the insured host competitions on the premises? | |  | |  | |

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| --- | --- | --- | --- | --- | --- |
| SKATES PARKS | | | | **Yes** | **No** |
| 1. **MANAGEMENT** - Please complete a separate questionnaire for each facility. | | | | | |
| * + - * 1. Does the entity have a regular inspection/maintenance program for all facilities and equipment? (Parks, playgrounds, skating rinks, equipment, buildings, etc.) | | | |  |  |
| * + - * 1. How often? | Weekly | Monthly | Other:enter | | |
| * + - * 1. Are all regular inspections and corrective actions documented? | | | |  |  |
| 1. **EXPOSURE** | | | | | |
| Does the insured have a specifically designated area for the skate park? | | | |  |  |
| Activity:  Skateboard  In-Line Skates | | | | | |
| Has any law, ordinance or statue been passed giving skate park immunity to the insured? | | | |  |  |
| If yes, please explain: enter | | | | | |
| * + - * 1. Are there any vendor activities at the skate park? | | | |  |  |
| If yes, please describe: (Rentals, Concession, etc.): | | | | | |
| * + - * 1. Is the area fenced? | | | |  |  |
| If yes, is the fence locked when the park is closed? | | | |  |  |
| * 1. Is the park lighted? | | | |  |  |
| If no, does the park close prior to dusk? | | | |  |  |
| * 1. Is safety equipment required to be worn by participants? | | | |  |  |
| If so, what equipment is required: enter | | | | | |
| Helmet  Elbow PadsKnee Pads Gloves  Wrist Support | | | | | |
| * 1. Are park rules posted? | | | |  |  |
| Are the following guidelines included: | | | | | |
| * Rules of use | | | |  |  |
| * Hours of operation | | | |  |  |
| * Entity not responsible | | | |  |  |
| * Waiver of liability | | | |  |  |
| * Emergency phone numbers | | | |  |  |
| * Entity reserves the right to revoke the use if rules are not obeyed | | | |  |  |
| * Use of the facility is at the user’s own risk | | | |  |  |
| * 1. Is the park supervised during all hours of operation? | | | |  |  |
| * 1. Are participants required to sign a liability waiver (parent/guardian if  under 18 years old)? | | | |  |  |
| ii. Are these kept on file? | | | |  |  |
| 1. Is an incident report form filed to document any injuries that may occur? | | | |  |  |
| 1. Was the park designed and constructed using blueprints from a reputable manufacturer? | | | |  |  |
| If not, who designed and constructed the park? enter | | | | | |

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| --- | --- | --- | --- |
| STADIUMS, BLEACHERS, & GRANDSTANDS (CAPACITY OVER 5,000) | | | |
|  | STADIUM | BLEACHERS | GRANDSTANDS |
| 1. What are the total receipts for: | enter | enter | enter |
| 1. Describe construction: | enter | enter | enter |
| 1. Number of separate stadiums, bleachers or  grandstands: | enter | enter | enter |
| 1. Seating capacity for each: | enter | enter | enter |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STORAGE TANKS | | | | | | | | | | | |
| 1. Does the entity own underground storage tanks? | | | | | | Yes | No | If yes, how many? | | | enter |
| 1. Does the entity own above ground storage tanks? | | | | | | Yes | No | If yes, how many? | | | enter |
| 1. Construction(s): | Steel/Aluminum | | | | | Carbon | | Plastic Compound | | | |
| 1. Age(s): enter | | | | | | | | | | | |
| 1. Any past leaks, spills or releases? | | | Yes | No |  | | | | | | |
| If yes, provide full details: | | enter | | | | | | | | | |
| 1. Are there any plans to close / remove / upgrade any tanks? | | | | | | | | | Yes | No | |
| 1. Are all tanks in compliance with current EPA regulations? | | | | | | | | | Yes | No | |
| 1. What methods of spills / overfill prevention are in place? | | | | | | | | | | | |
| Catch Basins | | | Automatic Shutoff Devices | | | | | | | | |
| Overfill Alarms | | | Ball Float Valves | | | | | | | | |
| Vapor Monitoring | | | Ground Water Monitoring | | | | | | | | |
| 1. Does the entity have pollution liability coverage in place? | | | | | | | | | Yes | No | |

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| --- | --- | --- | --- | --- |
| STREETS/ROADS/HIGHWAYS | | | | |
| 1. Paved Mileage | Unpaved Mileage | Mileage maintained for Others | | |
| miles: enter | miles: enter | miles: enter | | |
| 1. Does the entity have a regular inspection and maintenance program? | | | Yes | No |
| 1. Are written records of maintenance kept? | | | Yes | No |
| 1. Are road signs regularly inspected for visibility and missing signs? | | | Yes | No |
| 1. Are barricades and warning signs used at road work sites? | | | Yes | No |
| 1. Is there a “prior notice” ordinance in effect? | | | Yes | No |

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| --- | --- | --- |
| TRANSPORTATION SERVICES - DIAL-A-RIDE | | |
| 1. Number of passengers served annually? enter | | |
| 1. Number of buses? enter | | |
| 1. Hours and Days of operation. enter | | |
| 1. Services offered to passengers other than seniors and persons with disabilities only? | Yes | No |
| If yes, please explain: enter | | |
| 1. What are the primary destinations? enter | | |
| 1. Who maintains the vehicles and how often is the scheduled maintenance? enter | | |
| 1. Do passengers require personal attendants or escorts on the bus? | Yes | No |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| UTILITY - ELECTRIC | | | | | | | | | | | | | | |
| 1. Generation: | | | | | | | | | | | | Yes | No | |
| 1. Distribution:  Own or  Maintain | | | | | | | | | | | | Yes | No | |
| 1. Number of utility users: | | | Residential: enter | | | | Commercial: enter | | | | | Industrial: enter | | |
| 1. Annual revenues: $ enter | | | | | | | | | | | | | | |
| 1. Annual payroll (less clerical): $ enter | | | | | | | | | | | | | | |
| 1. Main location? enter | | | | | | | | | | | | | | |
| 1. Total number of locations, including substations: enter | | | | | | | | | | Years in operation: enter | | | | |
| 1. Are all locations: | | | | | | | | | | | | | | |
| 1. Fenced? | Yes  No | | | Lighted? Yes  No | | | | | | | | | | |
| 1. Alarmed? | Yes  No | | | Other? enter | | | | | | | | | | |
| 1. Describe controls at substation with reference to signage: enter | | | | | | | | | | | | | | |
| 1. Surrounding area? | | Rural | | Metro | | | | | Nearest residence**:** enter (ft.) | | | | | |
| 1. Are there any PCB transformers? | | | | | | | | | | | | Yes | No | |
| 1. Number: enter | | | | | | | | | | | | | | |
| 1. When is replacement scheduled? enter | | | | | | | | | | | | | | |
| 1. Who is responsible for inspecting operations? enter | | | | | | | | | | | | | | |
| 1. How frequently are inspections performed? enter | | | | | | | | | | | | | | |
| 1. Who monitors and checks regulation flow? enter | | | | | | | | | | | | | | |
| 1. Number of miles of distribution line? enter | | | | | | Underground? enter | | | | | | Overhead? enter | | |
| 1. Describe pole and line maintenance (who maintains, how often inspected, how documented)? enter | | | | | | | | | | | | | | |
| 1. Are maps maintained? | | | | | | | | | | | | Yes | No | |
| 1. Total annual revenues for electricity distributed? enter | | | | | | | | | | | | | | |
| 18.If generating electricity: | | | | | | | | | | | | | | |
| 1. What is power source: | | | | | Fossil fuel | | | Hydro-electric | | | | Nuclear | | |
| 1. What is alternate power source: enter | | | | | | | | | | | | | | |
| 1. What is the total daily capacity? enter | | | | | | | Peak demand daily? enter | | | | | | | |
| 1. Total annual revenues for generation? enter | | | | | | | | | | | | | | |
| 1. Number of miles of transmission lines? enter | | | | | | | | | | | | | | |
| 1. What is allocation of revenues to: | | | | | | | Distribution: enter % | | | | Generation: enter % | | | |
| 1. Describe consumer complaint procedure, if any. enter | | | | | | | | | | | | | | |
| 1. Describe turn on/off procedures: enter | | | | | | | | | | | | | | |
| 1. Does the utility monitor electromagnetic field? | | | | | | | | | | | | Yes | | No |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| UTILITY - GAS | | | | | | | |
| 1. Advise if gas is:  produced or purchased and resold. | | | | | | | |
| 1. Does the entity own or operate a gas wellhead or pipeline? | | | | | Yes | | No |
| 1. Number of utility users: | Residential: enter | | Commercial: enter | | | Industrial: enter | |
| 1. Annual revenues: $ enter | | | | | | | |
| 1. Annual payroll (less clerical): $ enter | | | | | | | |
| 1. Who is responsible for leakage survey? enter | | | | | | | |
| 1. Date of last complete leakage survey of distribution system. enter | | | | | | | |
| 1. Frequency of such surveys: | | Business district: enter | | Outside business district: enter | | | |
| 1. What percentage of system is cathodically protected? enter **%** | | | | | | | |
| 1. Date of last corrosion survey? enter | | | | | | | |
| 1. Year original system installed? enter | | | | | | | |
| 1. Describe main service replacement program: | | | | | | | |
| 1. Are new lines hydrostatic or pressure tested? | | | | | Yes | | No |
| 1. Are records on file? | | | | | Yes | | No |
| 1. Who is gas purchased from? enter | | | | | | | |
| 1. Who is responsible for odorization? enter | | | | | | | |
| 1. Are records maintained? | | | | | Yes | | No |
| 1. Are monthly odorant level checks made? | | | | | Yes | | No |
| 1. Describe type of odorization system used? enter | | | | | | | |
| 1. Does gas system have high and low pressure warning devices? | | | | | Yes | | No |
| If yes, are devices constantly monitored? | | | | | Yes | | No |
| 1. Pressure records kept? | | | | | Yes | | No |
| 1. For how long? enter | | | | | | | |
| 1. Who installs main extensions? enter | | | | | | | |
| 1. Who installs services? enter | | | | | | | |
| 1. If gas company personnel install mains and services, are welders certified? | | | | | Yes | | No |
| 1. Training practices: enter | | | | | | | |
| 1. Turn-on and turn-off procedures? | | | | | Yes | | No |
| 1. Does Gas Company maintain a distribution map? | | | | | Yes | | No |
| 1. Is it up-to-date? | | | | | Yes | | No |
| 1. Are regulating stations adequately fenced, housed, or otherwise secured? | | | | | Yes | | No |
| 1. Are there any liquefied natural gas (LNG) operations? | | | | | Yes | | No |
| 1. Type of container used to hold gas: enter | | | | | | | |
| 1. Does gas company participate in a local or statewide “call before digging” campaign? | | | | | Yes | | No |

|  |  |  |
| --- | --- | --- |
| 1. Does gas company follow an established procedure at time customer meter is turned on? | Yes | No |
| Describe in detail: enter | | |
| 1. Are meters removed or locked-up when gas is turned off? | Yes | No |
| 1. Does Gas Company maintain a customer complaint log? | Yes | No |
| 1. Number of years complaint record maintained? enter | | |
| 1. Are leak complaints worked on same day received? | Yes | No |
| 1. Customer complaint frequency? enter | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| UTILITY - SEWER | | | | | | | | | |
| 1. Number of utility users: | Residential: enter | | | Commercial: enter | | | Industrial: enter | | |
| 1. Provide Annual revenues: $ enter | | | | | | | | | |
| 1. Provide Annual payroll (less clerical): $ enter | | | | | | | | | |
| 1. Provide number of sewer miles: | | | Storm: enter | | Sanitary: enter | | | | |
| 1. What type of facility is operated? | | Treatment Plant | | | Lift Stations | | | Pumps | |
| 1. If treatment plant is operated: | | | | | | | | | |
| 1. Type of plant? | Primary | | | Secondary | | | Tertiary | | |
| 1. What regulatory agency is responsible for monitoring (DEC, EPA, Health Department)? enter | | | | | | | | | |
| How often? enter | | | | | | | | | |
| 1. How is influent input monitored for toxic or hazardous waste? enter | | | | | | | | | |
| 1. Has plant ever been fined or received a citation? | | | | | | Yes | | | No |
| If yes, explain: enter | | | | | | | | | |
| 1. Are any operations contracted? | | | | | | Yes | | | No |
| If yes, attach Certificate of Insurance and a copy of any Hold Harmless Agreement. | | | | | | | | | |
| 1. How old is your system? enter | | | | | | | | | |
| 1. Year of last upgrade? enter | | | | | | | | | |
| 1. Is regular maintenance performed? | | | | | | Yes | | | No |
| 1. Are records kept for all repairs? | | | | | | Yes | | | No |
| 1. Have you had any past/present incidents of sewer back-up to residential or commercial property? | | | | | | Yes | | | No |
| If yes, please explain (include dates, cause and corrective action taken): | | | | | | | | | |
| 1. Are you in compliance with regulatory requirement for maintenance and replacement of lines? | | | | | | Yes | | | No |
| If no, explain further: enter | | | | | | | | | |

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| UTILITY - WATER | | | | | | | | | | | | | | |
| 1. General Information: | | | | | | | | | | | | | | |
| * 1. Annual revenues: $ enter | | | | | | | | | | | | | | |
| * 1. Annual payroll (less clerical): $ enter | | | | | | | | | | | | | | |
| * 1. Number of gallons of potable water: enter | | | | | | | | | | | | | | |
| * + 1. Distributed annually: enter | | | | | | | | | | | | | | |
| * + 1. Maximum annual capacity**:** enter | | | | | | | | | | | | | | |
| * 1. Miles of pipe: enter | | | | | | | | | | | | | | |
| * 1. Total number of employees enter | | | | | | | | | | | | | | |
| * 1. Number of users: | | Residential:enter | | | | Commercial: enter | | | | | | Industrial:enter | | |
| * 1. Number of: | | Water Tanks enter | | | | | Water Towers enter | | | | | | | |
| * 1. Does the entity have a fully computerized water system? (i.e., SCADA) | | | | | | | | | | Yes | | | | No |
| * 1. For the water treatment system, identify the following: | | | | | | | | | | | | | | |
| * + 1. Year Built? enter | | | | | | | | | | | | | | |
| * + 1. Year last upgraded? enter | | | | | | | | | | | | | | |
| * + 1. What percentage is older than 20 years? enter | | | | | | | | | | | | | | |
| * + 1. What upgrades are planned? enter | | | | | | | | | | | | | | |
| * 1. Are all facilities fenced? | | | | | | | | | | Yes | | | | No |
| * 1. Is water provided to neighboring entities? | | | | | | | | | | Yes | | | | No |
| If yes, describe and provide copies of contracts: enter | | | | | | | | | | | | | | |
| 1. Source of Water Supply (lake, well, etc.): | | | | | | | | | | | | | | |
| 1. What is the source of water supply? | | | | | Ground | | | | | | Surface | | | |
| 1. Composition of pipe? | | | | | | | | | | | | | | |
| Lead: | enter % | | Cast Iron: | enter % | | | | | Asbestos: | | | | enter % | | |
| Plastic: | enter % | | Clay: | enter % | | | | | Other: | | | | enter % | | |
| 1. Has utility completed monitoring for lead in drinking water? | | | | | | | | | | Yes | | | | No |
| **Attach a copy of most recent water quality report.** | | | | | | | | | | | | | | |
| 1. How is the water treated? enter | | | | | | | | | | | | | | |
| 1. How are the entity’s water chemicals stored and secured? enter | | | | | | | | | | | | | | |
| 1. How often is water tested? enter | | | | | | | | By which regulatory agent? enter | | | | | | |
| 1. Has system ever been cited or fined for non-compliance with required standards? | | | | | | | | | | Yes | | | | No |
| If yes, please provide details, copy of non-compliance notice(s) and action(s) taken to correct problem(s). enter | | | | | | | | | | | | | | |
| 1. Are you in compliance with regulatory requirements for maintenance and replacement of lines? | | | | | | | | | | Yes | | | | No |
| If “No” explain further enter | | | | | | | | | | | | | | |

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| 1. Failure to Supply | | |
| 1. Does entity contract any part of water operations (construction, maintenance, inspection, etc.) to others? | Yes | No |
| **If yes, provide copy(ies) of Certificate of Insurance.** | | |
| 1. Does entity require Hold Harmless Agreement from contractors? | Yes | No |
| **If yes, provide copy(ies) of Hold Harmless Agreement.** | | |
| 1. How often are pipes inspected? enter | | |
| 1. Are inspection records maintained by entity or by contractor? enter | | |

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| --- | --- | --- | --- | --- | --- | --- |
| WATERCRAFT | | | | | | |
| 1. Manufacturer’s name: enter | | Year: enter | | | Length: enter | |
| 1. H.P: enter | | Inboard: enter | | | Outboard: enter | |
| 1. What is watercraft’s use? enter | | | | | | |
| 1. Boats rented to others? | Yes  No | | If “Yes”, what are the Rental Receipts? $ enter | | | |
| 1. Any watercraft over 51 feet long? | Yes  No | |  | | | |
| 1. Any watercraft used to transport person or property for a charge? | | | | Yes | | No |

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| WATERFRONT ACTIVITIES (Swimming Pools, Beaches, Lakes, Reservoirs, etc.) | | | | | | | | |
| 1. Type of exposure: (complete a separate questionnaire for each exposure.) | | | | | | | | |
| Pool | Beach | Pond | | | | | Lake | |
| Reservoir | Ocean | River | | | | | Stream | |
| 1. Name and location of exposure: enter | | | | | | | | |
| 1. Pool(s) square footage/frontage/size: enter | | | | | | | | |
| 1. Number of diving boards: enter | | | | | | | | |
| 1. Depth of diving well: enter | | | | | | | | |
| 1. Height of each: enter | | | | | | | | |
| 1. Depth markers? | | | Yes | No | |  | | |
| 1. Identify all activities (swimming, boating, ice skating, etc.): enter | | | | | | | | |
| 1. Is swimming area roped or marked? | | | Yes | No | |  | | |
| If so, explain area and type marking: enter | | | | | | | | |
| 1. Are life guards provided? | | | Yes | | No |  | | |
| 1. Are life guards certified? | | | Yes | | No |  | | |
| 1. Is boating permitted near the swimming area? | | | Yes | | No |  | | |
| 1. Is diving permitted? | | | Yes | | No |  | | |
| 1. Depth of water? enter | | | | | | | | |
| 1. Is swimming area checked for underground obstructions? | | | | | | Yes | | No |
| 1. Is pool in compliance with the Virginia Graeme Baker Act regarding pool drains? | | | | | | Yes | | No |
| 1. How many slides? enter | | | | | | | | |
| * 1. Attendants at top? | | | Yes | No | |  | | |
| * 1. Attendants at bottom? | | | Yes | No | |  | | |
| 1. Fenced? | | | Yes | No | |  | | |
| 1. Locked gate? | | | Yes | No | |  | | |
| 1. Pool covered when closed? | | | Yes | No | |  | | |
| 1. Describe maintenance and repair of facilities: enter | | | | | | | | |

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| WHARVES, PIERS, MARINAS, & DOCKS | | | | | | |
| Type of exposure: | Pier | Marina | | Wharf | | Dock |
| 1. Square footage: enter | | | | | | |
| 1. What body of water? enter | | | | | | |
| 1. Describe use? enter | | | | | | |
| 1. Are there any gasoline pumps (if marina)? | | | Yes  No | | | |
| If yes, describe controls: enter | | | | | | |
| 1. Are boats allowed to dock overnight? | | | Yes  No | | Number of slips available enter | |
| 1. What are the annual fees? enter | | | | | | |
| 1. Are there any power lifts? | | | Yes  No | | | |
| 1. Describe any storage facilities (i.e., dry docking) or repair facilities: enter | | | | | | |
| 1. If marina, receipts: $ enter | | | | | | |
| 1. Are boats rented to the public? | | | Yes  No | | If yes, what are the receipts? enter | |
| 1. Size and type of boats: enter | | | | | | |
| 1. Release/rental agreement? | | | Yes  No | | | |
| 1. Age restrictions? enter | | | | | | |
| 1. Are there any concessions? | | | Yes  No | | | |

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| ZOOS | | |
| What type of animals are kept (i.e., man eaters, farm, birds, reptiles, snakes, etc.?enter | | |
| Is petting allowed? | Yes | No |
| Are visitors allowed to feed the animals? | Yes | No |
| Explain security and controls for #2 and #3:enter | | |
| Is a charge being made for #2 or #3? | Yes | No |
| If yes, what are the annual receipts? enter | | |
| Is this operation sponsored by the insured? | Yes | No |
| If this operation is contracted by the insured, are “Certificates of Insurance” obtained? | Yes | No |
| Limits of liability the insured requires from the contractor: enter | | |

# **PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES LIABILITY**

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| **CLAIMS MADE PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES LIABILITY APPLICATION**  THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. UNLESS OTHERWISE ELECTED BY THE APPLICANT, DEFENSE EXPENSES SHALL BE PAID IN ADDITION TO THE LIMITS OF LIABILITY, BUT WILL BE APPLIED AGAINST THE RETENTION AMOUNT. |

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| **No Exposure**– Not Applicable | | |
| I. COVERAGE REQUESTED – PUBLIC OFFICIALS | | |
| 1. Limit of Liability: Each wrongful act: $ enter Annual Aggregate: $ enter | | |
| 1. Retroactive Date: enter | | |
| 1. Deductible: enter | | |
| 1. Consent to Settle Coverage Option | Yes | No |
| Does your current Public Official coverage include the features listed below? | | |
| Personal injury for employment practices claims? $ enter | | |
| Coverage for specific award of backwages $ enter | | |
| Defense of non-monetary employment claims $ enter Sub Limit $ enter | | |
| Retroactive date?  Yes  No Retroactive date: enter | | |

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| II. GENERAL INFORMATION | | | | | | | | | | |
| 1. Human Resource Contact Name: enter | | | | | | | | | | |
| 1. Phone Number: enter | | | | | | | | | | |
| 1. Make up of economic base of the entity: enter | | | | | | | | | | |
| enter **% agricultural** | | enter **% industrial** | | enter **% commercial** | | enter **% residential** | | | | |
| 1. Do you have a risk manager? | | | | | | Yes | | | No | |
| 1. Do you have a manager/administrator? | | | | | | Yes | | | No | |
| * 1. If “yes” provide years of experience in such a position: enter | | | | | | | | | | |
| 1. Within the last 5 years have any of the following taken place? enter | | | | | | | | | | |
| 1. Grand Jury investigations or indictments into activities of any official or employee? | | | | | | Yes | | | No | |
| If “yes” provide details. enter | | | | | | | | | | |
| 1. Disputes or claims alleging the wrongful granting or refusal to grant zoning changes, building permits or similar allowances? | | | | | | Yes | | | No | |
| If “yes” provide details. enter | | | | | | | | | | |
| 1. Disputes or claims alleging wrongful approval of building designs or specifications? | | | | | | | Yes | | | No |
| If “yes” provide details. enter | | | | | | | | | | |
| 1. Provide revenues and expenditures. Provide an explanation for any deficit or large surplus. | | | | | | | | | | |
| FISCAL YEAR | REVENUES | | EXPENDITURES | | SURPLUS (+) / DEFICIT (-) | | | ACCUMULATED SURPLUS/DEFICIT | | |
| enter | $enter | | $ enter | | enter | | | enter | | |
| enter | $enter | | $ enter | | enter | | | enter | | |
| enter | $enter | | $ enter | | enter | | | enter | | |
| 1. Latest bond rating (Standard & Poor’s, Moody’s): Previous Rating: enter | | | | | | | | | | |
| Has the entity ever been in default on principal or interest of any bond? enter | | | | | | | | | | |
| **If yes, provide details:** enter | | | | | | | | | | |

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| III. CLAIMS HISTORY | | | | | | |
| ***Provide currently valued company issued loss runs for the last 5 policy years.*** | | | | | | |
| 1. Check here if there have been no claims made against the public entity during the last **5** policy periods. | | | | | | |
| 1. Have all known acts, errors, and/or omissions that might reasonably give rise to a claim been reported to the current insurer? | | | | Yes | | No |
| 1. Does any official or employee have knowledge of acts, errors, and/or omissions that might reasonably give rise to a claim suit? | | | | Yes | | No |
| 1. Check the boxes which generally describe the types of claims made against the public entity during the last **(5) five** policy years. | | | | | | |
| Zoning | Permits Insurance | Sex Harassment | Termination | | Equal Pay | |
| Suspension | Discrimination | Land Use | License Issuance | | Variances | |
| Promotion | Demotion | Hiring | Promotion | | Demotion | |

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| IV. PUBLIC OFFICIALS INFORMATION | | | | | | | |
| Does the public entity administer any of the following operations? | | | | | | | |
| For “yes” responses complete the applicable questions. | | | | | | | |
| * + - 1. Police Department | | | | | | Yes | No |
| * 1. If no, who provides service? enter | | | | | | | |
| * + - 1. Zoning | | | | | | Yes | No |
| * + - * 1. Is the entity responsible for land use planning and zoning?  ***If no, skip to Item 3. Building Inspection*** | | | | | | Yes | No |
| * + - * 1. Approximate number of zoning variations granted during the preceding 12 months. enter | | | | | | | |
| * + - * 1. Is there a formal procedure in place for granting of variances to land development statutes? | | | | | | Yes | No |
| * + - * 1. Is there a policy which prohibits zoning board members from voting on zoning action which might affect a business which they own, invest in, or be employed or retained by? | | | | | | Yes | No |
| * + - * 1. Is there a procedure which requires zoning board members to disclose to you all investments or controlling positions in any business which may be affected by the zoning board’s actions? | | | | | | Yes | No |
| * + - * 1. Does the public entity’s attorney attend all zoning board meetings? | | | | | | Yes | No |
| * + - * 1. Do you have a written master plan for economic development? | | | | | | Yes | No |
| When was it adopted? enter (Date) | | | | | | | |
| 1. Building Inspection | | | | | | Yes | No |
| * + - * 1. Do you have a formal process for application and approval of permits? | | | | | | Yes | No |
| * + - * 1. Any permit denials issued which have unusual circumstances? | | | | | | Yes | No |
| If “yes, provide details. enter | | | | | | | |
| 1. Permit Issuance | | | | | Yes | | No |
| Do you have a formal process for application and approval of permits? | | | | | Yes | | No |
| Any permit denials issued which have unusual circumstances? | | | | | Yes | | No |
| If “yes, provide details. enter | | | | | | | |
| 1. License Issuance | | | | | Yes | | No |
| * + - * 1. Do you have a formal process for application and approval of licenses? | | | | | Yes | | No |
| * + - * 1. Any permit denials issued which have unusual circumstances? | | | | | Yes | | No |
| 1. Tax Assessment/ Collection | | | | | Yes | | No |
| Do you reassess real property on a regular basis? | | | | | Yes | | No |
| If so, how often: enter | | | | | | | |
| If not, when was the last reassessment of all real property in entity’s jurisdiction? enter | | | | | | | |
| 1. Port Authority | | | | | Yes | | No |
|  | | | | | | | |
| 1. Airport Authority (GL) | | | | | Yes | | No |
|  | | | | | | | |
| 1. Housing Authority | | | | | Yes | | No |
|  | | | | | | | |
| 1. Transit Authority | | | | | Yes | | No |
|  | | | | | | | |
| 1. Landfill | | | | | Yes | | No |
|  | | | | | | | |
| 1. Hospital/ Nursing Home | | | | | Yes | | No |
| * + - * 1. Is hospital: | Owned | | Operated | Leased | | | |
| * + - * 1. Number of beds: enter | | | | | | | |
| 1. Daycare | | | | | Yes | | No |
| Are services for: | | Children (Complete Day Care, Day Camp, Nursery Questionnaire) | | | | | Adults |
| Provide details of services: enter | | | | | | | |
| 1. Dams | | | | | Yes | | No |
|  | | | | | | | |
| 1. Is there a nuclear power plant within 25 miles of your entity’s boundaries? | | | | | Yes | | No |
| ***Which, if any, of the above operations are contracted?*** enter | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No Exposure**– Not Applicable | | | | | | | | |
| V. COVERAGE REQUESTED - EMPLOYMENT PRACTICES | | | | | | | | |
| 1. Limit of Liability: Each wrongful act: $ enter Annual Aggregate: $ enter | | | | | | | | |
| 1. Retroactive Date: enter | | | | | | | | |
| 1. Deductible: enter | | | | | | | | |
| 1. Consent to Settle Coverage Option | | | | | | | Yes | No |
| V. EMPLOYMENT PRACTICES INFORMATION | | | | | | | | |
| Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation. | | | | | | | | |
| 1. Total number of employees: | Full time: enter | | Part time: enter | | Seasonal: enter | | | |
| 1. Number of employees in each category: | | | | | | | | |
| General Office: enter | | Police: enter | | Fire/Rescue: enter | | | | |
| Engineers: enter | | Attorneys: enter | | Architects: enter | | | | |
| Road/Utilities: enter | | Accountants: enter | | Other: enter | | | | |
| 1. Provide names of persons in the following positions: | | | | | | | | |
| Attorney: enter | | Employee | | Contracted | | | | |
| Engineer: enter | | Employee | | Contracted | | | | |
| Accountant: enter | | Employee | | Contracted | | | | |
|  | | | | | | **YES** | | **NO** |
| 1. Do you have a written personnel manual? | | | | | |  | |  |
| 1. Do you have a written application for all applicants? | | | | | |  | |  |
| 1. Do you have a Human Resource Department? | | | | | |  | |  |
| 1. If no, do you have an individual assigned to manage Human Resource functions? | | | | | |  | |  |
| 1. Has this individual had specific Human Resource Training? | | | | | |  | |  |
| 1. What is the date of the last review by legal counsel? enter | | | | | | | | |
| 1. Have employment applications and Policies and Procedures been reviewed by legal counsel? | | | | | |  | |  |
| 1. Is the manual distributed to all personnel? | | | | | |  | |  |
| If yes, does each employee sign an acknowledgement of receipt and understanding? | | | | | |  | |  |
| 1. Is the manual reviewed with new employees as part of employment orientation? | | | | | |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Does the personnel manual include Policies and Procedures for the following?   ***Provide an explanation for all “no” responses.*** | | | | | | | | | | |
|  | Written Procedures | | | | | Supervisory Training | | | | |
|  | **Yes** | | | **No** | | **Yes** | | **No** | | |
| 1. Hiring |  | |  | | |  | | |  |
| 1. Interviewing |  | |  | | |  | | |  |
| 1. Evaluation |  | |  | | |  | | |  |
| 1. Promotion |  | |  | | |  | | |  |
| 1. Demotion |  | |  | | |  | | |  |
| 1. Discipline |  | |  | | |  | | |  |
| 1. Discrimination |  | |  | | |  | | |  |
| 1. Termination |  | |  | | |  | | |  |
| 1. Suspension |  | |  | | |  | | |  |
| 1. Transfer |  | |  | | |  | | |  |
| 1. Sexual Harassment |  | |  | | |  | | |  |
| 1. Medical Leave |  | |  | | |  | | |  |
| 1. Unpaid Leave |  | |  | | |  | | |  |
| 1. Employee Improper Conduct or Grievance |  | |  | | |  | | |  |
| 1. Education and Training |  | |  | | |  | | |  |
| 1. Drug Testing |  | |  | | |  | | |  |
| 1. Pre-hire background checks |  | |  | | |  | | |  |
| 1. Administrative Hearings/Appeals |  | |  | | |  | | |  |
| 1. Are all employees provided with job descriptions? | | | | | |  | | |  |
| 1. Do you have an “at will” employment statement for all employees? | | | | | |  | | |  |
| 1. Are all mandatory posters from EEOC and the state equivalent posted in a conspicuous place? | | | | | |  | | |  |
| 1. Have any of the following taken place during the last 5 years? | | **YES** | | | **NO** | | Provide # of incidents | | | |
| 1. Strike, slowdown or other disruption? | |  | | |  | | enter | | | |
| 1. Layoff or reduction in staff? | |  | | |  | | enter | | | |
| 1. Employee suspensions? | |  | | |  | | enter | | | |
| 1. Employee transfers? | |  | | |  | | enter | | | |
| 1. Non-renewal of employment contracts? | |  | | |  | | enter | | | |
| 1. Employee terminations/dismissals? | |  | | |  | | enter | | | |
| 1. Administrative appeals? | |  | | |  | | enter | | | |
| 1. Formal Grievances? | |  | | |  | | enter | | | |

# **POLICE PROFESSIONAL LIABILITY**

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| **No Exposure** – Not Applicable |
| **THIS IS AN APPLICATION FOR A CLAIMS-MADE OR OCCURRENCE POLICY, AS SELECTED BY THE APPLICANT. UNLESS OTHERWISE ELECTED BY THE APPLICANT, DEFENSE EXPENSES SHALL BE PAID IN ADDITION TO THE LIMITS OF LIABILITY, BUT WILL BE APPLIED AGAINST THE RETENTION AMOUNT.** |
| This is an application for an  Occurrence Policy  Claims-Made Policy |

|  |  |  |
| --- | --- | --- |
| **I. COVERAGE REQUESTED** | | |
| 1. Limit of Liability: | | |
| Each Person $ enter | Each Wrongful Act $ enter | Annual Aggregate $ enter |
| 1. Deductible Requested: $ enter | | |
| 1. Consent to Settle Coverage Option?  Yes  No | | |
| 1. Name of Law Enforcement Department(s) or Detention Facility: enter | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **II. UNDERWRITING INFORMATION** | | | |
| GENERAL INFORMATION: | | | |
| 1. Indicate street addresses of all locations where police operations are headquartered or located, and any auxiliary locations. | | | |
| enter | | | |
| enter | | | |
| enter | | | |
| 1. Department Administrator or Contact Person (Name and Title): enter | | | |
| 1. Phone Number: enter | E-Mail Address: enter | | |
| 1. Type of Entity: enter | | | |
| **Police Department**  **Sheriff’s Department**  **Special Service District** (SSD)  **Other (specify above)** | | | |
| 1. Current population of city, town, county or other political subdivision which entity provides services to: enter | | | |
| 1. Any seasonal increase in population? | | Yes | No |
| 1. If yes, to Question 6.: | | | |
| 1. Indicate percent of increase and season: enter | | | |
| 1. Are there any borrowed officers during this season? | | Yes | No |
| 1. If “Yes” to b., are they trained on the Applicant’s Policies and Procedures? | | Yes | No |
| 1. Jurisdiction of Applicant:  **City/Town**  **County**  **State  Other:**enter | | | |
| 1. What is the largest city and its population, within a 25-mile radius of the Applicant’s main headquarters? | | | |
| Largest city: enter | Population: enter | | |
| 1. Indicate the name, type and size of significant facilities within the Applicant’s jurisdiction, (i.e., military institutions, colleges/universities, resorts, convention centers, sport arenas, nuclear power plants, amusement parks): enter | | | |

|  |  |  |
| --- | --- | --- |
| SPECIAL SERVICES AND MOONLIGHTING: | **YES** | **NO** |
| 1. Does the Applicant contract its law enforcement services to any other public or private entity? |  |  |
| If “Yes”, please attach a copy of the servicing contract(s). | | |
| 1. If “Yes,” indicate name and location of such other entity(ies): enter | | |
| 1. If “Yes,” are any additional personnel retained by the entity for such purposes listed under the Personnel Section? |  |  |
| 1. If “No” to (b), please explain: enter | | |
| 1. Is the Applicant a party to any mutual aid, reciprocal, or regional task force agreements? |  |  |
| 1. Does the Applicant require that it be named as an “Additional Insured” when providing law enforcement services to any other public or private entity pursuant to contract or for approved special events (i.e., concerts, parades, races)? |  |  |
| 1. Does the Applicant authorize moonlighting by its law enforcement officers? |  |  |
| 1. If “Yes,” indicate name and title of individual who authorizes: enter | | |
| 1. What percentage of the law enforcement staff moonlights, on average? enter | | |
| 1. Is moonlighting in bars or taverns, or other establishments serving alcohol, authorized? |  |  |

|  |  |  |
| --- | --- | --- |
| 1. POLICIES AND PROCEDURES | **YES** | **NO** |
| 1. Does the Applicant have a law enforcement Policies and Procedures Manual? |  |  |
| If “yes,” | | |
| 1. What is the original publication date? enter | | |
| 1. What is the date of last revision or update? enter | | |
| 1. Is the manual distributed to all personnel? |  |  |
| 1. Is the manual reviewed with personnel periodically as part of their formal training? |  |  |
| 1. Does the entity have written Policies and Procedures relating to: | **YES** | **NO** |
| * + - * 1. Use of Deadly Force |  |  |
| * + - * 1. Vehicle Hot Pursuit |  |  |
| * + - * 1. Use of Non-Deadly Force |  |  |
| * + - * 1. Domestic Violence |  |  |
| * + - * 1. AIDS |  |  |
| * + - * 1. Handling of Intoxicated Individuals |  |  |
| * + - * 1. Custodial Interrogation/Detention |  |  |
| * + - * 1. Sexual Harrassment |  |  |
| 1. Does the Applicant monitor compliance with its Policies and Procedures on a regular basis? |  |  |
| 1. Does the Applicant require “Use of Force” reports to be filed by its officers |  |  |
| If “Yes”, are they followed up on by Applicant? enter | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. EDUCATION AND TRAINING REQUIREMENTS OF OFFICERS | | | | | | | | |
| 1. What is the minimum education requirement for hiring an officer? | | | | | | | | |
| 1. High School Diploma/GED |  | | | | | | | |
| 1. Some College |  | | | | | | | |
| 1. College Graduate |  | | | | | | | |
| 1. Other (explain): enter | | | | | | | | |
| 1. Is psychological testing required before hiring any officer? | | | | | | Yes | | No |
| 1. If “Yes” are results reviewed by a person trained in this field? | | | | | | Yes | | No |
| 1. Is officer interviewed by a psychologist or psychiatrist? | | | | | | Yes | | No |
| 1. What background investigations are completed prior to hiring any officer? enter | | | | | | | | |
| 1. If the Applicant has a lockdown facility, what training of correctional officers is required before assignment? enter | | | | | | | | |
| 1. Full-time jailers: Formal Academy? | | Yes  No  N/A | | | # of hours: enter | | | |
| Other (explain): enter | | | | | | | | |
| 1. Part-time jailers: Formal Academy? | | Yes  No  N/A | | | # of hours: enter | | | |
| Other (explain): enter | | | | | | | | |
| 1. What law enforcement training is required of armed street officers? | | | | | | | | |
| 1. Formal Academy? | | Yes  No  N/A | | | # of hours: enter | | | |
| Other (explain): enter | | | | | | | | |
| 1. Does the Applicant have a minimum in-service training update?  Yes  No  N/A | | | | | | | | |
| 1. If “yes” how often?  Monthly  Annually  Bi-Annually (check one) # of hours: enter | | | | | | | | |
| Other (explain): enter | | | | | | | | |
| 1. Is formal training required before an officer is armed and assigned street duty? | | | | | | Yes | | No |
| 1. If “No” verify that officer is either:  not armed  is armed, but accompanied by a trained officer. | | | | | | | | |
| 1. Are officers trained and qualified before using: | | | | | | | | |
| * 1. Baton? | | | Yes | No | | | Not used | | |
| 1. Mace/Chemicals? | | | Yes | No | | | Not used | | |
| 1. Control holds? | | | Yes | No | | | Not used | | |
| 1. Stun guns? | | | Yes | No | | | Not used | | |
| 1. Canine handling? | | | Yes | No | | | Not used | | |
| 1. Horses/Mobile Equipment | | | Yes | No | | | Not used | | |
| 1. How often must an officer re-qualify with: | | | | | | | | |
| 1. Service Revolver? enter | | | | | | | | |
| 1. Personal weapon? enter | | | | | | | | |
| 1. Other weapon (please specify)? enter | | | | | | | | |
| 1. Does firearm training include firing range exercises at night or simulated night conditions? | | | | | | Yes | | No |

|  |  |  |
| --- | --- | --- |
| 1. What training do part-time or auxiliary officers, armed and with arrest authority receive? enter | | |
| 1. Is training given before duty assignment? | Yes | No |
| 1. If “No” verify that officer is either:  not armed  is armed, but accompanied by a trained officer. | | |
| 1. What type of assignments do auxiliary officers typically perform? enter | | |
| 1. Are officers trained in emergency vehicle handling (i.e., “hot pursuit”)? | Yes | No |
| 1. Has the Applicant received accreditation from the Commission on Accreditation for Law Enforcement Agencies, Inc.? | Yes | No |

|  |  |  |
| --- | --- | --- |
| 1. DISPATCHING | | |
| 1. Does the Applicant handle its own police dispatch? | Yes | No |
| 1. If “No” who handles for Applicant? enter | | |
| 1. Does the Applicant dispatch for other public entities or police units? | Yes | No |
| 1. If “Yes”, how many other entities or units? enter | | |
| 1. What is the total population served? enter | | |
| 1. Are incoming calls to dispatch recorded? | Yes | No |
| 1. If “Yes”, how long are recordings retained by Applicant? enter | | |
| 1. Are the following services provided by Applicant? | | |
| 1. Emergency Medical dispatch | Yes | No |
| 1. Fire dispatch | Yes | No |
| 1. Police | Yes | No |
| 1. What training do the dispatchers receive (please describe for each category of services provided)**:**  enter | | |

|  |  |  |
| --- | --- | --- |
| 1. JAIL OR LOCK – UP FACILITIES | | |
| **No Lock Up Facility** | | |
| 1. Does the Applicant operate any of the following? If so, indicate location. | | |
| Jail Location: enter | Yes | No |
| * + - * 1. Holding Cell Location: enter | Yes | No |
| * + - * 1. Detention Cell Location: enter | Yes | No |
| For each Facility indicate the following, if applicable. Use a separate sheet if necessary. | | |
| 1. What is the state certified capacity of facility? enter | | |
| 1. What is the average number of daily inmates? enter | | |
| 1. What is the length of stay? enter | | |
| 1. Are there full-time jailers on duty twenty-four hours per day? | Yes | No |
| 1. In the last five years, have there been any suicides or suicide attempts by inmates? | Yes | No |
| If “Yes”, explain incident, and provide details of preventative measures taken: enter | | |
| 1. Are walk-throughs of the facility done every thirty minutes? | Yes | No |
| 1. Does Applicant have smoke detectors in the facility? | Yes | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Does the Applicant have a Policies and Procedures manual for the facility? | | | Yes | | No |
| 1. Date of original procedures manual for facility? enter | | | | | |
| 1. Date of last revision/update of manual? enter | | | | | |
| 1. Is there a written grievance procedure for inmate complaints? | | | Yes | No | |
| 1. Is the facility under a court order or consent decree? | | | Yes | No | |
| If yes, attach copy with any modifications. | | | | | |
| 1. Does the agency place juveniles in any holding facility or jail with adults? | | | Yes | No | |
| 1. Are there audio or video surveillance systems in: | **AUDIO** | | **VIDEO** | | |
| a. Booking Area? | Yes | No | Yes | | No |
| 1. Sally Port? | Yes | No | Yes | | No |
| 1. Each Cell Unit? | Yes | No | Yes | | No |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. PERSONNEL | | | |
| **LIST EACH PERSON ONLY ONCE UNDER HIS OR HER PRIMARY DUTIES.** | | | |
| 1. Sheriff/Chief: | | | enter |
| 1. Chief Deputy/Deputy Chief: | | | enter |
| 1. Personnel with rank of Sergeant or higher: | | | enter |
| 1. Full-time personnel with regular street duties including detectives, investigators and civil processors: (Do not include officers under #3. above.) | | | enter |
| 1. Armed part-time auxiliary reserve officers with arrest authority: | | | enter |
| 1. Unarmed part-time auxiliary reserve officers without arrest authority: | | | enter |
| 1. Communications and dispatch personnel: | | | enter |
| 1. Police Dogs (please attach certificate of training for both dog and dog-handler.): | | | enter |
| 1. Jail Administrators: | | | enter |
| 1. Full-time Jailers/Matrons: | | | enter |
| 1. Part-time Jailers/Matrons: | | | enter |
| 1. Court Security Staff: | | | enter |
| 1. Medical Personnel: | | | enter |
|  | Employed | Contracted | Limits |
| Nurses: | enter | enter | **$** enter |
| Doctors: | enter | enter | **$** enter |
| Coroners: | enter | enter | **$**  enter |
| **\*If Medical Personnel are indicated above, provide insurance carrier, limits of liability and expiration date of   medical malpractice or other professional liability coverage:** enter | | | |

|  |  |  |
| --- | --- | --- |
| 1. Total number of employees of Applicant: enter | | |
|  | Full-Time | Part-Time |
| Current Year | enter | enter |
| 1st prior year | enter | enter |
| 2nd prior year | enter | enter |

|  |
| --- |
| 1. ATTACHMENTS |
| PLEASE ATTACH: |
| * Copies of contracts or agreements referenced herein |
| * Contracts and Agreements for questions 12 and 13 under Section II. |
| * Policies and Procedures for question 2 under Section III. |
| * Facility information for questions under Section VI. |

# **COMMERCIAL AUTOMOBILE COVERAGE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No Exposure** – Not Applicable | | | | | | | |
| In addition to this application, please submit all relevant schedules on excel spreadsheet separately. | | | | | | | |
| A.1. FLEET COVERAGES REQUESTED | | | | | | | |
| Option 1 - Limit of Liability | **$** enter | | | | Deductible | | **$** enter |
| Option 2 - Limit of Liability | **$** enter | | | | Deductible | | **$** enter |
| Hired Automotilbe Coverage | | | | | | | Annual Cost of Hire: enter |
| Non-Owned Automobile Coverage | | | | | | | Total Number of Employee: enter |
| Person Injury Protection (PIP) or equivalent no-fault coverage applicable | | | | | | | Limit **$** enter |
| Auto Medical Payments – if applicable | | | | | | | Limit **$** enter |
| Added PIP (or equivalent added no-fault coverage) | | | | | | | Limit **$** enter |
| Property Protection Insurance (PPI - Michigan only) | | | | | | | Limit **$** enter |
| Uninsured Motorist Insurance | | | | | | | Limit **$** enter |
| Underinsured Motorist Insurance | | | | | | | Limit **$** enter |
| Mutual Aid | | | | | | | Limit **$** enter |
| Physical Damage – Total Value(s) | | | | | | | Limit **$** enter |
| Optional Basic Economic Loss Coverage (OBEL) (NY Only) | | | | | | | Limit **$** enter |
|  | |  | | | | | **REQUESTED DEDUCTIBLES:** |
| Comprehensive Coverage | | | Yes | No | | **$** enter | |
| Specified causes of loss coverage | | | Yes | No | | **$** enter | |
| Collision coverage | | | Yes | No | | **$** enter | |
| Hired Physical Damage | | | Yes | No | | **$** enter Comp **$** enter Collision  **$** enter Estimated Annual Cost of Hire | |
| Garagekeepers/Impounded Vehicles | | | Yes | No | | **$** enter Limit  **$** enter Comp **$** enter Collision | |
| Towing | | | Yes | No | | **$** enter Limit | |
| Full Glass Coverage | | | Yes | No | |  | |
| Rental Reimbursement | | | Yes | No | | **$** enter Per Day Limit | |
| Supplemental Spousal Liability (NY Only) | | | Yes | No | |  | |
| \* As statutes require, a signed Uninsured/Underinsured Motorist Coverage Selection / Rejection form will be   required. | | | | | | | |

|  |  |  |
| --- | --- | --- |
| A.2. HIRED AND NON-OWNED COVERAGES REQUESTED ONLY | | |
| If coverage request is for Hired and Non-Owned Automobile coverage **only**: | | |
| Limit of Liability: $ enter |  |  |
| Hired Automobile Coverage: |  | Annual Cost of Hire $ enter |
| Non-Owned Automobile Coverage: |  | Total number of employees?enter |
| Hired Physical Damage Coverage: |  | Estimated Cost of Hire $ enter and Deductible $ enter |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| B. UNDERWRITING QUESTIONS | | | | | |
| 1. Are all owned or leased vehicles covered under this program? | | | Yes | | No |
| If “no” provide details: enter | | | | | |
| 1. Describe any locations(s) with a concentration of stored vehicles whose total values exceed $500,000. | | | | | |
| LOCATION | UNIT NUMBER(S) FROM VEHICLE SCHEDULE | TOTAL VALUE(S) | | | |
| enter | enter | enter | | | |
| enter | enter | enter | | | |
| 1. Does the entity have any mutual aid agreements? | | Yes | | No | |
| If “yes” please attach copies | | | | | |
| 1. Does the insured own or operate any vehicle designed exclusively for hauling explosives, flammables or hazardous materials? | | | Yes | | No |
| Describe: enter | | | | | |
| 1. Are autos hired by the public entity (other than schools)? | | Yes | | No | |
| 1. Do any employees drive their own vehicles in the scope of their employment? | | Yes | | No | |
| If “yes”, list employees and their occupation: enter | | | | | |
| Are Certificates of Insurance required from these employees? | | Yes | | No | |
| 1. Are employees allowed to take vehicles home after work? | | Yes | | No | |
| * 1. If “yes”, list employees and their occupation: enter | | | | | |
| 1. Does the insured provide any type of transportation system? | | Yes | | No | |
| * + - * 1. If “yes”, explain and provide any available brochures: enter | | | | | |
| 1. Describe automobile maintenance program, including frequency: enter | | | | | |
| Are logs maintained for all repairs and maintenance performed? | | Yes | | No | |
| 1. Describe driver hiring practices: enter | | | | | |
| * + - * 1. Under age 25 drivers? | | Yes | | No | |
| * + - * 1. Over age 60 drivers? | | Yes | | No | |
| * + - * 1. Previous driver experience? | | Yes | | No | |
| * 1. Physical exams on a regular basis? | | Yes | | No | |
| If “yes”, frequency: enter | | | | | |

|  |  |  |
| --- | --- | --- |
| * 1. Are motor vehicles reports checked? | Yes | No |
| If “yes”, what are standards? enter | | |
| 1. Describe driver training procedures (i.e., emergency vehicle training, defense driving): enter | | |
| 1. Is there an accident investigation program? | Yes | No |
| 1. Are driver safety reviews conducted annually? | Yes | No |
| If “yes”, what are the standards for driver accountability? enter | | |
| 1. Are MVR’s updated periodically for all drivers? | Yes | No |
| If “yes”, frequency: enter | | |
| 1. What action is taken if a driver does not meet your MVR standards? enter | | |
| 1. Is Replacement Cost to be quoted on any of the scheduled vehicles? | Yes | No |
| **If “yes”, the auto schedule should identify each vehicle to be covered for Replacement Cost.** | | |
| 1. If Replacement Cost is to be quoted, are values reflective of Replacement Cost and not Actual Cash Value? | Yes | No |
| **A signed Auto Schedule attesting all identified vehicles are valued at Replacement Cost is required.** | | |
| **Attach list of drivers, including MVR information; indicate emergency vehicle operators.** | | |

# **COMMERCIAL UMBRELLA / EXCESS LIABILITY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No Exposure** – Not Applicable (Not available in Cook County) | | | | | | |
| 1. **COVERAGE REQUESTED**  **UMBRELLA**  **EXCESS** | | | | | | |
| $1,000,000/$1,000,000 | $2,000,000/$2,000,000 | | $3,000,000/$3,000,000 | | | |
| $4,000,000/$4,000,000 | $5,000,000/$5,000,000 | | **Other $** enter | | | |
| **Umbrella self-insured retention** | **$10,000** | |  | | | |
| **COVERAGE DESIRED OVER:** | | | | | | |
| GLAuto EL PO LawEPLEBL | | | | | | |
| 1. **UNDERLYING INSURANCE EMPLOYERS LIABILITY** | | | | | | |
| **Carrier / Policy Number** | **Policy Dates** | **\*Limits** | | | | |
| enter | enter | Each Accident | | | $ enter | |
| enter | enter | Disease Policy/Limit | | | $ enter | |
| enter | enter | Disease Each Employee | | | $ enter | |
| 1. **STOP-GAP COVERAGE? (OHIO ONLY)** | | | | Yes | | No |
| Previous experience: If not described elsewhere, please give details of all liability claims exceeding $25,000, or occurrences that may give rise to claims during the past five (5) years. enter | | | | | | |
| **Underlying Employer Liability Insurer must have an A.M. Best Rating of A-; VII, or stronger, and must offer Minimum Employer’s Liability limits of $500,000/$500,000 for Umbrella or Excess Liability.** | | | | | | |