

## SUPPLEMENTAL APPLICATION

In addition to this supplement, please submit all relevant ACORD® applications and schedules.

**PLEASE NOTE: COMPLETE ONLY THOSE SECTIONS THAT ARE APPLICABLE.**

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### GENERAL INFORMATION

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#### 1. ENTITY

Application Date: \_\_\_\_\_ FEIN: \_\_\_\_\_

Legal Name of Entity: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip Code)

Extended Named Insured(s): \_\_\_\_\_

Entity Population: \_\_\_\_\_ Web site address: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Quote Due Date: \_\_\_\_\_

Type of Entity:

Borough	Homeowners' Association	Reclamation District
Cemetery District	Investor-Owned Utility	Sewer District
City	Irrigation District	Town
Community Services District	Memorial District	Township
Conservation District	Municipal / Special Utility District	Village
District Operations – Other	Mutual Water Company	Water District
Identify: _____	Public Entity - Other	
Hamlet	Identify: _____	

Inspection and Insurance Contact Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

#### 2. SUBMITTING AGENCY

*All agents participating in this program must comply with their state licensing requirements. Please indicate your current resident license in the space provided.*

Agency: \_\_\_\_\_

Agency License No.: \_\_\_\_\_ Licensing Contact Name: \_\_\_\_\_

State: \_\_\_\_\_ Contact Email: \_\_\_\_\_

FEIN: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

#### 3. OPERATIONS INFORMATION

Identify the number of each:

_____ Board Members, Public Officials, Directors or Officers	_____ Temporary or Seasonal Workers
_____ Full-Time Paid Employees	_____ Volunteers (do not include volunteer board members)
_____ Part-Time Paid Employees	

Yes No Does the entity want a supplemental accident quote? If "Yes", do you want to cover:

☐ Board Members & Full-Time Employees ☐ Volunteers

How long have the board members and management team served? \_\_\_\_\_

Yes No Does the entity fund, operate or control other boards, commissions or authorities? If "Yes," explain:

Yes No Does the entity provide employees or equipment to any local government? If "Yes," explain:

Yes No Are certificates of insurance required from the entity's subcontractors? If "Yes," what are the minimum limits required? \_\_\_\_\_

Yes No Does the entity utilize a uniform written contract for all subcontractors? If "Yes," check those items that are included:

Additional Insured Status on a Primary and Non-Contributory Basis  
Hold Harmless wording  
Defense and Indemnification wording

Yes No Is the entity named as an additional insured on subcontractors' liability policies?

Yes No Does the entity have a formalized risk management procedure or program? If "Yes," check those items that are included:

Written Safety or Loss Prevention Manual  
Employee training meeting  
Property or equipment inspection and maintenance logs  
Procedures to prevent and report sexual harassment  
Accident investigation program

Describe any other formal or informal operating controls.

Yes No Are "mutual aid" agreements in place with other local governments? If "Yes," identify: \_\_\_\_\_

Yes No Are these "mutual aid" agreements formal agreements?

#### 4. EXPIRING INFORMATION

Line of Coverage	Carrier	Limit	Occ/ CM	Retro Date	Ded.	Premium
Property						
Earthquake						
Flood						
Equipment / Inland Marine						
Crime						
General Liability						
Law Enforcement Liability						
Professional Healthcare Liability						
Public Officials Liability						
Management Liability						
Employment Practices Liability						
Auto Liability						
Auto Physical Damage						
Excess Liability						
Other:						

**5. LARGE LOSS HISTORY**

Loss history for each insurance coverage requested must be verified through submission of loss experience reports. Reports must be currently valued and include the current expiring policy term plus four (4) preceding policy terms. Please provide details of any loss greater than \$10,000 (including expenses) in the table below.

Date of Claim	Description of Claim	Total Incurred (Paid + Reserve + Expense)	Is Claim Still Open?
			Yes No
			Yes No
			Yes No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

**6. COVERAGE REQUESTED**

Auto		Employment Practices Liability
Property		Excess Liability
Inland Marine		Dam Failure Coverage
Crime		Flood
General Liability		Earthquake
Law Enforcement Liability		Water & Wastewater Professional Liability
Fire & EMS / Professional Healthcare Liability		Other:
Public Officials & Management Liability		

The Property coverage form includes Real Property (Coverage A) and Personal Property (Coverage B) based on the insured values submitted as part of this application. Loss of Income (Coverage C) and Extra Expense (Coverage D) are each included at a limit of \$250,000 per occurrence. Additional limits for Loss of Income and Extra Expense may be selected below. The Property form includes the following extensions of coverage:

Coverage Extension	Limits Included
Accounts Receivable *	\$50,000 Limit Included
Commandeered Property	Replacement cost plus loss of use
Debris Removal Expenses	25% of Direct Loss plus an added \$10,000
Equipment Breakdown	Up to applicable Property Limits for Coverage A, B, C & D  Reduced limits apply to Expediting Expenses, Hazardous Substances, Spoilage, Computer Equipment and Data Restoration
Fine Arts *	\$25,000 Per Occurrence, \$1,500 Per Item without a certified appraisal \$50,000 Per Occurrence with a certified appraisal
Fire Department Charges	\$5,000 Per Occurrence
Fire Equipment Recharge Costs	All necessary and reasonable costs
Limited Coverage for Fungus	\$25,000 Policy Aggregate
Newly Acquired or Under Construction Real Property & Related Personal Property	\$1,000,000 Per Occurrence Coverage A \$500,000 Per Occurrence Coverage B
Ordinance Coverage	Included for Replacement Cost
Outdoor Property *	\$50,000 Per Occurrence
Personal Effects	\$5,000 Per Occurrence
Pollution Remediation Expenses	\$100,000 Aggregate
Preservation of Property	Coverage A and B Limits Apply
Real Property or Personal Property In Transit or Temporarily Off Premises *	\$25,000 Per Occurrence
Software*	\$500,000 Per Occurrence
Supplementary Provisions for Loss of Income and Extra Expense	Actual Loss Sustained for 30 days for new buildings and fund raising activities
Trees, Shrubs, Plants, and Lawns	\$10,000 Per Occurrence, \$1,000 Per Item
Valuable Papers and Records *	\$50,000 Per Occurrence

\* Optional limits are available and may be requested below.

- Limit of Insurance: \_\_\_\_\_ (A Statement of Values signed by the Insured is required for Blanket Limits.)  
 Policy Blanket  
 Premises Blanket  
 Individual
- Property Deductible requested?  

\$250*	\$2,500	\$15,000	\$75,000
\$500 default	\$5,000	\$25,000	\$100,000
\$1,000	\$10,000	\$50,000	

\*\$250 deductible option only available in WI.
- Loss of Income Limit requested? \_\_\_\_\_ \$250,000 is the default minimum
- Extra Expense Limit requested? \_\_\_\_\_ \$250,000 is the default minimum
- Accounts Receivable Limit requested?  
 \$50,000 automatically included  
 \$250,000 optional  
 \$500,000 optional  
 \$1,000,000 optional

6. Fine Arts Blanket Limit requested? Fine arts means property that is rare or that has historic or artistic value, including antiques, rare articles, etchings, pictures, statuary, marbles, bronzes, porcelains and similar property for which you have secured a certified appraisal.
- Fine Arts without a certified appraisal:  
\$25,000 (subject to a \$1,500 per item limit) automatically included
- Fine Arts with a certified appraisal:  
\$50,000 automatically included  
\$100,000 optional
7. Outdoor Property Limit requested?  
\$50,000 automatically included  
\$100,000 optional  
\$150,000 optional  
\$250,000 optional  
\$350,000 optional  
\$500,000 optional
8. Property in Transit or Off Premises Limit requested?  
\$25,000 automatically included  
\$50,000 optional  
\$100,000 optional  
\$250,000 optional
9. Software Limit requested? \_\_\_\_\_ \$500,000 Per Occurrence is the default minimum
10. Valuable Papers and Records Limit requested?  
\$50,000 automatically included  
\$250,000 optional  
\$500,000 optional  
\$1,000,000 optional
11. What valuation % applies to the submitted property values? If 100% values are provided, the coinsurance requirement is waived for Premises Blanket. Minimum of 90% coinsurance required for Policy Blanket.  
80%  
90%  
100%
12. Property Valuation?  
Replacement Cost (required for Policy Blanket Limits)  
Actual Cash Value  
Functional Replacement Cost
13. Yes No Any vacant buildings?
14. Yes No Any buildings over 30 years old?  
If "Yes," list premises, renovations, and date completed:  
\_\_\_\_\_  
\_\_\_\_\_
15. Yes No Do any pumps or motors exceed 750 HP?
16. Yes No Do any individual specialized equipment items exceed \$100,000 in value? Specialized equipment items include fuel cells, micro turbines, rotating biological contractors and submersible pumps.

17. ☐ Yes ☐ No Does the entity have on-premises electrical generation capability (including emergency generators) of 250 kilowatts or higher?

If "Yes," please identify the type of power generation and kilowatts generated:

**Type of Source** (check all that apply) **Kilowatts Generated**

- |                                        |       |
|----------------------------------------|-------|
| <input type="checkbox"/> Hydroelectric | _____ |
| <input type="checkbox"/> Wind          | _____ |
| <input type="checkbox"/> Solar         | _____ |
| <input type="checkbox"/> Geothermal    | _____ |
| <input type="checkbox"/> Other         | _____ |

What is the generated power used for (check all that apply):

- |                                        |                                          |                                       |
|----------------------------------------|------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary power | <input type="checkbox"/> Emergency Power | <input type="checkbox"/> Peak Shaving |
| <input type="checkbox"/> Standby       | <input type="checkbox"/> Supplemental    | <input type="checkbox"/> Unsure       |

18. ☐ Yes ☐ No Does the entity currently have any property in the "course of construction" or have any new additions, renovations or expansions planned?  
If "Yes," describe: \_\_\_\_\_ Cost of construction: \_\_\_\_\_

19. ☐ Yes ☐ No Does the entity have any hydro-electric equipment?  
If "Yes," describe: \_\_\_\_\_

20. ☐ Yes ☐ No Is optional Flood Coverage requested?  
If "Yes," Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Current Carrier: \_\_\_\_\_ Current Limit: \_\_\_\_\_  
NOTE: Flood coverage cannot be provided for any premises determined to be in a 100-year flood zone.

21. ☐ Yes ☐ No Are there any premises insured in the National Flood Program?  
If "Yes," identify and list the locations: \_\_\_\_\_

22. ☐ Yes ☐ No Is optional Earthquake Coverage requested?  
If "Yes," Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Current Carrier: \_\_\_\_\_ Current Limit: \_\_\_\_\_

23. ☐ Yes ☐ No Are any premises occupied 24 hours a day?  
If "Yes," identify and list the locations: \_\_\_\_\_

24. ☐ Yes ☐ No Does the insured have a written Environmental Remediation procedure?  
If "Yes," please provide a copy.

Property Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following options are available for the Inland Marine coverage form:

**Coverage A** provides RC coverage to Blanket Tools and Equipment, subject to the chosen occurrence limit and a per item maximum limit of \$10,000.

**Coverage B** provides RC or ACV coverage to Scheduled Equipment (high-valued tools and equipment such as air compressors, backhoes, etc.) with individual values greater than \$10,000 as per the schedule.

**Coverage C** provides GRC coverage to Emergency Services Equipment on a blanket basis (portable law enforcement, firefighting, ambulance, rescue and communications equipment) at the deductibles requested.

(ACV = Actual Cash Value; RC = Replacement Cost; GRC = Guaranteed Replacement Cost)

The Inland Marine form includes the following extensions of coverage:

Coverage Extension	Limits Included
Debris Removal Expenses	\$15,000 Per Occurrence
Tools and Equipment (Employee owned)	\$5,000 Per Occurrence
Emergency Services and Law Enforcement Personal Effects	Actual Replacement Cost
Non-owned Tools and Equipment and Emergency Services Equipment	\$10,000 Per Occurrence
Rented or Borrowed Equipment *	\$100,000 Per Occurrence
Newly Acquired Scheduled Equipment	30 Days
Watercraft and Personal Watercraft	Extends Coverage A and C for watercraft with <100hp for up to \$25,000 Per Occurrence

\*Optional Limits are available and may be requested below.

- What Deductible is to apply for Coverage A and C? Coverage A and C must have the same deductible.
 

<input type="checkbox"/> \$250	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$10,000	
- What Deductible is to apply for Coverage B, if the same deductible is being used for all items?
 

<input type="checkbox"/> \$250	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$10,000	
- ☐ Yes ☐ No Does the entity maintain an equipment inventory?
- ☐ Yes ☐ No Are all equipment items secured when not in use?
- Rented or Borrowed Equipment Extension limit requested?
 

<input type="checkbox"/> \$100,000 automatically included
<input type="checkbox"/> \$250,000 optional at an increased premium
<input type="checkbox"/> \$500,000 optional at an increased premium
- ☐ Yes ☐ No Do you want to extend Coverage B to include Rental Reimbursement coverage for scheduled equipment? A maximum \$10,000 occurrence limit applies.

7. If Coverage C is requested, indicate the number for each of the following:

<u>Type</u>	<u>Code</u>	<u>Count</u>	<u>Type</u>	<u>Code</u>	<u>Count</u>
Pumper (Regular)	PR	_____	First Responder Vehicle	FR	_____
Pumper (LDH)	PLDH	_____	Police Car	LE	_____
Tanker	T	_____	Private Passenger Vehicle	OTH	_____
Pumper-Tanker	PT	_____	Snowmobile	OTH	_____
Mini Pumper	MP	_____	Antique	OTH	_____
Brush Vehicle	BV	_____	Bus	OTH	_____
Aerial Device	AD	_____	Tournament Vehicle	OTH	_____
Quint Regular	QR	_____	Service Vehicle (non-emergency)	OTH	_____
Quint Large Diameter Hose	QLDH	_____	Trailer	OTH	_____
Rescue Truck (Light)	RTL	_____	Fire Chief's Car	OTH	_____
Rescue Truck (Heavy)	RTH	_____	Municipal Car	OTH	_____
Ambulance (ALS)	ALS	_____	Motorcycle	OTH	_____
Ambulance (BLS)	BLS	_____	Dump Truck	OTH	_____
Chemical Material	CF	_____	Tow Truck	OTH	_____
Hazardous Material	HM	_____	Street Sweeper	OTH	_____
Air Cascade Vehicle	AC	_____	Other	OTH	_____
Salvage Vehicle	S	_____			_____

**Total Count:** \_\_\_\_\_

8. **Schedule of Law Enforcement Animals**

Please list any scheduled law enforcement animals.

Breed	Name	Sex	Year of Birth	Agreed Value

Inland Marine Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



The Crime coverage form has limits of insurance available as shown in the chart below.

1. Limits Option requested? (Select one of the following)

Limits Option	Employee Theft	Forgery or Alteration	Inside the Premises		Outside the Premises	Computer Fraud	Funds Transfer Fraud	Money Orders
			Theft of Money & Securities	Robbery/Safe Burglary				
1	\$10,000	\$10,000	\$10,000	\$5,000	\$10,000	\$10,000	\$10,000	\$10,000
2	\$25,000	\$25,000	\$25,000	\$5,000	\$25,000	\$10,000	\$10,000	\$10,000
3	\$50,000	\$50,000	\$50,000	\$5,000	\$50,000	\$25,000	\$25,000	\$25,000
4	\$100,000	\$100,000	\$100,000	\$5,000	\$100,000	\$50,000	\$50,000	\$50,000
5	\$250,000	\$250,000	\$250,000	\$5,000	\$250,000	\$100,000	\$100,000	\$100,000
6	\$500,000	\$250,000	\$250,000	\$5,000	\$250,000	\$100,000	\$100,000	\$100,000
7	\$1,000,000	\$250,000	\$250,000	\$5,000	\$250,000	\$100,000	\$100,000	\$100,000
8	\$1,500,000	\$250,000	\$250,000	\$5,000	\$250,000	\$100,000	\$100,000	\$100,000
9	\$2,000,000	\$250,000	\$250,000	\$5,000	\$250,000	\$100,000	\$100,000	\$100,000

Note: Money and Securities is only offered within the Crime coverage form.

2. Deductible requested? (Deductibles above \$1,000 are only available with Limits Options 5, 6, 7, 8 and 9.)

\$250	\$2,500	\$15,000
\$500	\$5,000	\$25,000
\$1,000	\$10,000	

3. Crime Type requested?

Commercial Crime (used for private entities)  
Government Crime (used for public entities)

4. Yes No Is Faithful Performance Coverage needed? (Government Crime Form only)

5. Yes No Are Specific Excess Limits required for Employee Theft? If "Yes," specify names or positions:

Name	Excess Limit *

Position	Location of Covered Position	# in Position	Excess Limit *

The Employee Theft Limit plus the requested Specific Excess Limit must equal one of these Total Limits:

\$25,000	\$100,000	\$500,000	\$1,500,000
\$50,000	\$250,000	\$1,000,000	\$2,000,000

**Valid example:** Option 1 Employee Theft Limit of \$10,000 + Position Excess Limit\* of \$15,000 = a \$25,000 Total Limit.  
Option 5 Employee Theft Limit of \$250,000 + Position Excess Limit\* of \$250,000 = a \$500,000 Total Limit.

**Invalid example:** Option 1 Employee Theft Limit of \$10,000 + Position Excess Limit\* of \$50,000 = an invalid \$60,000 Total Limit

Note: Surety Bonds and Public Officials bonds are not available.

6. Indicate what security provisions apply and identify how often:

Audit \_\_\_\_\_  
 Bank statements \_\_\_\_\_  
 Countersignature \_\_\_\_\_

Reconciliations \_\_\_\_\_  
 Other \_\_\_\_\_

7. Number of ratable employees? \_\_\_\_\_

*Ratable employees consist of all employees or volunteers who regularly handle, have custody or maintain records of money, securities or other property, and all department and division heads and assistant managers.*

Crime Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The General Liability coverage form includes the following coverages and limits:

<b>Coverage A.</b> Bodily Injury and Property Damage Liability Limit also applies to Property Damage to Premises Rented to You	\$1,000,000 Each Occurrence
<b>Coverage B.</b> Personal and Advertising Injury Liability	\$1,000,000 Any One Person or Organization
<b>Coverage C.</b> Medical Expense	\$10,000 Any One Person
General Aggregate	\$3,000,000
Products and Completed Operations Aggregate	\$3,000,000

Blanket additional insured is included in the core form when required by a written contract.

### Exposure Summary (check all that apply)

Aircrafts	Exhibit Halls or Meeting Areas	Law Enforcement Activities	<input type="checkbox"/> Skateboard Activities
Airports	Fire Departments	Libraries	<input type="checkbox"/> Ski Areas – all
Ambulance Services	Fireworks Exhibits	Memorial Districts	Storm Sewers
Amusement Parks	Garbage Collection	Marinas	Streets & Roads – Cleaning
Bleachers, Grandstands or Stadiums (> 5,000 capacity)	Gas Utilities	<input type="checkbox"/> Museums or Historical Societies	Streets & Roads – Maintenance
Boat Docks	Golf Courses	Nursing Homes	Streets & Roads – Construction or Paving
Bridges	Halfway Houses, Shelters, Group Homes	Parks and Playgrounds	Swimming Areas, Pools or Beaches
Campgrounds	Hospitals or Medical Clinics	Potable Water	Transit Operations
Carnivals, Fairs, Parades	Hydro-electric Generation	Ports, Harbors, Terminals	Utility Construction or Repair
Cemetery Operations	Ice or Roller Skating Rinks	<input type="checkbox"/> Private Security Operations	Vacant Land
Chemical Spraying – Pesticide/Herbicide	Industrial Buildings for Redevelopment	Public Housing Authorities or Projects	Wastewater Operations
Dams, Dikes, Lakes, Reservoirs or Levees	Irrigation Ditches	Rescue Squads	Wastewater Plants
Day Cares, Day Camps, Day Nurseries	Irrigation Operations	Rental Facilities	Watercraft (>100 hp)
Dwellings	Jail Facilities	Sanitary Sewers	Water Utilities or Operations
Electric Utilities	Laboratory – Testing or Consulting	Schools	<input type="checkbox"/> Waterslides
Emergency Medical Services	Landfills, Dumps, Refuse Sites, Incinerators	Sewage Disposal Plants	Zoos

**Water Utility**
☐ N/A

1.      Yes      No Does the entity have a fully computerized water system? (i.e., SCADA)?
2.      What is the water utility annual payroll? \_\_\_\_\_
3.      How many gallons of potable water are distributed annually? \_\_\_\_\_
4.      What is the water system's capacity? \_\_\_\_\_
5.      How many water utility customers (hook-ups)? \_\_\_\_\_
6.      What percentage is distributed to the following? Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Residential \_\_\_\_\_
7.      What is the source of the water supply? \_\_\_\_\_
8.      How is the water treated? \_\_\_\_\_
9.      What water chemicals are used? \_\_\_\_\_
10.     How often does the entity test? \_\_\_\_\_
11.     How are the entity's water chemicals stored and secured? \_\_\_\_\_
12.     For the water treatment system, identify the following: Year Built? \_\_\_\_\_ Year last upgraded? \_\_\_\_\_  
  
 What percentage is older than 20 years? \_\_\_\_\_ What upgrades are planned? \_\_\_\_\_
13.     Yes      No Is the entity required to produce an annual water quality report?  
 If "Yes," with what agency is the report filed? \_\_\_\_\_

**Sewage (Wastewater Operations)**
☐ N/A

1.      How many wastewater customers? \_\_\_\_\_
2.      What percentage is received from each customer type? Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Residential \_\_\_\_\_
3.      How many sewer connections? \_\_\_\_\_
4.      What type of piping is used in the system? \_\_\_\_\_
5.      How many miles of sewer collection lines are maintained by the entity? \_\_\_\_\_  
 Note: Connector lines are those that connect plant to plant or a municipal customer to a plant.
6.      For the sewer collection system, identify the following: Year built? \_\_\_\_\_ Year last upgraded? \_\_\_\_\_  
 What percentage is older than 20 years? \_\_\_\_\_ What upgrades are planned? \_\_\_\_\_
7.      What types of facilities are operated?      Treatment Plant      Lift Station      Pumps      Collection Only  
 Other: \_\_\_\_\_
8.      Is there a replacement program in place for sewer mains/lines?  
 If "Yes," describe: \_\_\_\_\_
9.      How often are sewer mains/lines cleaned? \_\_\_\_\_
10.     How often are sewer mains/lines inspected by line cameras? \_\_\_\_\_
11.     What wastewater treatment is provided?      Primary      Secondary      Tertiary      Other: \_\_\_\_\_
12.     What regulatory agency monitors the entity? \_\_\_\_\_
13.     How is influent input monitored for toxic/hazardous waste? \_\_\_\_\_
14.     How are chemicals stored? \_\_\_\_\_
15.     What is done with residual by-products/sludge? \_\_\_\_\_
16.     What is the total sewer operations payroll? \_\_\_\_\_

**Dams****N/A**

If the entity owns/maintains more than 1 dam, separate supplemental exposure information must be completed for each.

Name of structure: \_\_\_\_\_ NPDP ID: \_\_\_\_\_

Location: \_\_\_\_\_

Year built: \_\_\_\_\_ Date of last update: \_\_\_\_\_

Owned by: Entity Federal Agency State Government Other: \_\_\_\_\_

Operated by: Entity Federal Agency State Government Other: \_\_\_\_\_

1. Yes ☐ No Is this dam a shared facility? If "Yes," with what entity? \_\_\_\_\_

2. Yes No Is there an Emergency Notification Plan? If "Yes," please provide a copy if Dam Failure Coverage is desired. \_\_\_\_\_

3. Yes No Does the dam currently carry Dam Failure Coverage? Other: \_\_\_\_\_

If "Yes," who is the present insurance carrier? \_\_\_\_\_

4. Purpose of dam (check all that apply):

Flood Power Irrigation Water Supply Industrial Recreation Other: \_\_\_\_\_

5. Construction

Concrete Steel Sheet Earth Gravity Rockfill Other: \_\_\_\_\_

6. Dimensions

Surface acres: \_\_\_\_\_ Top width: \_\_\_\_\_

Storage capacity/acre feet: \_\_\_\_\_ Base width: \_\_\_\_\_

Height: \_\_\_\_\_

7. Inspections

Frequency: \_\_\_\_\_ By whom: \_\_\_\_\_

Date of last inspection: \_\_\_\_\_ Status of recommendations: \_\_\_\_\_

8. Yes No Has the dam been included under the National Program for Dam Inspection?

9. Yes No Is the dam located directly on the main tributary? What is the name of the tributary river(s) of the impoundment waters? \_\_\_\_\_

10. How is the water level controlled?

Gates (identify type and how operated) \_\_\_\_\_

Spillway

Other: \_\_\_\_\_

11. Yes No Does the entity permit any winter sports upstream from the dam? If "Yes," identify details that may jeopardize the dam: \_\_\_\_\_

12. Yes No Are there any exposures to recreational areas (swimming, boating, camping, etc.) that are upstream from the dam? If "Yes," provide details on recreational activities provided by the district: \_\_\_\_\_

13. Yes No Is Dam Failure coverage desired for this specific dam?

If "Yes," complete the "Downstream Exposures for Dams" and attach a copy of the most current dam inspection report for that dam.

**Downstream Exposures for Dams** *(complete only if Dam Failure Coverage is requested)*

14. Exposures (check all that apply):

Yes	No	Homes	Distance _____	Number _____
Yes	No	Industrial Complexes	Distance _____	Type _____
Yes	No	Public Utilities	Distance _____	Number _____
Yes	No	Pumping Stations	Distance _____	
Yes	No	Lower Dams	Distance _____	Names _____
Yes	No	Bridges	Distance _____	Number _____
Yes	No	Highways	Distance _____	Number _____
Yes	No	Railroads	Distance _____	Number _____
Yes	No	Schools	Distance _____	
Yes	No	Hospitals	Distance _____	
Yes	No	Camps	Distance _____	
Yes	No	Recreational areas	Distance _____	Type _____
Yes	No	Agricultural Areas	Distance _____	

Type of exposure (livestock, crops, etc.): \_\_\_\_\_

Yes	No	Other Structures	Distance _____	Number _____
-----	----	------------------	----------------	--------------

Describe structures: \_\_\_\_\_

15. Maximum number of people a flood could affect? \_\_\_\_\_

16. Yes No Are surface rights of the reservoir leased to a third party?

If "Yes," with what entity? \_\_\_\_\_

Yes	No	Does the entity provide a Certificate of Insurance?	Limit required? _____
-----	----	-----------------------------------------------------	-----------------------

17. Yes No Have there been any incidents or failure within the history of the dam's existence?

If "Yes," provide incident dates and type of loss: \_\_\_\_\_

**Irrigation Operations**
☐ N/A

1. Yes No Is public access permitted on canal or levee rights of way?

2. Yes No Are any areas open for public use such as hunting, boating or hiking?

 3. ☐ Yes No Are vehicles permitted in public access areas?

4. What type of weed and brush suppression is used? (check all that apply)

Controlled Burns

Yes	No	Are there established procedures for controlled burns?
-----	----	--------------------------------------------------------

If "Yes," describe: \_\_\_\_\_

Chemicals

List all chemicals used: \_\_\_\_\_

Where and in what quantity are these chemicals stored? \_\_\_\_\_

Yes	No	Are employees licensed to spray chemicals?
-----	----	--------------------------------------------

Other: \_\_\_\_\_

5. Describe how irrigation water deliveries are confirmed: \_\_\_\_\_

6. What is the total annual payroll for irrigation operations? \_\_\_\_\_

7. List the total miles of irrigation ditches owned and operated: \_\_\_\_\_ (Ditch miles include total miles of canals &amp; laterals.)

8. Yes No Are warning signs posted on all owned facilities?

- Convention Facilities, Exhibit Halls and Meeting Areas
- Special Events
- Parks & Recreation
- Bleachers, Grandstands and Stadiums
- Organized Sports
- Fireworks
- Ice Skating
- Boat Docks/Marinas
- Playgrounds
- Swimming

**Convention Facilities, Exhibit Halls and Meeting Areas**
☐ N/A

1. How many facilities does the entity have? Conventions: \_\_\_\_\_ Exhibit Halls: \_\_\_\_\_ Meeting Areas: \_\_\_\_\_
2. What is the square footage for each? \_\_\_\_\_
3. Who uses the entity's facilities? \_\_\_\_\_
4. Yes      No Are fees charged for use of any indoor or outdoor facilities?  
If "Yes," estimated annual receipts: \_\_\_\_\_
5. Yes      No Are outside groups required to provide a Certificate of Insurance?
6. How many days per year are the facilities rented? \_\_\_\_\_

**Special Events**

N/A

1. List each special event:

Description	# of Days	Estimated Receipts (if any)	Location	Premises Owned		Estimated Attendance
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	

2. Describe the entity's responsibility for each event or activity (i.e., entity provides premises, funds, personnel, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
3. List each sponsor/co-sponsor and their respective responsibility for each event or activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Yes      No Are independent contractors used to provide any services?  
If "Yes," what services? \_\_\_\_\_
5. Yes      No Are Certificates of Insurance obtained from sponsors and/or independent contractors?  
If "Yes", limit required? \_\_\_\_\_

**Parks and Recreation**

N/A

1. Identify the recreational activities provided by the entity (check all that apply):

Activity	Receipts (if any)	Activity	Receipts (if any)
Baseball fields	_____	Parasailing	_____
Basketball courts	_____	Parks	_____
Bike riding	_____	Playground equipment	_____
Camping	_____	Playgrounds	_____
Equestrian trails	_____	Rollerblading (in-line skating)	_____
Football fields	_____	Skateboarding	_____
Golf Courses/Clubs	_____	Ski lifts/Ski trails	_____
Hiking trails	_____	Soccer fields	_____

2. Yes No Does the entity permit any winter sports on their premises?

If "Yes," describe: \_\_\_\_\_

3. What is the total acres of park land? \_\_\_\_\_

4. What safety programs apply to recreational activities? \_\_\_\_\_

5. Yes No Does the entity conduct self inspections of all recreational facilities and equipment?

6. How often are the self inspections completed? Weekly Monthly Other: \_\_\_\_\_

7. Yes No Are all inspections and corrective actions documented?

**Bleachers, Grandstands and Stadiums**

N/A

1. Yes No Any Bleachers or Grandstands? If "Yes," identify:  
Number of bleachers/grandstands: \_\_\_\_\_ Total seating capacity: \_\_\_\_\_

2. Yes No Any Stadium Facilities? If "Yes," identify:  
Number of stadiums: \_\_\_\_\_ Total seating capacity: \_\_\_\_\_  
Identify usage: \_\_\_\_\_

**Organized Sports**

N/A

1. List organized recreational activities sponsored by the entity: None

Activity (Ex. Baseball, football, etc.)	Number of Participants		Entity Sponsored		3 <sup>rd</sup> Party Sponsored			
	Youth?	Adult?	Supervised?		Supervised?		COI to Entity?	
			Yes	No	Yes	No	Yes	No
			Yes	No	Yes	No	Yes	No
			Yes	No	Yes	No	Yes	No
			Yes	No	Yes	No	Yes	No

Note: Park and recreation brochures may be provided in lieu of completion of this chart.

2. Yes No Does the entity secure liability waiver forms from all participants?

3. Yes No Do any third-party sponsors provide their own insurance?

4. Yes No Does the entity own, operate or maintain any golf courses?

If "Yes," total annual rounds of golf: \_\_\_\_\_



**Fireworks**☐ N/A

1. Identify fireworks events and dates: \_\_\_\_\_
2. What is the expected number of people in attendance? \_\_\_\_\_
3. Where are the fireworks displayed? \_\_\_\_\_
4. Yes No Are fireworks detonated by a vendor?
5. Yes No Does the vendor provide a Certificate of Insurance? Limit required? \_\_\_\_\_
6. Yes No Is the fireworks technician licensed?
7. Yes No Is a formal safety procedure in place for each event?

If "Yes," describe: \_\_\_\_\_

**Ice Skating**☐ N/A

1. Yes No Are outdoor areas provided for ice skating?
2. Who determines the safety of the designated area? \_\_\_\_\_
3. What controls are used to limit access to the skating area? \_\_\_\_\_

**Boat Docks and Marinas**

N/A

1. Total receipts from marina and/or boat dock operations: \_\_\_\_\_
2. Total number of boat slips available for rent: \_\_\_\_\_
3. Yes No Do services include boat storage or repair?
4. Yes No Does the marina include fueling operations?

**Playgrounds**

N/A

1. Total number of playground areas: \_\_\_\_\_
2. Yes No Does the playground equipment meet Consumer Product Safety Commission Guidelines?
3. What protective surface is used in playground areas? \_\_\_\_\_ Depth of surface: \_\_\_\_\_

**Swimming**☐ N/A

1. Where is swimming permitted? (Check all that apply)  
 Pool River Lake Pond Reservoir Other: \_\_\_\_\_
2. Number of indoor pools? \_\_\_\_\_ Number of outdoor pools? \_\_\_\_\_
3. Yes No Are swimming areas roped or marked?
4. What safety programs apply to swimming areas? \_\_\_\_\_
5. Yes No Are lifeguards on duty?
6. Yes No Are the lifeguards certified?
7. Yes No Are lifeguards present whenever the facility is open?
8. Yes No Do any swimming areas include a diving area? If "Yes," describe: \_\_\_\_\_
9. Yes No Do any swimming areas include a waterslide? If "Yes," how many? \_\_\_\_\_

Describe: \_\_\_\_\_

**Cemetery Districts**

N/A

- How many acres and locations are owned or maintained by the entity for cemetery operations? \_\_\_\_\_
- Who is responsible for maintenance, site preparation or burial? \_\_\_\_\_
- Yes No Is a written burial agreement required? \_\_\_\_\_
- What is the expected number of interments each year? \_\_\_\_\_
- What is the entity's policy concerning disinterment requests? \_\_\_\_\_

**Chemical Spraying – Pesticide/Herbicide**

N/A

- Where and for what purpose are chemicals sprayed? \_\_\_\_\_
- Yes No Are employees licensed? \_\_\_\_\_
- List all chemicals sprayed: \_\_\_\_\_
- Where and in what quantity are these chemicals stored? \_\_\_\_\_  
\_\_\_\_\_

**Daycare**

N/A

- What childcare services are provided by the entity?  
Day Care Day Camp Nursery Other: \_\_\_\_\_
- What facility or location is used? \_\_\_\_\_
- Yes No Is the facility licensed? If licensed, by what agency? \_\_\_\_\_
- Number of years in operation? \_\_\_\_\_
- How many children are enrolled? 0–2 years: \_\_\_\_\_ 3–5 years: \_\_\_\_\_ 6–9 years: \_\_\_\_\_ 10+ years: \_\_\_\_\_
- What are the days and hours of operation? Days: \_\_\_\_\_ Hours: \_\_\_\_\_
- Yes No Are enrollment forms required? \_\_\_\_\_
- How many staff members? Teachers: \_\_\_\_\_ Volunteers: \_\_\_\_\_

**Landfills, Dumps, Refuse Sites, Incinerator Operations, Sanitation (solid waste)**

N/A

Complete the following if the entity currently owns, operates or maintains any sanitary landfills, landfills, dumps, refuse sites, trash transfer facilities, recycling centers or incinerators.

Location and Operation	Classes of Waste	Area	Age	Active?	
				Yes	No
				Yes	No

- Yes No Did the entity own, operate or maintain any dump or landfill in prior years?  
If "Yes," what is the current use of the former dump or landfill? \_\_\_\_\_
- Yes No Does the entity contract any part of operations? \_\_\_\_\_
- Yes No Has the entity ever been cited or fined for non-compliance with required standards?  
If "Yes," provide details: \_\_\_\_\_
- Yes No Does the entity provide residential refuse collection services to residents?  
If "Yes," where is it sent? \_\_\_\_\_
- Yes No Is public access permitted to any refuse facility owned by the entity? \_\_\_\_\_

## Streets and Roads

☐ N/A

1. How many miles of roadway are owned or maintained by the entity? \_\_\_\_\_
2. Yes ☐ No Are any non-owned roadways maintained by the entity for others? If "Yes," Receipts: \_\_\_\_\_
3. Yes No Is there a routine inspection and maintenance program in place?
4. Yes ☐ No Are there written maintenance logs?
5. Yes No Is there a road condition complaint log?
6. Yes No Does the entity perform its own road re-paving or reconstruction? If "Yes," Payroll: \_\_\_\_\_
7. Yes No Does the entity build new roads? If "Yes," Payroll: \_\_\_\_\_
8. How does the entity confirm its roads are properly signed, marked and maintained? \_\_\_\_\_  
\_\_\_\_\_
9. Yes No Does the entity employ a licensed engineer?
10. How many bridges are owned and maintained by the entity? \_\_\_\_\_  
Number of bridges that are greater than 300 feet in length? \_\_\_\_\_
11. Yes No Are bridges subject to periodic inspections?
12. Yes No Are bridge condition reports documented in writing?

## Miscellaneous Exposures

1. Yes No Are there any owned watercraft in excess of 100 horsepower?  
If "Yes," describe: \_\_\_\_\_
2. Yes No Are any buildings or industrial properties held for redevelopment?  
Number of buildings: \_\_\_\_\_ Location numbers: \_\_\_\_\_  
If "Yes," describe: \_\_\_\_\_
3. Yes ☐ No Are any buildings used for commercial purposes?  
If "Yes," describe: \_\_\_\_\_
4. Yes No Are any dwellings owned and/or leased to others?  
Number of dwellings: \_\_\_\_\_ Location numbers: \_\_\_\_\_  
If "Yes," describe: \_\_\_\_\_
5. Yes No Are fund raising activities conducted (including fire dept. and emergency medical services)?  
If "Yes," describe: \_\_\_\_\_  
Total gross receipts from all fund raising activities: \_\_\_\_\_
6. Yes No Does the entity own, operate or maintain any special districts or utilities other than fire, water utility, waste water, recreation, irrigation or cemetery? If "Yes," provide the following:  
Description of district/utility: \_\_\_\_\_ Payroll: \_\_\_\_\_
7. Does the entity perform laboratory testing or consulting for others? If "Yes", receipts: \_\_\_\_\_
8. What is the annual payroll for utility construction or repair? \_\_\_\_\_
9. Which of the following best describes the entity's use of alcoholic beverages?  
The entity prohibits alcohol on the premises and at all sponsored functions.  
The entity permits alcohol on the premises or at sponsored functions, but does not sell it.  
The entity sells alcohol only at special events.  
Describe events: \_\_\_\_\_  
The entity sells alcohol year round (bar or club), which may include special events.

If the entity sells alcohol, please indicate the following:

Annual gross receipts: \_\_\_\_\_

Yes      No      License/permit required by the state?

Yes      No      License/permit obtained?

Yes      No      Have the servers been TIPS trained?

10.      Yes      No      Does the entity purchase Workers' Compensation insurance?

11.      Yes      No      Is Employer's Liability (Stop Gap) Coverage required?

If "Yes", Limit of Insurance: \_\_\_\_\_ Payroll: \_\_\_\_\_

12.      Yes      No      Does the entity confirm that independent contractors and sub-contractors purchase Workers' Compensation insurance?

13.      Yes      No      Does the entity utilize volunteer labor not covered by Workers' Compensation?

14.      Yes      No      Does the entity have any railroad contracts, sidetrack or easement agreements? If yes, please submit a copy of the entire contract with the application.

General Liability Comments: \_\_\_\_\_

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Law Enforcement limits will be consistent with the General Liability limits.

1. Yes      No Law Enforcement Line of Duty Accidental Death benefit is available with a limit of \$50,000 per Occurrence per Officer. Is this coverage desired?
2. What Law Enforcement Liability Deductible is requested?  

None default	\$2,500	\$10,000	\$25,000
\$1,000	\$5,000	\$15,000	
3. Indicate the number of personnel.  
 Officers, armed, full-arrest authority: \_\_\_\_\_ (full-time)      \_\_\_\_\_ (part-time)  
 Officers, unarmed, limited authority: \_\_\_\_\_ (full-time & part-time)  
 Administrative: \_\_\_\_\_ (full-time & part-time)  
 Law Enforcement Canine: \_\_\_\_\_
4. Yes      No Is the entity accredited by a professional organization?  
 If "Yes," identify organization: \_\_\_\_\_
5. What is the minimum education requirement for hiring officers?  
 High School      College      Other: \_\_\_\_\_
6. Identify mandatory screening checks required prior to hiring:      Criminal background      Motor Vehicle Records  
 Psychological testing      Other: \_\_\_\_\_
7. Describe law enforcement training that is required of officers with powers of arrest: \_\_\_\_\_  
 \_\_\_\_\_
8. Describe training that is required of officers prior to assignment: \_\_\_\_\_  
 \_\_\_\_\_
9. Where do officers practice/qualify for use with their firearms? \_\_\_\_\_
10. Describe continuing in-service education and training programs: \_\_\_\_\_  
 \_\_\_\_\_
11. Does the entity have written policies governing the following?  

Yes	No	Use of deadly force	Yes	No	Handling of intoxicated persons
Yes	No	Use of non-lethal force	Yes	No	Outside employment (moonlighting)
Yes	No	Vehicle "hot pursuit"	Yes	No	Armed while off duty
Yes	No	Domestic violence	Yes	No	Use of volunteers
12. Yes      No Are policies and procedures distributed to all personnel?
13. Yes      No Are policies and procedures reviewed periodically with personnel as part of training?
14. Yes      No Are policies and procedures reviewed by the entity's legal counsel?
15. Yes      No Does the entity contract law enforcement services to any public or private entity?
16. What outside employment (moonlighting) is authorized for the entity's staff? \_\_\_\_\_

17. Yes No Does the entity belong to any multi-jurisdictional law enforcement organization such as a drug task force?

If "Yes," describe involvement: \_\_\_\_\_

18. Yes No Does the entity participate in a multi-jurisdictional penal institution?

If "Yes," describe involvement: \_\_\_\_\_

Indicate which detention facilities are operated by the entity.

Facility	# of Cells	Age of Facility	Accredited*	Total Square Feet	Inmate Capacity	Average Daily Inmates	Average Length of Stay
Jails			Yes No				
Holding Facilities			Yes No				
Juvenile Detention Centers			<input type="checkbox"/> Yes No				
Detox Centers			Yes No				
Other			Yes <input type="checkbox"/> No				

\* Accredited by the American Correctional Association

19. Yes No Are any facilities operating under a court order or in violation of any local, state or federal codes or standards?

If "Yes," describe: \_\_\_\_\_

20. Are any of the following procedures used in any detention facility?

Yes No Visual oversight  
 Yes No Suicide Prevention Measures  
 Yes No Separation of Juvenile / Adult  
 Yes No Medical Intervention

Law Enforcement Liability Comments: \_\_\_\_\_

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**FIRE & EMERGENCY MEDICAL SERVICES / PROFESSIONAL HEALTHCARE LIABILITY  
SUPPLEMENTAL APPLICATION**

Page 1 of 1

1. What fire departments, ambulance corps or rescue squads are to be insured within this entity?

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2. What emergency service operations are conducted?

Fire Department	Fire Department with Ambulance
Ambulance Corps	Rescue Squads
First Responder	Other: _____

3. What is the population of the area on a first call basis? \_\_\_\_\_

4. Yes No Do employees and volunteers receive formal training?

If "Yes," how often is training provided? \_\_\_\_\_

5. What is the estimated number of responses annually?

Fire/rescue (non-medical\*) \_\_\_\_\_

Emergency medical runs \*\* \_\_\_\_\_

Non-emergency transports \_\_\_\_\_

\* Use of an automatic defibrillator only without other medical procedures will be considered a non-medical run.

\*\* Includes runs involving patient transports or runs involving medical treatment at the scene of an emergency.

6. Yes No Does the organization have a specially organized hazardous material team?

7. Yes No Do volunteers use personal vehicles for emergencies?

8. Yes No Are all volunteers covered by Workers' Compensation insurance?

9. Yes No Are firefighting or emergency services provided to any private entity?

If "Yes," to what entity? \_\_\_\_\_

10. What is the entity's level of state certification or licensing for emergency medical service?

Not state certified or licensed

First Responder

Basic Life Support

Advanced Life Support

If "Not state certified or licensed" or "First Responder" was checked above, what is the highest level of service provided?

Non-medical only

Basic Life Support

Advanced Life Support

**Note: Professional Healthcare coverage is included within the General Liability limits.**

Fire and Emergency Medical Services Comments: \_\_\_\_\_

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The Public Officials and Management Liability coverage form is available on an Occurrence or Claims Made (with a specific Claims Made retroactive date) coverage basis. Each coverage form includes:

**Coverage A** provides Wrongful Acts, Employment Practices and Employee Benefits administration errors and omissions.

\$1,000,000 Each Wrongful Act or Offense

\$3,000,000 Annual Aggregate

**Coverage B** provides a limited defense cost reimbursement for Injunctive Relief actions.

\$5,000 Each Action

Employment Practices Liability may be excluded on an optional basis.

1. What is the entity's current coverage?

Occurrence

Claims Made If Claims Made, what is the current retroactive date? \_\_\_\_\_

2. Deductible requested?

None (default) \$10,000 \$25,000

\$5,000 \$15,000 \$50,000

Note: Deductible applies to Loss and Loss Expense (applies to Loss Only in New York). Underwriters may require higher or lower deductibles than requested.

3. Select a category (check one):

Private Entity

Public Entity such as a City, Town, Township, Village or Borough

Other public entity: \_\_\_\_\_

4. In addition to the following questions, please attach a copy of the entity's current budget.

\$ \_\_\_\_\_ What are the entity's total budgeted expenditures?

\$ \_\_\_\_\_ How much are excluded operations?

\$ \_\_\_\_\_ How much of the budgeted operations are insured elsewhere?

\$ \_\_\_\_\_ How much are allocated to capital expenditures?

\$ \_\_\_\_\_ What are the debt payments?

\$ \_\_\_\_\_ What expenditures are considered inter-fund transfers?

5. Yes No Does the entity have a written Policies and Procedures Manual?
6. Yes No Are public officials and employees trained in these policies and procedures?
7. Yes No Are procedures established to meet "open meeting" requirements?
8. Yes No Are established policies and procedures reviewed by legal counsel?
9. Yes No Does the entity establish and maintain zoning regulations?
10. Yes No Does the entity administer building codes?
11. Yes No Does the entity have a formalized zoning or building codes appeal process?



12. Yes No Are there any prior acts or outstanding disputes involving any of the following?

If "Yes", check all that apply:

Civil rights violations

Refusal of service

Inadequacy of service

Land use planning or development

Public use of property, wrongful takings, or condemnation proceedings

Approval of building plans or building specifications

Any other incidents, accidents, or occurrences

Yes No Are any of the above not yet a claim?

If "Yes," describe circumstances:

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Yes No Have any of these events been reported to a current or previous carrier?

If "Yes," explain:

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13. Yes No Does the entity want to include Employment Practices Liability coverage?

If "Yes," please complete the Employment Practices Liability Supplement.

If "No," how are Employment Practices addressed?

Insured Elsewhere

Self-Insured

Public Officials & Management Liability Comments: \_\_\_\_\_

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1. Yes No Does the entity have an Employee Handbook?
2. Yes No Do all employees and volunteers receive a copy of the handbook?
3. Yes No Does the handbook establish "employment at will"?
4. Yes No Does the handbook specifically include volunteers?
5. Yes No Does the entity's legal counsel periodically review the handbook?
6. Yes No Are employment policy changes communicated to employees?
7. Yes No Are any of the entity's employees unionized?
8. Yes No Does the entity apply specific hiring guidelines?
9. Yes No Does the entity apply specific termination guidelines?
10. Yes No Are there specifically defined disciplinary actions?
11. Yes No Are there specific employment grievance procedures?
12. Yes No Are there specific guidelines concerning Sexual Abuse and Harassment?
13. Yes No Are termination actions subject to external oversight?
14. What is the estimated employee turnover rate each year? \_\_\_\_\_ %
15. How many involuntary employment terminations each year? \_\_\_\_\_
16. Yes No Are any EEOC or comparable state agency hearings outstanding?

If "Yes," describe any outstanding employment disputes that are not yet a claim:

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17. Yes No Does the entity have any knowledge of any incidents, accidents, or occurrences which may result in a claim?

If "Yes," explain:

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Identify if any of the above events have been reported to a current or previous carrier:

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**CYBER LIABILITY AND PRIVACY CRISIS MANAGEMENT EXPENSE  
SUPPLEMENTAL APPLICATION**

Page 1 of 1

**Cyber Liability** protects you when claims are made against you for monetary damages arising out of an electronic information security event.

\$1,000,000 Each Electronic Information Security Event, subject to  
\$3,000,000 Public Officials and Management Liability Annual Aggregate

**Privacy Crisis Management Expense** reimburses for expenses you incur as a result of a privacy crisis management event first occurring during the policy period. This first party coverage is intended to provide professional expertise in the identification and mitigation of a privacy breach while satisfying Federal and State statutory requirements.

\$50,000 Each Privacy Event / \$50,000 Aggregate automatically included

\$100,000 Each Privacy Event / \$100,000 Aggregate

\$250,000 Each Privacy Event / \$250,000 Aggregate

1.      Yes      No    Is Firewall technology used at all internet points of presence to prevent unauthorized access to internal networks?
2.      Yes      No    Do you use antivirus software on all desktops, portable computers and mission critical servers?
3.      Yes      No    Are antivirus applications updated in accordance with the software provider's requirements?  
How often? \_\_\_\_\_
4.      Yes      No    Do you have a written information security and privacy policy?  
(Note: This question applies only to municipalities with a population greater than 20,000 and/or special districts with more than 20,000 customers or hook-ups.)

Cyber Liability and Privacy Crisis Management Expense Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.     Yes     No     Are all of the entity's owned or leased vehicles to be insured under this policy?  
If "No," list vehicles insured elsewhere.  
\_\_\_\_\_
2.     Yes     No     Does the entity require any motor carrier filings?  
If "Yes," indicate vehicles and usage:  
\_\_\_\_\_
3.     Yes     No     Does the entity hire automobiles?  
If "Yes," indicate cost and usage:  
\_\_\_\_\_
4.     Yes     No     Does the entity permit employees to use their own vehicles in the course of employment?  
If "Yes," list employees, for what purpose, and the limit of insurance that an employee must provide:  
\_\_\_\_\_  
\_\_\_\_\_
5.     Yes     No     Does the entity permit employees to use its own autos for personal use?  
If "Yes," describe vehicle usage: \_\_\_\_\_
6.     Yes     No     Are any vehicles used to provide public transportation?  
If "Yes," describe vehicle usage: \_\_\_\_\_
7.     Yes     No     Are any vehicles used to provide transportation for recreational activities?  
If "Yes," describe vehicle usage: \_\_\_\_\_
8.     Yes     No     Does the entity require Commercial Drivers Licensing (CDL)?
9.     Yes     No     Does the entity obtain Motor Vehicle Records on a pre-hire basis?
10.    Yes     No     Are Motor Vehicle Records checked for current employees?
11.    Yes     No     Does the entity require formal driver training for its employees?
12.    Yes     No     Does the entity have a formalized automobile safety program in place?
13.    Yes     No     Does the entity review each motor vehicle accident?
14.    Yes     No     Does the entity have a formalized automobile maintenance program in place?

Auto Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The Excess Liability coverage form is available with limits up to:

\$10,000,000 Each Occurrence

\$10,000,000 Aggregate

All underlying coverage to be scheduled must be provided by the program. Exceptions are permitted for Employers' Liability coverage. If coverage is insured elsewhere, then the minimum underlying limits required to schedule Employers' Liability are:

\$500,000 Each Accident

\$500,000 Disease per Employee

\$500,000 Disease Aggregate

For Employer's Liability Coverage insured elsewhere, provide the following:

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Policy Limits: \_\_\_\_\_

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

1. Excess Limit requested?

\$1,000,000 / \$1,000,000 Aggregate

\$2,000,000 / \$2,000,000 Aggregate

\$3,000,000 / \$3,000,000 Aggregate

\$4,000,000 / \$4,000,000 Aggregate

\$5,000,000 / \$5,000,000 Aggregate

\$6,000,000 / \$6,000,000 Aggregate

\$7,000,000 / \$7,000,000 Aggregate

\$8,000,000 / \$8,000,000 Aggregate

\$9,000,000 / \$9,000,000 Aggregate

\$10,000,000 / \$10,000,000 Aggregate

Excess Liability Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PLEASE READ CAREFULLY --- GENERAL FRAUD WARNING NOTICE

Any person who knowingly and with intent to defraud any insurance company or another 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 act, which is a crime and may subject the person to criminal and civil penalties.

### STATE-SPECIFIC FRAUD WARNING NOTICES

#### **Alabama Fraud Warning**

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 Fraud Warning**

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

#### **Colorado Fraud Warning**

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.

#### **Delaware Fraud Warning**

Any person who knowingly and with intent to defraud any insurance company or another 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 act, which is a crime and may subject the person to criminal and civil penalties.

#### **District of Columbia Fraud Warning**

**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 an applicant.

#### **Florida Fraud Warning**

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 Fraud Warning**

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 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 Fraud Warning**

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 Fraud Warning**

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 Fraud Warning**

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 Fraud Warning**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 Hampshire Statement of Residency**

To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.

### **New Jersey Fraud Warning**

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 Fraud Warning**

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 Fraud Warning**

Commercial Insurance: 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.

Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

### **Ohio Fraud Warning**

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 Fraud Warning**

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 Fraud Warning**

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

### **Pennsylvania Fraud Warning**

All Types of Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application 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.

Motor Vehicle Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

### **Rhode Island Warning**

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 Fraud Warning**

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 Fraud Warning**

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 Fraud Warning**

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 Fraud Warning**

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 Fraud Warning**

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.

## APPLICATION CHECKLIST

- ☐ COMPLETED SUPPLEMENTAL APPLICATION AND ACORD APPLICATIONS/SCHEDULES?
- ☐ SIGNATURES ON APPLICATIONS AND STATEMENT OF VALUES WHERE REQUIRED?
- ☐ COPY OF ENTITY'S MOST RECENT BUDGET PROVIDED?
- ☐ VERIFIED LOSS HISTORY, INCLUDING LARGE LOSS DETAILS?
- ☐ STATEMENT OF VALUES FOR PROPERTY AND EQUIPMENT?

### Additional Information

**I CERTIFY THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Your signature below acknowledges that you have read the General Fraud Warning Notice and the State Specific Fraud Warning Notice that applies to your state of domicile.

**The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge, this includes any applications, locations schedules, valuation statements, loss history information and engineering reports.**

\_\_\_\_\_  
SIGNATURE OF PROPOSED INSURED

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PROPOSED AGENT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE