

**GENERAL INFORMATION**

Name of Insured		Phone	
Address (Street, City, State, Zip Code)		County	
Website			
Risk Manager		Phone	
Name of Agent/Broker Contact	Agency/Brokerage	Phone	
Address (Street, City, State, Zip Code)			
Type of Entity (check all that apply) <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City/Village <input type="checkbox"/> Pool/Trust <input type="checkbox"/> Other (specify)			
Effective Date of Coverage		Quote Due Date	
<input type="checkbox"/> New <input type="checkbox"/> Renewal	Has any insurance carrier cancelled coverage in the past three years? If yes, provide the date of cancellation and the reason.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**FINANCIAL/BOND INFORMATION**

1. What is your bond rating?	Current Year
Moody's	
Standards & Poors	
2. If a Pool or Trust, attach copy of latest audited financial statements.	

**LOSS CONTROL INFORMATION**

			<input type="checkbox"/> n/a
1. Is a full-time safety/loss control person employed? If yes, describe responsibilities.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have any formal written program in place regarding third party exposures listed below:			
⇐	Public Officials Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
⇐	Contractual Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
⇐	Peer Harassment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
⇐	Employment Related Practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
⇐	Vehicle/Fleet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you incorporate the effectiveness of your loss control efforts into the performance evaluation for administrators, department heads, supervisors, and managers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have an internal claim and loss costs analysis system that prompts necessary program changes on a timely basis?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Municipal Security.	<input type="checkbox"/> Employees <input type="checkbox"/> Independent Contractors	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	If armed, and employees, are they POST certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your entity conduct regular scheduled safety meeting for all employees?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Municipal Entity Underwriting Application

7. Does your entity provide any incentives for following safety precautions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does your entity have an accident investigation program in place? Please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does the investigation document include description of cause of accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Does your entity complete and distribute annual loss analysis to its management team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Does your entity allocate its losses back to the appropriate departments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### TERRORISM INFORMATION

#### A. PROPERTY

1. Please list every location where that location's Total Insured Values (inclusive of ALL coverages, e.g. Business Interruption, Extra Expense, etc.) is GREATER THAN \$50 Million.

Property Address	Description	TIV	% Of Total
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%

#### B. CASUALTY

FOR ANY QUESTION ANSWERED YES, ADDITIONAL DETAILS & INFORMATION MUST BE PROVIDED

1. Does your entity own or operate any Airports and/or Airline Companies (including flight schools)? <b>If yes, please complete a supplemental application.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is your entity's formal written disaster plan with record back-up reviewed annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are disaster drills conducted annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does your entity own or lease space in any Federal and/or State Government Buildings, and/or National Landmarks? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does your entity own or operate any Hospitals? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does your entity own or lease space in any Office Buildings greater than 25 stories in height? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does your entity own, lease, or operate/manage any Residential Buildings greater than 25 stories in height? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does your entity own, lease or operate any Stadiums with seating capacities greater than 15,000? <b>If yes, provide details in stadium section.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does your entity have any Bridges greater than 300 feet l length? <b>If yes, please complete supplemental.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Does your entity own, lease or operate any Convention Center / Exhibition Centers with fire code capacities greater than 3,000. persons? <b>If yes, please complete supplemental application.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## *Municipal Entity Underwriting Application*

11 Does your entity own, lease or operate any Dams greater than 300 feet in length or 25 feet in height with down stream exposures which include cities where the population is 10,000 or greater? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does your entity operate or have any Port / Transit Authorities? Please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13 Does your entity operate or have any Passenger Railroads? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14 Does your entity have any Tunnels greater than 300 feet in length? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15 Does your entity own, lease or operate any Utilities (electric, gas, water & sewer) ? Power generating? Distribution only? If yes, please give details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Municipal Entity Underwriting Application

<b>PROPERTY INFORMATION</b>		<input type="checkbox"/> n/a
General Information	Expiring Information	Renewal Information
Premium		
Total Insured Values		
Excess Limit		
Annual Aggregate Limit		
Retained Limit	<input type="checkbox"/> Deductible <input type="checkbox"/> SIR	<input type="checkbox"/> Deductible <input type="checkbox"/> SIR
Current Carrier		
Unique Extensions or Exclusions		

**Statement of Values or current appraisal must be attached including construction, occupancy, protection, year built, square footage, number of stories and building last updated for each location.**

1. If your entity desires an SIR program, does your entity have a preferred Third Party Administrator (TPA)? <b>If yes, complete the Third Party Administrator Information section.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Provide Total Values for the following:		
a. Total Real Property		
b. Total Contents		
c. Business Interruption		
d. Contingent Business Interruption		
1. Extra Expense 2. Loss of Rents		
e. Accounts Receivable		
f. Valuable Papers & Records		
g. Fine Arts		
h. EDP Equipment		
i. EDP Media		
j. Auto Physical Damage		
k. Contractor's Equipment		
l. Inland Marine		
<i>Total Insured Values</i>		
3. Total Number of Locations		
4. Does the total value of vehicles stored/garaged at any one location exceed \$500,000? If yes, describe the site(s) and estimate the maximum site value.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are any buildings vacant? <b>If yes complete supplemental questionnaire.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**CONSTRUCTION/OCCUPANCY PROTECTION INFORMATION**

1. Percentage of total values (Building & Contents) with following protections and actual number of locations.

Sprinklered	0.00%	Locations
Burglar Alarms	0.00%	Locations
Central Station Alarms	0.00%	Locations
Security Guards	0.00%	Locations
Smoke Detectors	0.00%	Locations
Other Types of Protection:	0.00%	Locations

2. Percentage of total values (Building & Contents) and actual number of locations.

Frame	0.00%	Locations
Joisted Masonry	0.00%	Locations
Masonry	0.00%	Locations
Masonry Non-Combustible	0.00%	Locations
Modified Fire Resistive	0.00%	Locations
Fire Resistive	0.00%	Locations



<b>GENERAL LIABILITY INFORMATION</b>		<input type="checkbox"/> n/a
Premium		
Excess Limit		
Annual Aggregate Limit		
Retained Limit	<input type="checkbox"/> Deductible <input type="checkbox"/> SIR	<input type="checkbox"/> Deductible <input type="checkbox"/> SIR
Current Carrier		
Unique Extensions or Exclusions		
If your entity desires an SIR program, does your entity have a preferred Third Party Administrator (TPA)? If yes, complete the Third Party Administrator Information section.		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SUMMARY OF GENERAL LIABILITY RATABLE EXPOSURES</b>		<input type="checkbox"/> n/a
1. Total Operating Expenditures.		
2. Deductions		
a. Capital Improvements (bondable items including interest thereon, new construction, major improvements & purchases of major items.		
b. Expenditures for independent contractor operations:		
c. Welfare benefits ( not administrative costs)		
d. Classifications that are separately rated:		
i) Amusement Parks		
ii) Arenas, Stadiums or Convention Centers		
iii) Dams, Dikes, Lakes and Reservoirs – existent hazards only.		
iv) Fire Department		
v) Housing Projects		
vi) Medical Care Facilities ( separately budgeted)		
vii) Penal Institutions		
viii) Schools & Colleges		
ix) Streets, roads, highways or bridges – existent hazard only		
x) Transportation Systems & facilities, including airports, bus systems or other mass transit facilities		
xi) Utilities – electric and gas		
xii) Other ( Ski Facilities, Wharves, Piers, Docks, Marinas & Watercraft or Zoos		
xiii) Deduction for Law Enforcement – if insured elsewhere		
e. Total Deductions		
3. Total Ratable Expenditures		

**SEWER UTILITIES**

1. Is a sewage disposal plan maintained? If yes, please give payroll.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Number of miles of sewer lines maintained.		
3. Percentage of work, such as laying of sewers, removal of sludge, etc., is	Undertaken directly by Entity?	0.00%
	Performed by Independent Contractors?	0.00%
4. Is bulk chlorine stored on site? If yes, how much and describe how stored, protective measures, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**WATER UTILITIES**

1. Annual Payroll (excl clerical)?	2. Gallons per year?	3. Miles of Pipe?	4. Type of pipe used?
5. Is bulk chlorine stored on site? If yes, how much and describe how stored, protective measures, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Percentage of work, such as laying of waterlines, etc., that is:	Undertaken directly by Entity?	0.00%	Performed by Independent Contractors? 0.00%
7. Source of water supply?	8. Age of the system?	9. Date upgraded?	
10. How often is drinking water tested?	11. By whom?		
12. Does Entity have water supply tanks? If yes, please list below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Construction</i>	<i>Type</i>	<i>Capacity (gal)</i>	<i>Date Last Inspected</i>
13. Type of public protection around the tank base(s) (fencing, lighting, aircraft warning lights, runoff channels, etc.)			
14. Are tanks inspected by qualified engineers? How often?			<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Does the system comply with current local and federal standards for hygiene and metals content?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**LANDFILLS**

Location Of Site	Total Acres	Acres In Use	Acres Fenced	#Yrs In	Control Of Landfill*

\* A = Abandoned, C = Closed, E = Entity Operated, S = Subcontracted Out

1. In what type of area is/are the landfill(s) located?		2. Please describe adjacent properties.	
3. Do employees monitor attendance when the site is open?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is each site fenced with a locked gate when closed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How close is the nearest surface water?		6. Drinking water?	
7. Describe any test(s), system(s), or equipment used to monitor this site(s).			

8. What type and form of waste goes into each site?

Location	Type <i>TYPE = Household, Commercial, Industrial, Organic</i>	Form <i>FORM = Solid, Liquid, Sludge</i>

9. Is any hazardous waste handled at any site? If yes, please describe material and handling at any site.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is your entity staff aware of any prior activities, which involved hazardous wastes? If yes, please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. If there are any abandoned or closed sites, please describe closure plans.

## Municipal Entity Underwriting Application

12. Are there Methane Gas Escape Vents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Is the landfill covered each night per EPA standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### PARKS & RECREATION SUPPLEMENTAL INFORMATION

1. Fireworks

a. Please list the types of events and scheduled dates.

Type of Event	Date	Type of Event	Date

b. Are displays conducted by licensed pyrotechnicians?  
If no, please explain (e.g. who will set up & launch? experience? etc.).

Yes       No

c. Where is the display held (e.g. river, park, open field, etc.)?	d. How long will the display last?
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e. Will emergency vehicles be on the premises?

Yes       No

f. Please give the approximate distance from the crowd.	g. Please give the approximate distance to the nearest structure.
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2. Parks & Recreation Facilities

a. How many parks are owned by your entity?	b. # Of Acres.
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c. Is playground equipment inspected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	d. How often?
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e. Is corrective action on equipment documented?

Yes       No

f. How is equipment anchored?	
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g. Number of Golf Courses?	Annual Receipts?	Liquor Receipts?
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h. Number of Swimming Pools?	Wading Pools?	Wave Pools?
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i. Are all depths marked?

Yes       No

ii. Any diving boards 3 meters or higher?

Yes       No

iii. Are diving wells 12 feet or deeper?  
If no, what is the depth?

Yes       No

iv. Is the area surrounding the pool(s) fenced?

Yes       No

v. Are pools drained in the off-season?

Yes       No

vi. Are Certified Lifeguards on duty at all times the pool is open?  
Please describe type of Certification.

Yes       No

Number of Lifeguards on duty?

vii. Are pool regulations posted?

Yes       No

viii. Are employees trained in the use of chlorine?

Yes       No

## Municipal Entity Underwriting Application

ix. Is chlorine stored in locked facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
x. Are there any waterslides? If yes, give height, length, and number of curves. Depth of entry well? Describe supervision in detail.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If your entity has an ice skating rink, please answer the following:		
i. Type of rink?	ii. Size of rink(s)?	
iii. Is the area lighted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv. Is skating supervised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
v. Please describe controls, if lake or pond:		
3. Athletic Participants		
a. Please attach a list of all athletic activities sponsored and number of participants.		
b. Is a signed consent form required from parents/guardians? If yes, please attach a copy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### FAIRGROUNDS/FAIRS INFORMATION

1. Location Of Fair Site	2. Total Acreage	
3. Address (Street, City, State, Zip Code)		
4. Fair Dates.		
5. Estimated Total Attendance This Year	6. Estimated Daily Attendance	
7. Is 24-hour security maintained? Please submit a copy of rules and regulations regarding camping conduct.		<input type="checkbox"/> Yes
8. Who provides security for fair?		<input type="checkbox"/> No
<input type="checkbox"/> County	<input type="checkbox"/> City	<input type="checkbox"/> State Fair Employees
9. Minimum number and type of medical personnel.		
a. Paramedic	b. Nurses	
c. EMT/EMS	d. Other:	
10. Type of musical entertainment provided.		
<input type="checkbox"/> Hard Rock	<input type="checkbox"/> Pop Rock	<input type="checkbox"/> Jazz
<input type="checkbox"/> C&W	<input type="checkbox"/> Classical	<input type="checkbox"/> Bluegrass
<input type="checkbox"/> Other:		
11. List all grandstands.		12. List all bleachers.
<i>Location</i>	<i>Capacity</i>	<i>Age</i>
<i>Location</i>	<i>Capacity</i>	<i>Age</i>
<i>Location</i>	<i>Capacity</i>	<i>Age</i>
<i>Location</i>	<i>Capacity</i>	<i>Age</i>
<i>Location</i>	<i>Capacity</i>	<i>Age</i>
13. Does the fair contract with a carnival for amusement rides?		<input type="checkbox"/> Yes
		<input type="checkbox"/> No

## Municipal Entity Underwriting Application

14. Does the fair or fairgrounds own or operate any amusement park rides or devices? If yes, describe in detail.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### DAY CARE /DAY CAMPS

1. Number of centers operated?		2. Number of staff providing care?	
3. Number of days open per week?		4. Hours of Operation?	
5. Describe care provider employment requirements (experience and credentials).			

6. Number of individuals care is provided for.

7. Is a minimum of two background checks for prospective employees and volunteers with documentation maintained in file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do background checks include checks with "Sex Offender Hot-Lines," "State Police, State Dept. of Social Services or similar public agencies?"	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	<i>Children</i>	<i>Adults</i>
<i>Average Number Per Day</i>		
<i>Maximum Number Per Day</i>		

9. Is transportation provided by your entity? If yes, please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### EMERGENCY SERVICES SUPPLEMENTAL INFORMATION

#### LAW ENFORCEMENT

1. Number of Full Time Armed Officers?		2. Number of Part Time Armed Officers?	
3. Number of Full Timed Unarmed Officers?		4. Number of Part Time Unarmed Officers?	
5. Number of Dispatchers / Clerical?		6. Number of Police Dogs?	

7. Do District Attorneys / Prosecutors have arrest authority or arrest warrant authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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8. Dispatching Services.

a. Does your entity handle its own dispatch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does your entity dispatch for other public or private entities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. How many entities?		d. What is the total population served?
e. Are incoming calls to dispatchers recorded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. How long are tapes maintained?		
g. What services are dispatched (e.g. Emergency, Fire, Police, etc.)?		

9. Policies & Procedures Manuals.

a. Does your entity have a policy and procedures manual? Date of manual? Date of last revision / update?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## Municipal Entity Underwriting Application

b. Is the manual reviewed annually by legal counsel? Counsel's Name?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the manual distributed to all personnel?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Is the manual reviewed with them periodically as part of their formal training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does your entity have policies governing:			
<input type="checkbox"/> Use Of Deadly Force	<input type="checkbox"/> Use Of Non-Deadly Force	<input type="checkbox"/> Vehicle "Hot" Pursuit	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Blood Borne Pathogens	<input type="checkbox"/> Handling Of Intoxicated Individuals	<input type="checkbox"/> Ride Alongs	
e. Does your entity require a report when force must be used?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>10. Education &amp; Training Requirements</b>			
a. What is the minimum education requirement for hiring new officers?			
b. Is psychological testing required before hiring?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are results reviewed by a person trained in this field?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is the applicant interviewed by a psychologist / psychiatrist?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. What background investigations are completed prior to hiring new officers?			
d. What training of armed officers is required prior to any assignment?			
<input type="checkbox"/> Academy Training? Minimum # of Academy hours?		<input type="checkbox"/> Other (Describe):	
e. Are all officers certified in accordance with state requirements?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is a minimum annual in service training update required? Numbers of hours annually?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Is all training documented in a training log? How long are logs kept?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Are new officers formally assigned to work with a field-training officer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are officers trained and qualified before using:			
Baton / PR24?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Control Holds?
Mace / Chemicals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stun / Laser Guns?
j. How often must an officer requalify with:			
Service weapon?		Personal weapon?	Other weapons?
k. What training do part-time / auxiliary officers, or reserve officers, armed and with arrest authority, receive?			
l. Is this training given <input type="checkbox"/> before duty assignment? <input type="checkbox"/> prior to training? If not, what assignments may part-time officers be given?			
m. What type of assignments do auxiliary officers perform?			
n. Do all officers receive training in:		First Aid?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No	CPR?
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
o. Are all officers trained in vehicle operations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Municipal Entity Underwriting Application

1. Do all officers receive actual or simulated vehicular operations training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are officers required to complete a defensive driving training program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
p. Is every course completed documented in each employee's and each auxiliary person's personal or training file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11. Underwriting Information</b>		
a. Does your entity contract law enforcement services to any other public or private entity? If yes, please attach a copy of the contract.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is your entity a party to any mutual aid, reciprocal, or regional task force agreements? If yes, please attach a copy of the contract.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does your entity authorize employee "moonlighting"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1. Is "moonlighting" pre-approved? If yes, please attach a copy of "moonlighting" policies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is "moonlighting" in bars and taverns approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is your entity currently at authorized strength?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Total full-time employees:	Last Year?	Prior Year?
		Two Years Prior?

### SEPARATELY RATED EXPOSURES

#### STREET, ROAD, HIGHWAYS OR BRIDGES

a. Roads / Highways	Mileage - Paved	Mileage - Unpaved	
i. Condition of roads?			
ii. Does your entity have a regular maintenance and upkeep program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
iii. Are written records of maintenance kept?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
iv. Are barricades and warning signs used at roadwork sites?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
v. Are road signs regularly inspected for visibility or missing signs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Sidewalks			
i. Are sidewalks inspected for defects? If yes, how often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ii. Are written records of inspection kept?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
iii. Please describe sidewalk replacement program.			
c. Bridges			
i. How many bridges of over 20 feet in length are maintained by your entity?			
ii. Are all bridges posted with weight limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
iii. Are there any one-lane bridges? If so, are warning signs posted?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No	
iv. Are any bridges closed, condemned, or structurally deficient? List by bridge number and give reasons.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1. Are warning signs posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Are barriers permanent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Municipal Entity Underwriting Application

v. When was the last inspection?		
1. By whom?		
2. Number of Bridges passed.		
3. Have all recommendations been complied with?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
vi. Describe the training of employees in the use of snow removal equipment on roadways.		

### UTILITIES

1. Blasting			
a. Is blasting contracted out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are Certificates of Insurance and limits at least equal to those carried by your entity required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
NOTE: If 1 or 2 are answered no, please complete the following.			
a. Please describe the types and locations of blasting.			
b. How many blasts per year?		c. Is the blaster certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Please describe the precautions taken prior to blasting.			
2. Other			
a. Who performs utility line installation and repairs?			
b. If contracted, are Certificates of Insurance and limits at least equal to those carried by your entity required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### ELECTRIC UTILITIES

1. Annual Payroll (excl clerical)?		2. Number of customers served?	
3. Does your Entity do any of the following:	<input type="checkbox"/> Pole Erection / Wire Stringing?	<input type="checkbox"/> Customer Connect?	<input type="checkbox"/> Transformer Installation? <input type="checkbox"/> Meter Reading?
4. Customer Profile:	Residential	0.00%	Commercial 0.00% Industrial 0.00%
5. Does the utility generate or purchase power? If purchased, who is the supplier? If generated, how (steam, wind, water)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. What is the Maximum Capacity?		7. Number of miles of high voltage lines?	

### AMBULANCE SERVICES, RESCUE SQUADS, EMT's OR PARAMEDICS

1. Is the service municipality owned, private or volunteer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Please give the number of each of the following certified personnel:		
	# Of Paid Employees	# Of Volunteers
Certified Personnel		
Emergency Medical Technicians		

## Municipal Entity Underwriting Application

Paramedics		
Nurses		
3. Radius of operations?		4. What is the maximum response time?
5. Indicate the type of training received by emergency personnel.		
6. How many calls does the insured answer per month?		
7. Does the insured's organization have a clearly defined chain of command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Who is responsible for the final decision in an emergency situation?		
9. Do nurses carry their own professional insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### LAKES, RESERVOIRS OR BEACHES

1. Describe location.		
2. What is the area of the lake, beach or reservoir?		
3. Is swimming allowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the swimming area roped off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are Certified Lifeguards on duty during swimming hours? Number of Lifeguards on duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is any boating permitted near the swimming area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are scheduled swimming hours clearly posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is the area fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are there any diving platforms or rafts in any part of the swimming area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. If no swimming is allowed, or no Lifeguards on duty, is hold harmless language and warning signs conspicuously posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Is the beach patrolled regularly during evening hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### MARINAS, WATERCRAFT, WHARVES, PIERS, DOCKS

1. How many piers, docks, or wharves are owned by your entity?		2. Area of each (in sq ft)?		3. Use of each?	
4. Are there boat slips?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many?		
5. How many piers / docks are anchored?			6. How often are the piers / docks inspected?		
7. Is there a regular maintenance and upkeep program for the piers / docks? Please describe.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is there a marina exposure? If yes, please describe all operations.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Receipts		10. Are there any operations subcontracted out?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Municipal Entity Underwriting Application

11. List owned watercraft, including length, usage, and horsepower of each.	<i>Water Craft Description</i>	<i>Length</i>	<i>Usage</i>	<i>Horsepower</i>
12. Is there any boat rental conducted by your entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, describe the boat operation in detail.	Receipts.

### ZOOS

1. Number of acres?	2. Hours of Operation?	
3. List number and type of animals.		
4. Can the public feed, pet, or ride any of the animals? If yes, describe in detail.		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How is the public protected from the animals?		
6. Are there any rides through open animal ranges?		<input type="checkbox"/> Yes <input type="checkbox"/> No

### CONVENTION CENTERS/CIVIC CENTERS/AUDITORIUM OR EXHIBITION CENTERS

1. Facility Name	2. Facility Location	
3. Annual Admissions	4. Seating	5. Capacity
6. Total Gross Receipts	7. Concession Receipts	
8. Are Certificates of Insurance obtained from those services that are sub-contracted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. How many security personnel are utilized on event day?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is there an emergency evacuation plan established for the facility? If yes, please attach a copy of the plan.		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are alcoholic beverages sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Served?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are security personnel present at alcohol distribution sites?		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are first aid facilities maintained?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. List all grandstands.		16. List all bleachers.
<i>Location</i>	<i>Capacity</i>	<i>Age</i>
<i>Location</i>	<i>Capacity</i>	<i>Age</i>
<i>Location</i>	<i>Capacity</i>	<i>Age</i>
<i>Location</i>	<i>Capacity</i>	<i>Age</i>
<i>Location</i>	<i>Capacity</i>	<i>Age</i>
<i>Location</i>	<i>Capacity</i>	<i>Age</i>

## Municipal Entity Underwriting Application

17. Does the fair contract with a carnival for amusement rides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Does the fair or fairgrounds own or operate any amusement park rides or devices? If yes, describe in detail.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### FIRE DEPARTMENT

1. Number Paid Professionals		2. Number Volunteers	
3. Annual Calls - Emergency		4. Annual Calls - Non-Emergency	

5. What kind of training is required?

  
  

6. Are all emergency vehicle operators given special training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are designated drivers used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. What is the department policy as to entering intersections against red lights, stop signs or yield signs?

  
  

9. Is the department a party to any contractual agreements? ( mutual aid or private service contracts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are physical examinations required before admission to the department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Once hired are annual physicals required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Is any unusually hazardous occupancy located in the service area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### MISCELLANEOUS EXPOSURES

1. Are there any dams, levee or dike exposures? If yes, please complete a supplemental questionnaire	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are there any penal institutions or jail exposures? If yes, please complete a supplemental questionnaire.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are there any stadiums operated by the insured? If yes, please provide receipts and seating capacity.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Municipal Entity Underwriting Application

SEXUAL ABUSE & MOLESTATION COVERAGE		<input type="checkbox"/> CLAIMS-MADE COVERAGE: RETRO DATE -	<input type="checkbox"/> OCCURRENCE COVERAGE	<input type="checkbox"/> n/a
General Information	Expiring Information	Renewal Information		
Premium				
Excess Limit				
Annual Aggregate Limit				
Current Carrier				
Unique Extensions or Exclusions				
1. If your entity desires an SIR program, does your entity have a preferred Third Party Administrator (TPA)? <b>If yes, complete the Third Party Administrator Information section.</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Do you have a Sexual Abuse Prevention Policy in effect?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. Does the policy express management's commitment to sexual abuse prevention?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Does the written procedure clearly define the consequences of non-adherence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Are volunteers trained in policies, procedures, and law relating to the Sexual Abuse Prevention Program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Do policies and procedures include an incident reporting and follow-up mechanism?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. In the past five years, have any employees or officers been terminated for cause related to sexually abusive behavior?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Are records maintained documenting adherence to all applicable policies and procedures, e.g., hiring and screening, code of conduct, training, incident and follow-up procedures?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Are you aware of any circumstances, which may result in a sexual abuse claim? If "Yes," please explain.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

WRONGFUL ACTS/PUBLIC OFFICIALS LIABILITY INFORMATION		<input type="checkbox"/> CLAIMS-MADE COVERAGE: RETRO DATE -	<input type="checkbox"/> OCCURRENCE COVERAGE	<input type="checkbox"/> n/a
General Information	Expiring Information	Renewal Information		
Premium				
Excess Limit				
Retained Limit	<input type="checkbox"/> Deductible <input type="checkbox"/> SIR	<input type="checkbox"/> Deductible <input type="checkbox"/> SIR		
Annual Aggregate Limit				
Current Carrier				
Unique Extensions or Exclusions				
1. If your entity desires an SIR program, does your entity have a preferred Third Party Administrator (TPA)? <b>If yes, complete the Third Party Administrator Information section.</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Do you have a Human Resources or Personnel Department? If NO please describe handling of this function.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Do you have a Sexual Harassment policy? If YES, does it contain:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Municipal Entity Underwriting Application

a. Hiring and screening process for new and volunteers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Your position on sexual harassment, discrimination and equal opportunity, etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. A clear and open reporting procedure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. A "zero tolerance" policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Mandatory, documented, training provided to all employees and volunteer personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Distribution requirement to all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are new employees provided with a copy of the policy and procedures at orientation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has legal council reviewed the policy? If NO please provide the review process.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### EPLI Information

1. Have you had any layoffs or staff reductions (greater than 10% of the workforce) within the past 24 months? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you anticipate any of the above within the next 12 months? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the organization have any contracts with or receive financial assistance from the Federal Government? If yes, please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Total number of employees and other workers for each of the last 3 years:			
	<i>Current Yr</i>	<i>1st Prior Yr</i>	<i>2nd Prior Yr</i>
Full Time Employees:			
Part Time Employees:*			
Temporary/Leased workers:			

\* Defined as employees working 24 or less hours per week

5. Percent of workforce that are union members:	Current Year		1 <sup>st</sup> Prior		2 <sup>nd</sup> Prior	
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6. Breakdown of current Full Time employees by their total cash compensation (salary + bonus):						
<i>Salary Ranges</i>	<i># Of Employees</i>			<i>% Of Total</i>		
\$30,000 or less per year						
\$30,001 - \$100,000 per year						
Over \$100,000 per year						

7. Number of Full Time and Part Time employees terminating employment during the year divided by the total at the start of the year (Turnover)	Current Year		1 <sup>st</sup> Prior		2 <sup>nd</sup> Prior	
8. Total number of <u>employer initiated</u> terminations of F/T and P/T employees	Current Year		1 <sup>st</sup> Prior		2 <sup>nd</sup> Prior	

## Municipal Entity Underwriting Application

	Name	Title
9. Please indicate the name and title of the person who is responsible for the Human Resources or Personnel functions.		
10. Please indicate the name and title of the person who is designated to handle and resolve all employment-related incidents.		
11. Do you make use of any of the following tests to screen employment applicants, to promote employees, or for the purpose of continuing employment?		
a. Psychological or personality tests:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Drug or alcohol tests:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Pre employment offer medical tests:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have all your employment related policies and procedures been reviewed and approved by outside counsel? If yes, when? By whom? Firm:            Atty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have all recommendations from that review been implemented? If not, explain or provide timeframe for implementation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you use an employment application during your hiring process? If yes, does it contain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. An employment at will statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Authorization to check references & criminal conviction records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. The applicant's signature attesting that all representations are true?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. An equal employment opportunity statement ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Do you distribute an employment handbook to your employees? If yes, does it contain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. An employment at will statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. A written sexual and general harassment policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. A written equal employment opportunity statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. A written internal complaint procedure for discrimination and sexual harassment claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. If no, do you have written policies on all of the above that are distributed separately? Specify any that are not.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Do you have a written disciplinary program? If yes, is it distributed to supervisors in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
17. Do you post, in places conspicuous to all employees and applicants for employment, all notices required by law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. When requested by employees, do you distribute information as required by federal law regarding Family Medical Leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Do you require that all employment terminations be reviewed by the personnel having human resources responsibilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents, or allegations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Please attach each of the following, if they exist.		
a. Employee handbook	b. Employment Application Form(s)	c. Separation Agreement Form
d. Employee grievance, disciplinary, termination, and out-placement procedures	e. EEO and Discrimination and Sexual Harassment Policy	

## Municipal Entity Underwriting Application

### EMPLOYEE BENEFITS COVERAGE

 CLAIMS-MADE COVERAGE: RETRO DATE -

 OCCURRENCE COVERAGE

 n/a

General Information	Expiring Information	Renewal Information
Premium		
Excess Limit		
Annual Aggregate Limit		
Current Carrier		
Unique Extensions or Exclusions		

1. Do you distribute a written handbook/explanation of all employee benefits? <b>If yes attach a copy of the handbook.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have a full-time trained human resource person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you had any claims for administrative E&O or negligent acts? <b>If yes include detail in loss run summary</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have knowledge of any future claims? If yes provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>AUTOMOBILE LIABILITY INFORMATION</b>	<input type="checkbox"/> n/a
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General Information	Expiring Information	Renewal Information
Premium		
Excess Limit		
Retained Limit	<input type="checkbox"/> Deductible <input type="checkbox"/> SIR	<input type="checkbox"/> Deductible <input type="checkbox"/> SIR
Current Carrier		
Unique Extensions or Exclusions		

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. If your entity desires an SIR program, does your entity have a preferred Third Party Administrator (TPA)?<br><b>If yes, complete the Third Party Administrator Information section.</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are employees involved in operating entity-owned vehicles<br><b>If yes, complete the Automobile Liability Information section if this coverage is being requested.</b>                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Summary of Automobile Exposures

Type	Contracted	# Owned	# Leased	Total
Private Passenger Autos	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Private Passenger Trucks Non-Emergency	Vans, Pickups & Light Trucks (GVW 0 to 10,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Medium Trucks (10,001 to 20,000 lbs GVW)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Heavy ( 20,001 to 45,000 lbs GVW)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Extra Heavy (over 45,001 lbs GVW)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tractor/Trailer	Heavy ( 0 to 45,000 gross combined weight)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Extra Heavy (over 45,000 gross combined weight)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Department	Fire Cars	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Ladders	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Engines	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Rescue Trucks	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Vehicles	Ambulances/Ambulettes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Police Department	Cars	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Motorcycles	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Vans/Special Operations Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Emergency Service Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No		

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 4. Do you have a vehicle maintenance program for all of your vehicles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you utilize a safety program?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Municipal Entity Underwriting Application

6. Do you request MVRs on all drivers? If yes, how often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is any coverage provided for any non-owned vehicles? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you provide transportation services to any public agency, non-profit organization, or community group? If yes, provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**UNINSURED MOTORISTS INFORMATION**  
If N/A, Uninsured Motorists Rejection Notice Must Be Signed (Where Applicable As A State Mandate)  n/a

1. Per Accident Limit	2. Deductible or Retained Limit
3. All Autos	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Private Passenger Autos Only	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. All Except Private Passenger Autos	<input type="checkbox"/> Yes <input type="checkbox"/> No

**GARAGE LIABILITY AND GARAGE KEEPERS LEGAL LIABILITY**  n/a

General Information	Expiring Information	Renewal Information
Premium		
Garage Liability Limit		
Garage Liability Retained Limit	<input type="checkbox"/> Deductible <input type="checkbox"/> SIR	<input type="checkbox"/> Deductible <input type="checkbox"/> SIR
Garage Keepers Limit Per Location		
Garage Keepers Retained Limit	<input type="checkbox"/> Deductible <input type="checkbox"/> SIR	<input type="checkbox"/> Deductible <input type="checkbox"/> SIR
Current Carrier		
Unique Extensions or Exclusions		

Indicate locations where coverage apply and the nature of the exposure (i.e., repair of student/staff vehicles, public vehicles, repair of vehicles for other school districts or public agencies).

Location	Exposure	Total Values

**PARKING – PUBLIC – OPEN/GARAGE**

	Open Air	Garage Facility
1. Number of parking spaces in each facility.		
2. What is the average and maximum values of vehicles at each facility?		
3. Are parking attendants present, or a self park operation?		

## *Municipal Entity Underwriting Application*

4. If valet, where and how are keys stored and who has access to them?		
5. What security measures do the insured have in place?		
6. If security guards are used, what is their training and experience?		
7. How frequently does security patrol the premises?		
8. Does the lighting system illuminate all areas of the facility, including corners, walkways and stairwells?		
9. Is insured's facility equipped with panic buttons and emergency phones?		
10. How many workers are employed?		

## Municipal Entity Underwriting Application

<b>THIRD PARTY ADMINISTRATOR CLAIMS HANDLING INFORMATION</b>		<input type="checkbox"/> n/a
Name of Third Party Administrator		Phone
Address (Street, City, State, Zip Code)		
Website		E-mail Address
Principal Contact Name		Phone

**A. GENERAL**

1. What is the average caseload of adjusters?		2. Litigated claims are handled by	<input type="checkbox"/> Inside Counsel <input type="checkbox"/> Outside Counsel
3. When and what type of losses are referred out to another adjusting firm or an attorney?			
4. Does the TPA have a separate unit to pursue subrogation? Does the claims adjuster handle this function?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
5. What medical case management firms does the TPA use?			
6. Are all medical and hospital bills audited per the state fee schedule? If no, please describe audit process.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. How are bills audited?	<input type="checkbox"/> In-house <input type="checkbox"/> Outside firm	8. If outside firm, provide name of firm.	
9. Please provide the following information on the TPA.			
a. Proof Of E&O And Fidelity	b. License To Act As A Third Party Administrator	c. Confirmation Of Adjuster Licenses	d. Organizational Chart With Resume Or Experience Level Of Associates
e. In Place Written Reporting Requirements	f. Reserving Policy	g. Copy Of TPA Claim Policy, Service Standards And Procedures	h. List Of Defense Counsels And Experts Used
i. Copy of service agreement between TPA and entity containing detail on the TPA's responsibility to excess carriers/reinsurers; confirming claims handling on a runoff basis; monthly quarterly, and annual reporting provisions; fund balance, reserving and payment provisions.			

**B. SYSTEMS INFORMATION**

1. Is TPA claim system	<input type="checkbox"/> Manual <input type="checkbox"/> Automated	2. Can claims report be generated on an "as needed" basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do claims reports include	<input type="checkbox"/> Details On The Current Status Of Each Claim <input type="checkbox"/> Incurred Amount	<input type="checkbox"/> Paid Amount <input type="checkbox"/> A Description Of The Type Of Loss	
Does the system have the ability to track aggregate losses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Please provide the following sample reports.			
a. Individual Losses	b. Captioned reports of specific losses	c. Aggregate Tracking and aggregate loss fund (if applicable)	













# SPECIALTY RISK SOLUTIONS LLC

## Municipal Entity Underwriting Application

WRONGFUL ACTS/PUBLIC OFFICIALS LIABILITY LOSS DATA VALUED AS OF:						<input type="checkbox"/> n/a
Year <i>Claims Processor (In-house, Insurance Co. Name, TPA Name)</i>	Exposure <i>(See Note Below)</i>	Retained Limit	# Of Claims	Amount Paid	Reserved	Total Incurred
Year: Processor:	<input type="checkbox"/> Gross <input type="checkbox"/> Net					
Year: Processor:	<input type="checkbox"/> Gross <input type="checkbox"/> Net					
Year: Processor:	<input type="checkbox"/> Gross <input type="checkbox"/> Net					
Year: Processor:	<input type="checkbox"/> Gross <input type="checkbox"/> Net					
Year: Processor:	<input type="checkbox"/> Gross <input type="checkbox"/> Net					
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Year: Processor:	<input type="checkbox"/> Gross <input type="checkbox"/> Net					
Year: Processor:	<input type="checkbox"/> Gross <input type="checkbox"/> Net					
Year: Processor:	<input type="checkbox"/> Gross <input type="checkbox"/> Net					
<b>Totals</b>						

Provide details of all claims that are \$50,000 or greater of Retained Limit. Include the date of event and the amount paid or reserved.  
 Including ALAE     Excluding ALAE

Note: Exposure base is gross or net operating budget. Please specify and list budget amount.

Provide claim detail for claims over \$50,000 (attach separate sheet if necessary):

Date of Claim	Description of Claim	Amount of Claim (Total of Paid and Reserves)	Is claim still open?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have any new loss control measures been taken to prevent a recurrence of large losses?  Yes  No  
 If yes, please explain.

No fact, circumstance or situation indicating the probability of a claim or action is now known to any person proposed for this insurance; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating there from shall be excluded from coverage under the insurance for here which being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate.

The undersigned further declares and represents that any occurrence taking place prior to the inception of the policy for which being applied, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the company. The undersigned acknowledges and agrees that the submission and the company's receipt of such report, prior to the inception of the policy for which being applied, is a condition precedent to coverage.

The undersigned acknowledges and agrees this application contains requests for information and requests for data on a range of exposures, but such requests do not imply that coverage is afforded in the policy for which is being applied.

Signature	Printed Name
Title	Date