important notice: 2024 Updated application version

Please ensure that you are using the most updated application with your submission.

Previous versions are obsolete and will not be accepted.

Thank you for choosing MuniPlus.

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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 |
| Other (please describe): |  | | | | |

|  |  |  |
| --- | --- | --- |
| 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 | | |

# **GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Financial Information | | |
| **PLEASE ATTACH MOST RECENT BUDGET, IN ITS ENTIRETY, AND INDICATE:  ADOPTED  TENATIVE** | | |
| II. Bond Information: | | |
| 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. Coverages Requested | | | | | | |
| Property | | | Public Officials Management Liability/Employment Practices/Employee Benefits Liability | | | |
| Inland Marine | | | Employee Benefits Liability | | | |
| Equipment Breakdown | | | Auto Liability | | | |
| General Liability | | | Auto Physical Damage (Comprehensive/Collision) | | | |
| Crime | | | Excess Liability | | | |
| Law Enforcement 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**](#_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 place 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** | | |

# **PROPERTY**

|  |
| --- |
| 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 (required for policy blanket) | | | | | | | | | |
| Functional Replacement Cost – Limit | | | | | | | | | |
| Actual Cash Value | | | | | | | | | |
| 1. Values are at: | | 80%  90%  100% Coinsurance (Minimum 90% required for blanket insurance) | | | | | | | | | |
| 1. Property Deductible requested: | | | | | | | | | | | |
| $2,500 | $10,000 | | $25,000 | | | | $75,000 | | | | $250,000 |
| $5,000 | $15,000 | | $50,000 | | | | $100,000 | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Building and Personal Property Coverage – Including Miscellaneous Program Property Enhancements: | | | | | | | | | | | |
| * 1. Accounts Receivable Limit Requested   (Per Occurrence - $500 deductible) | | | | | $ 50,000 (default minimum) | | | | Other: $ enter | | |
| Other limits available: $250,000, $500,000, $1,000,000 | | | | | | |
| * 1. Business Income Limit Requested   2. Extra Expense Limit Requested | | | | | Limit: $ enter | | | | $ enter | | |
|  | | | | ($250,000 is default minimum) | | |
| Limit: $ enter | | | | $ enter | | |
|  | | | | ($250,000 is default minimum) | | |
| 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)?   **NOTE**: Flood coverage cannot be provided for property that is eligible for coverage through the National Flood program. | | | | | Yes | | | | | No | |
| 1. Fine Arts (per occurrence)   Fine arts” means property that is rare or that has historic or artistic value, including antiques, rare articles, etchings, pictures, awards, trophies, historic memorabilia, statuary, marbles, bronzes, porcelains, and similar property. | | | | | $50,000 (default minimum)  $100,000 | | | | | Higher Limits? Please provide itemized schedule. | |
| 1. Newly Acquired or Constructed Property – Do you have property in the course of construction? | | | | | Yes | | | If Yes, please describe: enter  Cost of Construction: $ enter | | | |
| 1. Outdoor Property Limit Requested (per occurrence) | | | | | $150,000 (default minimum)  Other: $ enter | | | | |  | |
| **OUTDOOR PROPERTY**: “Outdoor property” means fixed or permanent structures including but not limited to: **a.** Docks, wharves, piers, pilings or bulkheads; **b.** Dumpsters, concrete trash containers, or permanent recycling bins; **c.** Electric utility power transmission and distribution lines, poles and related equipment owned by the insured; **d.** Exterior signs not located at a “premises”; **e.** Fences or retaining walls; **f.** Historical markers or flagpoles; **g.** Hydrants, not associated with a "sprinkler system"; **h.** Lighting towers; **i.** Playground equipment, park shelters, pedestrian-only bridges, picnic tables, water fountains or coolers, benches, dugouts, bleachers, or scoreboards; **j.** Sirens, antennas, satellite dishes, towers, or similar structures and their associated equipment or structures, lighting towers, and lighting standards; **k.** Storage sheds, garages, pavilions or other similar buildings or structures not located at a “premises”; or **l.** Traffic lights, street lights, traffic signs, parking meters, or bus shelters.  “Outdoor Property” does not include: **a.** Bridges, other than pedestrian-only bridges, roadways, walks, curbs, or other paved surfaces; **b.** Canals, ditches, flumes, or aqueducts; **c.** Dams, locks, levees, or reservoirs; or **d.** Land, excavations, grading, or filling; **e.** “Personal property”; **f.** "Real property” at a “premises”; **g.** Sewer or waste pipes, lift stations or treatment facilities; **h.** Storm drains, storm pipes, or storm basins; **i.** Swimming pools or related equipment; **j.** “Tools and equipment”; **k.** Trees, shrubs, plants, lawns, or crops; **l.** Water; **m.** Water storage tanks of any type, underground pipes, pumps or pump houses, or fountains; or  **n.** “Watercraft” or “personal watercraft”. | | | | | | | | | | | |
| 1. Real and Personal Property in Transit or Off Premises Limit Requested (per occurrence) | | | | | $100,000 (default minimum)  Other: $ enter | | | | | Other Limits Available: $250,000 | |
| 1. Valuable Papers and Records Limit Requested (Other than Electronic Data)   ($500 deductible, each described premises) | | | | | $50,000 (default minimum)  Other: $ enter | | | | | Other Limits Available: $250,000, $500,000, $1,000,000, $3,000,000, $5,000,000 | |
| 1. Debris Removal of Covered Property Requested Limit (25% of direct physical loss +) | | | | | $100,000 (default minimum)  Other: $ enter | | | | | Other Limits Available: $250,000, $500,000, $1,000,000 | |
| 1. Utility Services – Direct Damage Requested Limit | | | | | Limit: $ enter  Exclude | | | | | Limits Available: $25,000, $50,000, $100,000 | |
| **VACANT BUILDINGS** | | | | | | | | | | | |
| Any vacant buildings? | | | | | | Yes | | | | No | |
| If “Yes”, please respond to the following: | | | | | | | | | | | |
| * How long has property been vacant? | | | | | |  | | | | | |
| * What is the intended use of the property? | | | | | |  | | | | | |
| * Is there an anticipated future occupancy date? (MM/YYYY) | | | | | |  | | | | | |
| * Is the property secured, fenced, and maintained? | | | | | | Yes | | | | No | |
| * Is proper lighting in place (exterior and interior)? | | | | | | Yes | | | | No | |
| * Are frequent and regular “walk through” tours of the vacant property being conducted? | | | | | | Yes | | | | No | |
| * Is a guard service hired to keep watch over the building(s)? | | | | | | Yes | | | | No | |
| * Do the vacant property(ies) have sprinkler or fire protection, or is the electricity still on? | | | | | | Yes | | | | No | |
| 1. Do you have any buildings over 30 years old? | | | | | | Yes | | | | No | |
| 1. If “Yes”, list premises, renovations, and date completed: | | | | | | enter  enter | | | | | |
| 1. For all buildings, are all sprinkler, fire protection, and detection systems in service? | | | | | | Yes | | | | No | |
| 1. Mortgagee(s) and Loss Payee(s)? | | | | | | Yes | | | | No | |
| 1. If “Yes” Please provide: | | | | | | | | | | | |
| Name: enter Address: enter Location: enter | | | | | | | | | | | |
| Name: enter Address: enter Location: enter | | | | | | | | | | | |
| 1. Are any premises occupied 24 hours a day? | | | | | | Yes | | | | No | |
| 1. If “Yes” Please identify and list locations: | | | | | | | | | | | |
| Address: enter Location: enter | | | | | | | | | | | |
| Address: enter Location: enter | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| III. Building Protection Class 9-10 | | |
| **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.  CONFIRMED  UNCONFIRMED – Please explain: |
| 1. With power distribution exposure, provide the size of transformers being utilized in kVA. enter |
| 1. Do you have any pumps or motors that exceed:  * 500 Kw?  No  Yes – Please explain “Yes” Response: * 1,000 HP?  No  Yes – Please explain “Yes” Response: |

# **INLAND MARINE**

|  |  |
| --- | --- |
| **No Exposure**– Not Applicable | |
| I. Coverages | Requested Limits |
| **Coverage A**: Blanket Tools and Equipment (aka Unscheduled Equipment) (Provides RC coverage to Blanket Tools and Equipment, subject to the chosen limit and a per item maximum limit of $10,000) | $ enter |
| **Coverage B**: Scheduled Equipment | Attach Supporting Excel Schedule |
| **Coverage C:** Blanket Emergency Services Equipment | Guaranteed Replacement Cost is provided for portable law enforcement, firefighting, ambulance, rescue and communication equipment.  (Other valuation options may apply based on underwriting discretion.) |

|  |  |
| --- | --- |
| II. Coverage Extensions | Limits |
| Adds or extends the coverage under Section I – Coverages. Unless stated otherwise in the policy, a) each extension is limited to direct physical loss or damage cause by or resulting from a covered cause of loss; b) the limits in each extension are in addition to the limits applicable in Section I – Coverages; and c) All other applicable terms and conditions of the coverage form apply to each extension. (\*\*whichever comes first) | |
| Debris Removal Expenses | Max $15,000 (per occurrence) |
| Employee Tools (no deductible applies) | Max $25,000 (per occurrence) |
| Employee Tools Increased Limit? | $25,000 (default minimum)  Other (explain): |
| Rented or Borrowed Equipment   * Coverages A & C ($1,000 deductible applies) * Coverage B (Extended to equipment not owned by you, $1,000 ded.) | \*\* Replacement Cost or $10,000 (per occurrence)  \*\* Actual Cash Value or $100,000 (per occurrence) |
| Rented or Borrowed Equipment Coverage B. Increased Limit? | 100,000 (default minimum)  $250,000  $500,000 |
| Newly acquired or Scheduled Equipment (Coverage B only, $1,000 ded.) | 30 days RC (not to exceed purchase price) |
| Personal Watercraft or Watercraft (Coverages A & C only) | \*\* Replacement Cost or $25,000 (per occurrence) |
| Personal Watercraft or Watercraft Increased Limit? | $25,000 (default minimum)  Other (explain): |
| Rental Reimbursement for Scheduled Equipment  (Coverage B only, no deductible) | Max $10,000 (per occurrence) |
| Unmanned Aircraft (aka Drone) Coverage ($500 deductible) | Max $25,000 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Underwriting Questions | | | | | | | | |
| Inland Marine -  N/A | | | | | | | | |
| Are all equipment items secured when not in use? | | | | | | Yes | | No |
| Unmanned Aircraft/Drones -  N/A | | | | | | | | |
| Does your organization own or operate drones? | | | | | | Yes | | No |
| Model | Serial Number | | Weight (lbs./oz.) | Value of Drone | | | Value of Attached Equipment | |
|  |  | |  |  | | |  | |
|  |  | |  |  | | |  | |
|  |  | |  |  | | |  | |
| Do any drones weigh over 15 pounds including attached equipment? | | | | | | Yes | | No |
| Are all operations being conducted in accordance with FAA rules? | | | | | | Yes | | No |
| How many personnel are authorized to operate drones? | | | | | |  | | |
| How many hours of training are required prior to personnel being authorized to operate the drones? | | | | | |  | | |
| Does the insured have written policies and procedures that address storage and accessibility of the drone only by qualified operators? | | | | | | Yes | | No |
| Does your organization loan, rent, or lease drones to others? | | | | | | Yes | | No |
| If yes, (respond below)   1. Describe to whom: | |  | | | | | | |
| 1. Will you loan, rent or lease: | | with your authorized operator  without your operator | | | | | | |
| Do you have service animals and need service animal coverage? | | | | | | Yes | | No |
| If yes, please provide the following for each animal needing coverage: | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Breed** | **Sex** | **Year of Birth** | **Animal Name** | **Animal Value** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | | | | |
| Inland Marine Deductible Requested  (Cov A&C – Unscheduled/Portable Equipment): | | | $500  $1,000  $2,500  $5,000  $7,500  $10,000 | | $15,000  $25,000  $50,000  $75,000  $100,000  Other: | | | |
| Inland Marine Deductible Requested  (Coverage B – Scheduled) | | | $500  $1,000  $2,500  $5,000  $7,500  $10,000 | | $15,000  $25,000  $50,000  $75,000  $100,000  Other: | | | |

# **CRIME AND FIDELITY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No Exposure**– Not Applicable | | | | | | | | | | | | | | | | |
| The CRIME COVERAGE FORM has limits of insurance available as shown in the chart below.  **Note**: Surety Bonds and Public Officials Bonds are **not** available. | | | | | | | | | | | | | | | | |
| 1. Limits option requested: (Select one of the following options) | | | | | | | | | | | | | | | | |
| Limits Option | | Employee Theft | | Forgery or Alteration | | Inside the Premises | | | | Outside the Premises | | Computer/ Funds Transfer Fraud | | | Money Orders | |
| Theft of Money & Securities | Robbery/Safe Burglary | | |
|  | 1 | $10,000 | | $10,000 | | $10,000 | $5,000 | | | $10,000 | | $20,000 | | | $10,000 | |
|  | 2 | $25,000 | | $25,000 | | $25,000 | $5,000 | | | $25,000 | | $20,000 | | | $10,000 | |
|  | 3 | $50,000 | | $50,000 | | $50,000 | $5,000 | | | $50,000 | | $50,000 | | | $25,000 | |
|  | 4 | $100,000 | | $100,000 | | $100,000 | $100,000 | | | $100,000 | | $100,000 | | | $100,000 | |
|  | 5 | $250,000 | | $250,000 | | $250,000 | $100,000 | | | $250,000 | | $250,000 | | | $250,000 | |
|  | 6 | $500,000 | | $250,000 | | $250,000 | $100,000 | | | $250,000 | | $250,000 | | | $250,000 | |
|  | 7 | $1.000,000 | | $500,000 | | $250,000 | $100,000 | | | $250,000 | | $500,000 | | | $250,000 | |
|  | 8 | $1,500,000 | | $500,000 | | $250,000 | $100,000 | | | $250,000 | | $500,000 | | | $250,000 | |
|  | 9 | $2,000,000 | | $500,000 | | $250,000 | $100,000 | | | $250,000 | | $500,000 | | | $250,000 | |
| 1. Deductible Requested (Note: Deductible options > $1,000 are only available for Limits Options 5-9 above.) | | | | | | | | | | | | | | | | |
| $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 |

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| --- | --- | --- |
| 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**

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| --- | --- | --- | --- | --- | --- | --- |
| **No Exposure**– Not Applicable | | | | | | |
| I. 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 | |
| II. DEDUCTIBLE | | | | | | |
| * + - 1. Deductible:  None | | | | | | |
| $1,000 | $5,000 | $15,000 | | $50,000 | | $250,000 |
| $2,500 | $10,000 | $25,000 | | $100,000 | |  |
| * + - 1. Does Deductible  Include or  Exclude Loss Adjustment Expense? (check one) | | | | | | |
| III. 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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| IV. 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) |  |  |  |  |
| [Skate 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** |

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| **No Exposure**– Not Applicable | | |
| AIRPORT EXPOSURE (Note: Airport Liability exposure will be excluded.) | | |
| 1. Do you have any airport exposure(s)? | Yes | No |
| 1. If yes, please explain: | Yes | No |
| enter | | |
| enter | | |
| enter | | |

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| **No Exposure**– Not Applicable | | |
| ABUSE OR MOLESTATION LIABILITY COVERAGE |  |  |
| 1. Limit of Liability: Each wrongful act: $ enter Annual Aggregate: $ enter | | |
| **Limit Options**: $250,000/$500,000, $500,000/$1,000,000, $1,000,000/$1,000,000, $1,000,000/$2,000,000, $1,000,000/$3,000,000 (Minimum $1,000,000/$1,000,000 limits requires for consideration of inclusion in the Excess) | | |
| 1. Occurrence  Claims-Made | | |
| 1. Retroactive Date (Claims-Made Only): enter | | |
| 1. Are written procedures encompassing rules, a code of conduct, and disciplinary measures been established for all staff and volunteers, which clearly define the policy and consequences for non-adherence? | Yes | No |
| 1. Has a mechanism been developed to ensure that abuse prevention policies and procedures are implemented, and enforced with regular training for management and staff? | Yes | No |
| 1. Is the written policy:  * Reviewed annually with each employee/volunteer and the employee/volunteer must sign-off that they have read, understand and adhere to the policy? | Yes | No |
| * At a minimum zero tolerance by the organization of all inappropriate acts, including any definition of abuse, and do you have reporting and investigation procedures, disciplinary procedures and retaliation warnings? | Yes | No |
| * Reviewed periodically (at least every four years) by the organization’s legal counsel to ensure that the policy meets current state laws and statutes? | Yes | No |
| 1. Are background checks completed for adults that will be working with youth participants? Check here if this question is Not Applicable:  N/A | Yes | No |
| 1. Are policies in place and monitoring done that ensures adults are never alone with youth participants? Check here if this question is Not Applicable:  N/A | Yes | No |

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| **No Exposure**– Not Applicable | | | | | |
| 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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| **No Exposure**– Not Applicable | | | |
| 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. 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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| **No Exposure**– Not Applicable | | | |
| 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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| **No Exposure**– Not Applicable | | |
| 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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| **No Exposure**– Not Applicable | | | | | | | |
| DAMS, LEVEES, OR DYKES/CANAL/FLOOD WALL | | | | | | |
| 1. DAM  LEVEES  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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| **No Exposure**– Not Applicable | | | | |
| 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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| **No Exposure**– Not Applicable | | |
| 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 | | |

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| **No Exposure**– Not Applicable | | | |
| 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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| **No Exposure**– Not Applicable | | | | | | |
| FIRE DEPARTMENT &/OR EMT EXPOSURES: | | | | | |
| Fire Department:  Regular  Volunteer | | | | | |
| HIGHEST LEVEL OF SERVICE PROVIDED**:** | | | | | |
| Fire Department:  Non-Medical (EMS Assist)  BLS  ALS | | | **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 | | | | | |
| ESTIMATED RESPONSE ACTIVITY: | | **# RESPONSES** | | | |
| 1. Fire and other medical runs: | | enter | | | |
| 1. Emergency medical or first responder medical runs: | | enter | | | |
| 1. Non-emergency medical transports: | | enter | | | |
| 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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| **No Exposure**– Not Applicable | | |
| 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. | | |

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| --- | --- | --- | --- | --- |
| 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 | | | | |
| * 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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| --- | --- | --- | --- | --- | --- |
| **No Exposure**– Not Applicable | | | | | |
| 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? | | | |  |  |

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| --- | --- | --- |
| 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? enter | | |
| 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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| **No Exposure**– Not Applicable | | | | | | | | | | | |
| 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 landfill? | | | | | | |  | | |  | | |
| 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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| **No Exposure**– Not Applicable | | | |
| 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 | | | |

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| **No Exposure**– Not Applicable | | | |
| 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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| **No Exposure**– Not Applicable | | |
| 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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| **No Exposure**– Not Applicable | | | | | | | | | | | | | |
| 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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| **No Exposure**– Not Applicable | | | | | |
| 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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| **No Exposure**– Not Applicable | | | | | |
| SKATE 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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| **No Exposure**– Not Applicable | | | | | |
| SPECIAL EVENTS (INCLUDING AMUSEMENT PARKS, CARNIVALS, FAIRS, PARADES) | | | | | |
| 1. Does the insured sponsor, host, or operate any special event(s)? | | | | Yes | No |
| 1. How many annually? | | | | enter | |
| 1. Please describe the types of special event(s) and the entity’s responsibility for event (i.e., entity provides premises, funds, personnel, etc.) | | | | | |
| enter | | | | | |
| enter | | | | | |
| enter | | | | | |
| 1. Please provide the duration of each event(s) and estimated attendance (by event): enter | | | | | |
| enter | | | | | |
| enter | | | | | |
| 1. Describe the location and who owns the premises used for the event: enter | | | | | |
| enter | | | | | |
| 1. List each sponsor/co-sponsor and their respective responsibilities for each event or activity: | | | | | |
| enter | | | | | |
| enter | | | | | |
| 1. Are independent contractors used to provide any services? | | | | Yes | No |
| If so, what services: enter | | | | | |
| 1. Do any of the special events involve overnight accommodations or camping facilities? | | | | Yes | No |
| 1. Amusement parks | Yes | No | **CURRENTLY EXCLUDED?**   Yes  No | | |
| 1. Specific to amusement parks, how many annually? | | | | enter | |
| 1. Are any bleachers involved?   If yes, **capacity (number of persons)**: | | | | Yes | No |
| 1. Do any of the special events involve:    * Mechanical rides, amusement rides or inflatable recreational devices?    * Fireworks or Pyrotechnics (please complete Fireworks section of the app)    * Concessionaries, exhibitors, or vendors | | | | Yes  Yes  Yes | No  No  No |
| 1. If inflatable devices are ever used, can you confirm that they are always set-up and operated by the vendor? | | | | Yes | No |
| 1. Are alcoholic beverages allowed or available at any of your special events?   If yes, please describe: | | | | Yes | No |
| 1. Do you offer any music or entertainment performances at these events?   If yes, please describe, including type of music: | | | | Yes | No |
| 1. Is any security provided at any of the events?   If yes, by whom?  City  County  State  Employees  Private Agency  Other:   * Does the insured contract the security? * Is any of the security personnel armed? * If contracted elsewhere, is proper risk transfer in place, where the insured is named as AI and a Certificate of Insurance is provided? | | | | Yes  Yes  Yes  Yes | No  No  No  No |
| 1. Do you have any medical personnel onsite? | | | | Yes | No |
| 1. Do you have a plan for your staff if it becomes necessary to evacuate the event site for any reason? | | | | Yes | No |
| 1. Are daily inspections or walkthroughs of the event premises conduct to address possible trip and fall or other hazardous exposures? | | | | Yes | No |
| 1. For any special events that you sponsor, host or operate, do you have all proper risk transfer in place? Namely:  * Additional Insured status? * Primary and Noncontributory language? * Hold harmless and indemnification language?   **(Copies of contracts may be required)** | | | | Yes  Yes  Yes | No  No  No |

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| **No Exposure**– Not Applicable | | | |
| 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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| **No Exposure**– Not Applicable | | | | | | | | | | | | |
| STORAGE TANKS | | | | | | | | | | | | |
| 1. Does the entity own underground storage tanks? | | | | | | | Yes | No | If yes, how many? | | | enter |
| If yes, what is stored in each tank? | | | |  | | | | | | | | |
| 1. Does the entity own above ground storage tanks? | | | | | | | Yes | No | If yes, how many? | | | enter |
| If yes, what is stored in each tank | | | |  | | | | | | | |  |
| 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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| **No Exposure**– Not Applicable | | | | |
| 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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| **No Exposure**– Not Applicable | | | | | | | | | | | | | | |
| 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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| **No Exposure**– Not Applicable | | | | | | | |
| 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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| **No Exposure**– Not Applicable | | | | | | | | | |
| 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 | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No Exposure**– Not Applicable | | | | | | | | | | | | | | | | |
| 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. 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 | | | | | | | | | | | | | | | | |
| 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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| --- | --- | --- | --- | --- | --- | --- |
| **No Exposure**– Not Applicable | | | | | | |
| 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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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No Exposure**– Not Applicable | | | | | | | | |
| 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 lifeguards provided? | | | Yes | | No |  | | |
| 1. Are lifeguards 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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| --- | --- | --- | --- | --- | --- | --- |
| **No Exposure**– Not Applicable | | | | | | |
| 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 | | | |

|  |  |  |
| --- | --- | --- |
| **No Exposure**– Not Applicable | | |
| 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 | | |

# **LAW ENFORCEMENT LIABILITY – Endorsement to the GL**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No Exposure** – Not Applicable | | | | | | | | | | |
| **I. 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. Number of Employees in each category: | | | | | | | | | | | |
| FT Officer, Armed, Full Arrest Authority: | enter | PT Officer, Armed, Full Arrest Authority: | | enter | FT/PT Officer, Unarmed, Ltd. Arrest Authority: | | | | enter | | |
| Administrative: | enter | Other: | | enter | | | | | | | |
| 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 8: | | | | | | | | | | | |
| 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? | | | | | | |  | | |  | |

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| --- | --- | --- |
| 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 Harassment |  |  |
| * + - * 1. Strip Searches |  |  |
| * + - * 1. Body Cameras * Are body cameras required? **Yes  No** * If yes, are there any circumstances that officers are authorized to turn them off? **Yes  No** |  |  |
| 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 | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. What is the square footage of the detention or holding facility? | 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 | | | |

# **CRISIS MANAGEMENT AND PUBLIC RELATIONS EXPENSE – Endorsement to the GL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **COVERAGE REQUESTED**  **YES**  **NO** | | | | | |
| 1. **EACH CRISIS EVENT LIMIT/AGGREGATE:** | | | | | |
| $300,000/$300,000 | | $500,000/$500,000 | | $1,000,000/$1,000,000 | |
| 1. **PUBLIC RELATIONS EXPENSE OPTIONS:** | | | | | |
| **OPTION A:** | $50,000 EACH CRISIS EVENT | | $25,000 EACH ADVERSE EVENT | | $2,500 EACH EVENT DEDUCTIBLE |
| **OPTION B:** | $75,000 EACH CRISIS EVENT | | $50,000 EACH ADVERSE EVENT | | $5,000 EACH EVENT DEDUCTIBLE |
| **OPTION C:** | $100,000 EACH CRISIS EVENT | | $75,000 EACH ADVERSE EVENT | | $7,500 EACH EVENT DEDUCTIBLE |

# **PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES LIABILITY**

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| --- |
| **CLAIMS MADE PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES LIABILITY APPLICATION NOTIFICATION**  IF YOU ARE APPLYING FOR A CLAIMS MADE POLICY, PLEASE NOTE THAT IT 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. |

|  |
| --- |
| **No Exposure**– Not Applicable |
| I. COVERAGE REQUESTED – PUBLIC OFFICIALS |
| 1. Limit of Liability: Each wrongful act: $ enter Annual Aggregate: $ enter |
| 1. Occurrence  Claims-Made |
| 1. Retroactive Date (Claims-Made Only): enter |
| 1. Deductible: enter |
| Does your current Public Officials coverage include defense for non-monetary claims (injunctive relief)? Yes  No If Yes, at what sublimit? $ enter |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | | |
| FISCAL YEAR | REVENUES | | EXPENDITURES | | SURPLUS (+) / DEFICIT (-) | | | ACCUMULATED SURPLUS/DEFICIT | | |
| enter | $enter | | $ enter | | enter | | | enter | | |
| enter | $enter | | $ enter | | enter | | | enter | | |
| enter | $enter | | $ enter | | enter | | | enter | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | |

|  |  |
| --- | --- |
| **No Exposure**– Not Applicable | |
| V. COVERAGE REQUESTED - EMPLOYMENT PRACTICES | |
| **No Exposure**– Not Applicable |
| 1. Claims-Made  Occurrence |
| 1. Retroactive Date (Claims-Made only): enter |
| 1. Deductible: enter |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| VI. 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 | | | | | Volunteer:enter | | | | |
| 1. Number of persons in each category: | | | | | | | | | | | | | | | | | | | |
| General Office: | enter | | Attorneys: | | | enter | | | | | | Architects: | | | | | | enter | |
| Engineers: | enter | | Accountants: | | | enter | | | | | | Board Members /Public Officials /Directors/Officers: | | | | | | enter | |
| Road/Utilities: | enter | | Fire/Rescue: | | | enter | | | | | | Police: | | | | | | enter | |
| Other: | enter | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | **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? | | | | | | | | | | | | |  | | | | |  | |
| 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 | | | | | |

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| VII. COVERAGE REQUESTED – EMPLOYEE BENEFITS LIABILITY | | | |
| **No Exposure**– Not Applicable | | |
| 1. Claims-Made  Occurrence | | |
| 1. Retroactive Date (Claims-Made only): enter | | |
| VIII. EMPLOYEE BENEFITS LIABILITY INFORMATION | | | |
| 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 | | |

|  |  |  |
| --- | --- | --- |
| 1. What percentage of your staff typically changes/turns over each year? (Please express values in a percentage): | | |
|  | 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 | | | | | | |
| 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 | |
| * If yes, Address? | enter | | | | | |
| 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: |  | Estimated Cost of Hire $ enter and Deductible $ enter |
| Hired Physical Damage Coverage: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 20 drivers? | | | Yes | | No | |
| * + - * 1. Over age 70 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 the 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 checked for all drivers at least every two (2) years? | | | | Yes | | No |
| What do you consider an unacceptable MVR? | | enter | | | | |
| 1. Are MVR’s checked for new drivers prior to driving department vehicles? | | | | Yes | | No |
| 1. What action is taken if a driver does not meet your MVR standards? enter | | | | | | |
| 1. Do new drivers complete any type of driver training prior to driving insured vehicles? Comments: | | | | Yes | | No |
| 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.** | | | | | | |

|  |  |  |
| --- | --- | --- |
| 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: |

# **EXCESS LIABILITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No Exposure** – Not Applicable (Not available in Cook County) | | | | |
| 1. **LIMIT REQUESTED:** | | | | |
| $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 | |
| 1. **CURRENT SCHEDULE OF UNDERLYING INCLUDES:** | | | | |
| 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? (ND, OH, WA, WY 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/$500,000 for Excess Liability.** | | |

**FRAUD WARNING DISCLOSURE**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Alabama Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Arkansas Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California Applicants:** For your protection California law requires the following to appear on this form: Any person who knowingly false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Applicants:** 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.

**District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Applicants:** 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.

**Kansas Applicants:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Louisiana Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine Applicants:** 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 or a denial of insurance benefits.

**Maryland Applicants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York Applicants:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Applicants:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

1. The misinformation is material to the content of the policy;
2. We relied upon the misinformation; and
3. The information was either:

* Material to the risk assumed by us; or
* Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania Applicants:** 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.

**Rhode Island Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Tennessee Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Vermont Applicants:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Virginia Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington Applicants:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**West Virginia Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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| 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): enter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ===================================================================================================== | |

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| 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 enter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PRODUCER’S NAME  (PLEASE PRINT)  enter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | STATE PRODUCER LICENSE NO. (Required in Florida)  enter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| APPLICANT’S SIGNATURE  X enter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | DATE  enter \_\_\_\_\_\_\_\_\_\_ | NATIONAL PRODUCER NUMBER  enter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |