

SUPPLEMENTAL APPLICATION FOR PUBLIC ENTITIES

(For Combination Municipal & Educational Institution Accounts Only in CT, MA, & ME)

This application is required when educational & municipal exposures are written on the same policy in addition to ACORD applications.

COMMON INFORMATION SECTION

Named Insured:	FEIN #:
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Website: _____

1. Need By Date for Quote: _____ Is this a bid? Yes No Bid Date: _____
 If this is a bid, please provide a copy of the bid specifications.

2. Year entity established: _____ Largest city within 25 miles: _____

3. Population: _____ Any seasonal increase in population? Yes No If "Yes", % increase: _____

4. Make up of economic base of the entity:
 _____ % agriculture _____ % industrial _____ % commercial _____ % residential

5. Provide us with the names of persons in the following positions:
 Attorney: _____ employee contracted
 Engineer: _____ employee contracted
 Accountant: _____ employee contracted

6. Within the last 5 years have any of the following taken place?
 a. Grand jury investigations into activities of any official or employee: Yes No If "Yes", provide details.

 b. Indictment of any official or employee: Yes No If "Yes", provide details.

7. Have there been any layoffs in the past year or do you anticipate any layoffs or reductions in staff? Yes No
 If "Yes", explain: _____

8. Provide revenues and expenditures (last three years).

FISCAL YEAR	ACTUAL REVENUES	ACTUAL EXPENDITURES	SURPLUS (+) / DEFICIT (-)	ACCUMULATED SURPLUS/DEFICIT

a. If a deficit exists, please indicate how it will be eliminated: _____

b. Do you anticipate any material change in revenue base in the next year? Yes No If "Yes", provide details.

c. Attach a copy of most recent financial statement.

9. Provide total amount of outstanding bonds: \$ _____

a. Current bond rating (Standard & Poor's or Moody's): _____ Previous rating: _____

b. Has the entity ever been in default on principal or interest of any bond? Yes No If "Yes", provide details.

10. Has any bond or tax increase been defeated in the past three years? Yes No If "Yes", provide details.

HEALTH CARE & PERSONAL CARE PROFESSIONALS

List all types of Health Care & Personal Care employees. These must be listed on the policy for coverage to apply.

PROFESSIONAL STAFF	NUMBER EMPLOYED			PROFESSIONAL INSTRUCTION (Applies to schools only)		
	FULL TIME	PART TIME	INDEPENDENT CONTRACTORS	SUBJECT	NUMBER OF STUDENTS	NUMBER OF TEACHERS
Athletic Trainers				Cosmetology		
Nurses				Dental Hygienists		
Physical Therapists				Nursing		
Psychologists				Other: (Describe)		
Social Workers						
Speech Therapists						
Occupational Therapists						
EMTs						
Paramedics						
Other						
TOTAL				TOTAL		

BACKGROUND CHECKS (EMPLOYEES & VOLUNTEERS)

POSITIONS FOR WHICH BACKGROUND CHECKS ARE OBTAINED	NEW HIRES				CURRENT EMPLOYEES			
	BACKGROUND CHECKS		FINGERPRINTING		BACKGROUND CHECKS		FINGERPRINTING	
	INSURED'S STATE	ALL STATES	INSURED'S STATE	ALL STATES	INSURED'S STATE	ALL STATES	INSURED'S STATE	ALL STATES
Daycare/Pre-school Care Provider								
Camp Counselor								
Teachers								
Parks/Recreation Department Employees								
Student Teachers								
Teachers Aides								
Bus Drivers								
Other Professional Staff								
Security Guards								
All Other Employees								
Volunteers								

1. How long has the applicant been performing background checks? _____
2. Who performs the criminal background checks? _____

EMPLOYEE BENEFIT LIABILITY (complete this section only if requesting this coverage) N/A

1. Is the current EBL coverage: claims made or occurrence
2. Is the administration of the employee benefits program handled by:
 A dedicated Human Resources Department A single employee
3. If by a single employee, how many years has the Administrator been handling this program? _____
Total years of experience: _____
4. Is the Insured subject to ERISA? Yes No
5. Which of the following does the insured have in writing:
 Plan Amendments to Plan Acceptance /Rejection Changes in Options
 Clauses that specify that written plan shall supersede any oral communications

POLICIES & PROCEDURES

1. Does the applicant have a written safety policy in place? Yes No
2. Is there a Safety Committee? Yes No
If "Yes", what positions participate? _____
3. Does the applicant have written policies and procedures in place for the following:
Self-Inspection Yes No Water Infiltration Yes No
Emergency Planning Yes No New Employee Orientation/Training Yes No
Accident Investigation Yes No Employee Selection/Hiring/Training Yes No
4. Does the applicant require written contracts with all contractors and vendors? Yes No
5. Do the contracts contain hold harmless agreements for the benefit of the applicant? Yes No
6. Do the contracts require the contractor or vendor to name the applicant as an additional insured? Yes No
7. Does legal counsel review contracts prior to execution? Yes No

USE OF PUBLIC ENTITY OWNED PROPERTY

1. Do outside groups use the applicant's owned property for activities? Yes No
(i.e., sports, swimming, meetings, adult evening classes, etc.)
If "Yes", describe: _____
2. Does the applicant obtain: Certificate of Insurance from outside group
 Evidence that applicant is named as Additional Insured on groups' liability insurance
 A signed contract/agreement in which the applicant is held harmless
3. Attach copy(s) of the applicant's Building Use form.

ELECTRONIC DATA PROCESSING

1. Does the applicant back up critical data daily? Yes No
2. Is the backup information stored off-premises? Yes No

PROPERTY

1. Are there any vacant buildings? Yes No
If there are any vacant buildings, please complete the Vacant Building Questionnaire
(www.glatfelterpublicpractice.com, Applications)
2. Are there any buildings not being used for their intended occupancy? Yes No
If "Yes", please indicate which building(s) and the current use: _____

PROPERTY (continued)

3. Are there any buildings on the National Register of Historic Places? Yes No
If "Yes", please identify and describe: _____

4. Do any of the buildings have a structural defect?..... Yes No
If "Yes", please indicate which building(s) has a structural defect and the specific defect(s):

5. Has wiring in all buildings been updated to meet current standards?..... Yes No
If "No", please indicate which building(s) has not been updated and what the plans are to bring up to standard:

6. Are plumbing systems in all buildings well maintained and functioning properly and have they been updated to meet current standards? Yes No
If "No", please indicate which building(s) and what the plans are to resolve problems and bring up to standard:

7. Are heating and air conditioning systems in all buildings well maintained and functioning properly and have they been updated to meet current standards? Yes No
If "No", please indicate which building(s) and what the plans are to resolve problems and bring up to standard:

8. Do all buildings have necessary fire protection equipment in all areas to meet NFPA minimum standards? Yes No
If "No", please indicate which building(s) do not meet NFPA requirements: _____

9. Are all buildings in compliance with ADA (Americans with Disabilities Act) requirements? Yes No
If "No", please indicate which building(s) do not comply and the plans to bring into compliance: _____

10. Is there a contingency plan in place in the event that one of your buildings becomes unusable?..... Yes No
Please describe. _____

11. Is there a written emergency response plan in place? Yes No
12. Does risk have: Intrusion alarms Central station fire alarms at All or **Some of their buildings?
****If not at all the buildings**, indicate on the Statement of Values or property applications which buildings have alarms. If alarmed, please advise type of alarm.

MASSACHUSETTS Only:

13. Does the insured own any 1-4 family dwellings heated by fuel oil? Yes No
If "Yes":
a. Describe the property(ies), including the number and location of the fuel oil tanks at each location:

Provide a copy of certification(s) showing that the tank(s) located at the dwelling(s) described above is (are) in compliance with Massachusetts Law Chapter 453 of the Acts of 2008.

NEW CONSTRUCTION/RENOVATION PLANS FOR NEXT 24 MONTHS N/A

1. Describe renovation(s) and/or addition(s) to existing building(s) and construction of any new building(s) planned for the next 24 months. _____

2. Is an Owners and Contractors Protective (OCP) policy required and/or in place? Yes No

3. If you want us to consider covering this project, we need a fully completed Builders' Risk ACORD Application.

Yes, attached.

STADIUMS/BLEACHERS/GRANDSTANDS (OUTDOOR OR PORTABLE)

	STADIUMS		BLEACHERS/GRANDSTANDS 5,000 OR LESS		BLEACHERS/GRANDSTANDS GREATER THAN 5,000	
	SCHOOL	MUNICIPAL	SCHOOL	MUNICIPAL	SCHOOL	MUNICIPAL
What are the total receipts						
Describe construction						
Number of each						
Seating capacity						
0-250						
251-1000						
1001-5000						

PLAYGROUNDS

1. Does playground equipment design meet Consumer Product Safety Commission standards? Yes No

2. Is playground equipment in good condition? Yes No

3. How often is playground equipment inspected? _____

4. Is there adequate supervision on all school playgrounds during school hours? Yes No

5. Is adequate cushioning material used? Yes No

Type of cushioning: _____

FINE ARTS

1. Does the applicant own any fine arts including paintings, stained glass, statuary, etc.? Yes No

If "Yes", describe or attach a schedule. _____

Where are they located? _____

2. Describe measures taken to protect these valuables from theft: _____

3. Does the library contain any rare books or manuscripts? Yes No

If "Yes", are they locked in an alarmed, fireproof area with 24 hour monitoring? Yes No

EMPLOYEE DISHONESTY

- 1. Do annual audits include cash accounts and inventories?..... Yes No
- 2. Are the duties with respect to in-coming and out-going checks handled by separate individuals? ... Yes No
- 3. Is countersignature of checks required? Yes No
If "No", who is authorized to sign? _____
- 4. If mechanically affixed signatures involve computer equipment, is the control over the input and outflow restricted to specifically authorized personnel? Yes No
- 5. If mechanically affixed signatures involve non-computer equipment (e.g. facsimile signature plate or check writing machine), is it properly secured when not in use? Yes No
 - a. Is operational access limited to as few designated persons as possible and supervised by the chief financial officer? Yes No
- 6. Are employees who reconcile bank account statements:
 - a. Prohibited from handling deposits? Yes No
 - b. Prohibited from signing checks without a countersignature? Yes No
- 7. Are all incoming checks stamped "For Deposit Only" as soon as they are received? Yes No
- 8. If any of the above answers are "No", please explain. _____

AUTO

Answer for all departments including schools

Submit complete driver information on all full-time and occasional drivers of insured vehicles and drivers who regularly drive their own vehicle on public entity business. Include full name, licensing state, license number, and date of birth for each driver.

- 1. Does the applicant hire or borrow vehicles?..... Yes No
If "Yes", please describe purpose and length of time vehicles are hired or borrowed: _____
- 2. Approximately, how many cars are hired or borrowed annually? _____ Total cost of hire: _____
- 3. Does the applicant have a full-time fleet manager? Yes No
If "Yes", please advise: Number of years in current position: _____
Total number of years experience: _____
If "No", who is responsible for fleet safety and maintenance: _____
Name and Title _____
- 4. Number of employees using their own vehicles for public entity business (occasional or full-time use): _____
- 5. How often and for what purpose do employees drive their own vehicles on applicant's business?

- 6. For those employees who use their own vehicles for public entity business, either full-time or occasionally, does the applicant require the employee to carry primary insurance? Yes No
- 7. Does the applicant obtain Motor Vehicle Reports on ALL drivers who operate public entity vehicles including volunteer emergency services personnel? Yes No
- 8. Does the applicant obtain Motor Vehicle Reports on ALL drivers who operate their own vehicles on public entity business including volunteer emergency services personnel? Yes No
- 9. Does the applicant have written guidelines defining an acceptable Motor Vehicle Report? Yes No
If "Yes", attach copy of guidelines.
- 10. What actions are taken if an employee's driving record is considered unacceptable? _____

- 11. Does the applicant perform accident investigations for each automobile accident? Yes No

AUTO (continued)

12. Does the applicant have a routine maintenance program for all vehicles? Yes No
13. Are maintenance records kept for each vehicle? Yes No
14. Are any employees furnished with public entity owned vehicles? Yes No
If "Yes", does the insured have a personal use policy? Yes No
If "Yes", please describe or attach a copy. _____

15 PASSENGER VANS N/A

1. Does the applicant own or use any 15 passenger vans? Yes No
If "Yes":
a. Does the applicant have a regular maintenance plan in place that includes tire rotation and regular replacement? Yes No
b. Has the applicant modified the van(s) with either dual rear wheels or removed the rear seat? Yes No
c. Does the applicant have a policy that prohibits fully loading the van(s)? Yes No
d. Does the applicant only allow drivers with CDLs to drive the van(s)? Yes No
e. Are drivers given special training on the operation of 15 passenger vans? Yes No

ABUSIVE ACT LIABILITY N/A (complete this section only if requesting this coverage)

Defense expenses are subject to limits of insurance for alleged participant coverage and for claims made coverage.

ALL DEPARTMENTS

1. Current/prior insurance coverage, if written separately from general liability:
Carrier: _____ Effective/expiration dates: _____ to _____
2. Claims-Made Occurrence Claims-Made Retro Date: _____
3. Limits of Liability: _____ Deductible: _____
4. Limits of Insurance requested:
Occurrence Coverage:
 \$250,000 Each Abusive Act/\$250,000 Aggregate \$500,000 Each Abusive Act/\$500,000 Aggregate
 \$1,000,000 Each Abusive Act/\$1,000,000 Aggregate \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate
 Other: _____
- Claims-Made Coverage (not available in Connecticut):**
 \$250,000 Each Abusive Act/\$250,000 Aggregate \$500,000 Each Abusive Act/\$500,000 Aggregate
 \$1,000,000 Each Abusive Act/\$1,000,000 Aggregate \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate
 Other: _____
5. Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000
 \$25,000 \$50,000 \$100,000 No Deductible
6. Alleged Participant Coverage (Optional Endorsement):
Limits of Insurance (Applicable to Defense Expenses and Settlements):
 \$100,000 Each Abusive Act/\$100,000 Aggregate \$250,000 Each Abusive Act/\$250,000 Aggregate
 \$500,000 Each Abusive Act/\$500,000 Aggregate \$1,000,000 Each Abusive Act/\$1,000,000 Aggregate
 \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate Other: _____

ABUSIVE ACT LIABILITY (continued)

7. In the last 10 years: (Questions a is not applicable in MO)
- a. Has the applicant or any employee had abusive act (or similar) insurance coverage declined, cancelled or non-renewed? Yes No
 - b. Has the applicant or any employee or volunteer had any claim or suit brought against them as a result of abusive acts?..... Yes No
 - c. Have any public authorities investigated the applicant relating to claims or allegations of abusive acts?..... Yes No
- **If the answer is "Yes" to any part of question 7, provide complete details by attachment.
8. Does the applicant have knowledge of any fact, circumstance or situation which it has reason to suppose might give rise to a claim or allegation of an abusive act?..... Yes No
- **If the answer is "Yes" to question 8, provide complete details by attachment.
9. What is your annual employee turnover for schools? _____ All other departments? _____
(# of new employees/#of total employees)
10. What is your annual volunteer turnover for schools? _____ All other departments? _____
(# of new volunteers/#of total volunteers)
11. Are signed and dated applications required of:
- a. All prospective employees? Yes No
 - b. All prospective volunteers?..... Yes No
 - c. If the answer to a or b is "yes", where is the documentation stored and for how long?

12. Do the employment and volunteer applications include a question(s) concerning whether the individual has ever been convicted of any crime, including any sex-related crime, or child abuse?
- Employees Yes No Volunteers Yes No
13. Are application references checked and documentation maintained? Yes No
14. Is there a written policy with procedures for screening prospective volunteers that includes a personal interview by a staff member? Yes No
- SCHOOLS AND PARKS AND RECREATION DEPARTMENT ONLY**
15. Is there a written policy addressing abusive acts? Yes No
- a. If "Yes", how often is the policy communicated to:
Employees: _____ time(s) every _____ year or Other _____
Volunteers: _____ time(s) every _____ year or Other _____
Students: _____ time(s) every _____ year or Other _____
Parents: _____ time(s) every _____ year or Other _____
 - b. Are the following individuals required to sign an acknowledgement of receipt and understanding of the abusive act policy?
Employees: Yes No Volunteers: Yes No
15. Have procedures been developed and publicized to employees and volunteers for reporting and investigating alleged incidents of abusive acts? Employees: Yes No Volunteers: Yes No
- a. Has complaint management and investigation been assigned to any person(s)?..... Yes No
 - b. If a. is "Yes", has that person(s) been adequately trained in these responsibilities?..... Yes No
16. How often are the policies and procedures regarding abusive acts reviewed or revised by:
- Applicant: _____ time(s) every _____ months/year(s) or Other _____
- Legal counsel: _____ time(s) every _____ months/year(s) or Other _____
17. Is training conducted on your abusive acts policies and procedures including training on how to recognize signs of child or sexual abuse? Employees: Yes No Volunteers: Yes No

ABUSIVE ACT LIABILITY (continued)

18. Is documentation maintained on the training of staff and volunteers regarding the abusive act policy including how to recognize signs of child or sexual abuse and what to do if someone reports abuse?

Employees: Yes No Volunteers: Yes No

a. How frequently is training conducted for: Employees: _____ Volunteers: _____

b. Provide details on the trainer(s), including qualifications and company affiliation.

19. Are any activities involving direct contact with children subcontracted to others? Yes No
If "Yes":

a. Do the subcontractors of such exposure have their own liability insurance, including coverage for abuse or molestation (including sexual misconduct or sexual molestation), with limits at least equal to those being requested hereunder? Yes No

b. Is the Insured named as Additional Insured on the subcontractor's liability policy, which includes coverage for abuse or molestation (including sexual misconduct or sexual molestation)? Yes No

c. Are certificates of liability insurance required? Yes No

d. Describe services provided by subcontractors: _____

e. Are subcontractors government licensed? Yes No

20. Are procedures in place so that more than one employee/volunteer is present at all times when a child is in your care in order to avoid one-on-one situations? Yes No

MUNICIPAL SECTION

• Please Attach A Copy Of Your Current Budget Report • YES, ATTACHED

EXPOSURE SUMMARY

EXPOSURE	DOES EXPOSURE EXIST?		ANY PART OF OPERATION SUBCONTRACTED?		IS OTHER INSURANCE IN PLACE?	
	YES	NO	YES	NO	YES	NO
Airport and Related Facilities - EXCLUDED						
Ambulance/Rescue Squad Services						
Amusement Parks						
Arenas/Auditorium/Exhibition Hall						
Cable TV/Telephone Services						
Carnivals/Fairs						
Cemeteries						
Dams/Levees/Dikes						
Daycare-complete Daycare/Preschool questionnaire						
Dwellings						
Electric Utility						
Distribution Only						
Power Generation - EXCLUDED						
Fire Department						
Fireworks and other Pyrotechnics						
Garbage or Refuse Collection						
Gas Utility - EXCLUDED						
Golf Courses						
Halfway Houses, Shelters, Group Homes						
Hospital/Clinics/Nursing Home - EXCLUDED						
Housing Authorities - EXCLUDED						
Landfill, Dumps, Refuse Site, Incinerator						
Lakes/Reservoirs						
Library						
Marina						
Museum/Historical Society						
Parks & Recreation						
Archery						
Beaches						
Camping						
Climbing Wall						
Ice and/or Roller Skating Rink						
Inline Hockey						
Rifle						
Skateboard Park						
Ski Facility						
Summer Recreation Programs/Camps						
Swimming Pools						
Waterslide						
Penal Institution/Jail/Holding Facility						
Redevelopment Authority						
Sewer Utility						
Streets/Roads/Highways/Bridges (<i>existence</i>)						
Street/Road/Highway/Bridge Construction						
Transportation System Facility/Services						
Vacant Land						
Water Utility						

EXPOSURE SUMMARY (continued)

EXPOSURE	DOES EXPOSURE EXIST?		ANY PART OF OPERATION SUBCONTRACTED?		IS OTHER INSURANCE IN PLACE?	
	YES	NO	YES	NO	YES	NO
Watercraft						
Wharves/Docks/Piers						
Zoos						
Other – describe any other exposures not listed above						

MANAGEMENT INFORMATION

POSITION	TOTAL NUMBER OF YEARS EXPERIENCE	
	IN CURRENT POSITION	IN SIMILAR CAPACITY - EXPLAIN
Chief Municipal Administrator		
Chief Financial Officer		
Risk Manager		
Chief of Police		
Fire Chief		
Director of Public Works Dept.		
Director of Facilities/Operations		

1. Does the applicant administer any of the following operations? For Yes responses complete the applicable questions.
- a. Zoning Yes No
 - 1) Approximate # of zoning variances granted during the preceding 12 months: _____
 - 2) Is there a formal procedure in place for granting of variances? Yes No
 - 3) Is there a policy that prohibits zoning board members from voting on zoning action that might affect a business that they own, invest in, or are employed or retained by? Yes No
 - 4) Is there a policy that requires persons to disclose such relationships? Yes No
 - 5) Does the applicant's attorney attend all zoning board meetings? Yes No
 - 6) Do you have a master plan for economic development? Yes No
 - d. Building Inspection..... Yes No
 - c. Permits Issuance Yes No
 - 1) Do you have a formal process for application and approval of permits?..... Yes No
 - d. License Issuance Yes No
 - 1) Do you have a formal process for application and approval of licenses? Yes No
 - e. Tax Assessment/Collection Yes No
 - 1) Do you reassess real property on a regular basis? Yes No
 - 2) If "Yes", how often? _____
 - 3) If "No", when was last reassessment of all real property in applicant's jurisdiction? _____

ARENAS/AUDITORIUMS/EXHIBITION HALLS N/A

DESCRIPTION OF TYPES OF EVENTS	ENTITY SPONSORED?		MAX OCCUPANCY	TOTAL ADMISSIONS
	Yes	No		

1. Municipal sponsored events: Will alcohol beverages be served? Yes No
2. Non-Municipal sponsored events:
 - a. Are Certificates of Insurance required by all vendors? Yes No
 Minimum Limits Required: _____
 - b. Is the entity held harmless by the vendors? Yes No

BEACHES/LAKES/RESERVOIRS/POOLS N/A

1. Describe the approximate size of the Beach/Lake/Reservoir and indicate recreational facilities available:

LOCATION	SIZE	FACILITIES AVAILABLE

2. Provide pool detail below:

POOL LOCATION	SIZE	MAX DEPTH	DIVING BOARD HEIGHT	SLIDES #/SIZE	# LIFEGUARDS ON DUTY

3. Are Certified Lifeguards on duty during scheduled swimming hours? Yes No
4. Is the swimming pool area fenced? Yes No
5. If no swimming is allowed, are warning signs posted? Yes No
6. Are scheduled swimming hours posted? Yes No
7. Are employees trained in use of chlorine? Yes No
8. Is chlorine in a locked facility? Yes No

STREETS, ROADS AND BRIDGES N/A

1. Number of miles of streets and roads: Paved _____ Unpaved _____
2. Is there a regular inspection program for streets and sidewalks? Yes No
3. Does the insured provide snow removal for other entities? Yes No
 If "Yes", provide name of entity and number of miles: _____
4. Is there a prior notice law? Yes No
5. How many bridges are maintained by the entity? _____
6. How often are bridges inspected? _____
7. How many bridges have not passed inspection? _____
8. Are all inspections current? Yes No
9. Are bridge condition reports documented in writing? Yes No
10. Are any bridges closed or condemned? Yes No
 If "Yes", please give details: _____
11. Are all bridges posted for size and weight limit? Yes No

SEWER UTILITY N/A

1. Payroll: Treatment Plant: \$ _____ Other: \$ _____
2. Treatment: Primary _____ Secondary _____ Tertiary _____
3. Are sewage disposal plants maintained by the entity? Yes No
4. Are the following functions performed by the entity? Sewer Construction Yes No
Sewer Maintenance Yes No
5. Number of miles of sewer line: _____ Age of the oldest sewer lines: _____
6. Is there a replacement program in place for sewer mains/lines? Yes No
If "Yes", describe: _____
7. How often are sewer main/lines cleaned? _____
8. How often are sewer main/lines inspected by cameras? _____
9. How is sludge disposed of? _____
10. Any industrial waste? Yes No
If "Yes", who are the customers? _____
11. How often is effluent tested? _____
12. Is facility fenced? Yes No
13. Has facility been cited for any pollution violation? Yes No
If "Yes", explain: _____
14. Methane monitoring system? Yes No
15. Design capacity: _____ Maximum flow: _____

WATER UTILITY N/A

1. No. of Employees: _____ Annual Distribution _____ Gallons
2. What is the source of the water supply? _____
3. How is water stored?
 Open Reservoir Location: _____ Capacity: _____
 Open Surface Tanks Location: _____ Capacity: _____
 Elevated Tanks Location: _____ Capacity: _____
4. Any lead pipes? Yes No Lead testing conducted? Yes No
5. How is water tested? _____ How frequently is water tested? _____
6. Is waterline construction done by entity? Yes No
7. Is waterline maintenance done by entity? Yes No
8. What is the current payroll for this Utility? Plant \$ _____ Other \$ _____
9. What is the age of the oldest waterline? _____
10. What is the mileage of the oldest waterline? _____
11. Is there a replacement program in place for water mains/lines? Yes No
If "Yes", describe: _____
12. Are water treatment facilities fenced? Yes No
13. List major water customers and annual usage:
Customer: _____ Usage: _____
Customer: _____ Usage: _____
Customer: _____ Usage: _____

WHARVES/PIERS/DOCKS **N/A**

LOCATION	CONSTRUCTION	YEAR BUILT	HOW ANCHORED	SIZE

- How often are they inspected? _____
- Who does the inspection? _____

WATERCRAFT **N/A**

- Does the entity have any owned watercraft? Yes No
If "Yes", complete the following:

MAKE/MODEL	SIZE (ft. & hp.)	USE

FIREWORKS **N/A**

CONDUCTED BY APPLICANT		CONDUCTED BY OTHERS (attach copy of Hold Harmless Agreement and Certificate of Insurance naming applicant as additional insured)	
LOCATION	DATE	LOCATION	DATE

PARKS/RECREATION DEPARTMENT **N/A**

- Please provide a full description of the Park/Recreation program. Indicate website or attach a brochure.

**If there is a camp, complete Camp Questionnaire (www.glatfelterpublicpractice.com, Applications).

DAMS **N/A**

- List all dams owned or operated by the applicant:

LOCATION	NAME	CONSTRUCTION	AGE	DATE OF LAST UPDATE

- Is Dam Failure coverage currently provided? Yes No
- Is Dam Failure coverage being requested? Yes No
If "Yes", complete the Dams Questionnaire (www.glatfelterpublicpractice.com, Applications).

LANDFILLS, REFUSE SITES, INCINERATOR OPERATIONS **N/A**

Complete the following if the applicant 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?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

LANDFILLS, REFUSE SITES, INCINERATOR OPERATIONS (continued)

1. If inactive, what is the current use? _____
2. Does the applicant subcontract any part of operations? Yes No
3. Has the applicant ever been cited or fined for non-compliance with required standards? Yes No
 If "Yes", provide details: _____

4. Does the applicant provide residential refuse collection services to residents? Yes No
 If "Yes", where is it sent? _____

5. Is public access permitted to any refuse facility owned by the applicant? Yes No

FIRE DEPARTMENT N/A

of Employees: _____ Paid Firemen: _____ Volunteer Firemen: _____

1. What emergency service operations are conducted?
 Fire Department Fire Department with ambulance Ambulance Corps
 Rescue Squads First Responder Other _____
2. Do employees and volunteers receive formal training? Yes No
 If "Yes", how often is training provided? _____
3. Does the organization have a specially organized hazardous material team? Yes No
4. Do volunteers use personal vehicles for emergencies? Yes No
5. Are all volunteers covered by Workers' Compensation Insurance? Yes No
6. What is the applicant's level of state certification or licensing for emergency medical service?
 Not state certified or licensed First Responder Basic Life Support Advanced Life Support
7. If "Not state certified or licensed" or "First Responder" was checked above, what is the highest level of service provided?
 Non-medical Basic Life Support Advanced Life Support
8. Does the entity use independent contractors? Yes No

SPECIAL EVENTS (parades, carnivals, festivals, etc.) N/A

LOCATION	DATE(S)	ESTIMATED ATTENDANCE	DESCRIPTION OF EVENT

1. Will alcoholic beverages be served/sold at any of the events?
 By applicant (If "Yes", provide copy of liquor law liability policy)..... Yes No
 By vendor Yes No
 (If "Yes", provide copy of Certificate of Insurance with liquor law liability naming applicant as additional insured.)

GOLF COURSES

N/A

1. Is there a municipal golf course? Yes No
If "Yes", location: _____
2. Is it operated by the applicant? Yes No
3. If operated by applicant is there a regular maintenance program for golf carts?..... Yes No
If "Yes", please describe: _____

4. Is it subcontracted? Yes No
If "Yes": Are Certificates of Insurance required? Yes No
Is the municipality named as an additional insured? Yes No
4. Is there a clubhouse?..... Yes No
5. Restaurant/catering facility? Yes No
If "Yes": Are Certificates of Insurance required? Yes No
Is the municipality named as an additional insured? Yes No
If not subcontracted:
Receipts: Liquor Sales \$ _____ Food Sales \$ _____
6. Are facilities used by others for weddings, parties, etc?..... Yes No
Describe: _____

SCHOOL SECTION

STUDENTS AND STAFFING

PROGRAM	AVERAGE DAILY ATTENDANCE (STUDENTS)	NUMBER OF TEACHERS & STAFF MEMBERS (NOT VOLUNTEERS)	NUMBER OF VOLUNTEERS
K – 12 Schools:			
Pre-K			
K-8			
9-12			
Vo-Tech			
Adult Education:			
Vo-Tech			
GED Program			
All Other			
* Camps			
* Day Care			
Total			
* Complete Camp Questionnaire and/or Day Care/Preschool Questionnaire			

POLICIES & PROCEDURES

1. Is there a security force on campus? Yes No
 If "Yes", whose employees? Independent Contractor the school Auxiliary of local police
2. If an Independent Contractor, are their limits of liability equal to or more than \$1 Million? Yes No
3. Does the security force have the authority to detain and make arrests? Yes No
4. Do the guards carry guns? Yes No
 If "Yes", complete the Armed Security Guard Questionnaire (www.glatfelterpublicpractice.com, Applications)..
5. Do the local Police patrol regularly? Yes No
 Frequency? _____

MANAGEMENT INFORMATION

POSITION	TOTAL NUMBER OF YEARS EXPERIENCE	
	IN CURRENT POSITION	IN SIMILAR CAPACITY - EXPLAIN
Superintendent		
School Business Officer		
Risk Manager		

1. Are there any Interim Administrators at the school district? Yes No
 If "Yes", are they: independent contractors or employees?

SCIENCE LABS

1. The science labs are equipped with:

<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Showers
<input type="checkbox"/> Smoke alarms	<input type="checkbox"/> Portable fire extinguishers
<input type="checkbox"/> Eye washers	<input type="checkbox"/> Ventilation system for fumes, etc.
2. Does the school have a chemical acquisition and disposal policy for the science labs? Yes No

EDUCATIONAL AND ATHLETIC ACTIVITIES

* Attach details on separate sheet or course catalog / ** Attach Rifle Range and/or Challenge Course Questionnaire

Aircraft* <input type="checkbox"/>	Vo-Ag* <input type="checkbox"/>	Wood Shop <input type="checkbox"/>	Truck Driver Training <input type="checkbox"/>
Watercraft* <input type="checkbox"/>	Horseback Riding/Rodeo <input type="checkbox"/>	Auto Shop <input type="checkbox"/>	Special Needs Programs* <input type="checkbox"/>
Rifle Range** <input type="checkbox"/>	Forestry Program* <input type="checkbox"/>	Heating/AC <input type="checkbox"/>	Radio Station <input type="checkbox"/>
Ski Team/Club <input type="checkbox"/>	Work Study Programs* <input type="checkbox"/>	Bldg. Construction Prog <input type="checkbox"/>	Television Station <input type="checkbox"/>
Skateboard Parks* <input type="checkbox"/>	Trampolines <input type="checkbox"/>	Electric Shop <input type="checkbox"/>	Campus Newspaper <input type="checkbox"/>
Climbing Walls* <input type="checkbox"/>	_____ <input type="checkbox"/>	Print Shop <input type="checkbox"/>	Challenge Course** <input type="checkbox"/>
Traverse Walls <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

	Conference	Intramural		Conference	Intramural
Baseball	<input type="checkbox"/>	<input type="checkbox"/>	Wrestling	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	Softball	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	<input type="checkbox"/>
Track	<input type="checkbox"/>	<input type="checkbox"/>	Golf	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	Hockey	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>
Firearms	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Total Number of Sports Participants: _____

STUDENT FIELD TRIPS

1. Are written procedures in place regarding chaperone/student ratio for field trips? Yes No
2. Are school-sponsored overnight field trips allowed? Yes No
 If "Yes", describe (including grades, destinations, and chaperone/student ratio): _____

3. Are school-sponsored foreign field trips allowed? Yes No
 If "Yes", describe: _____

 If "Yes", is there Foreign Liability coverage in place? Yes No
4. Are written parental permission slips required for all field trips? Yes No
 If "Yes", attach copy of permission slip.

FIELD TRIP TRANSPORTATION

School Buses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent owned and operated vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
Chartered Buses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher owned and operated vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student driven vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Air Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No

INFIRMARY/MEDICAL CARE N/A

1. Is there a nurse's office in the school? Yes No
2. Is there an infirmary with beds for overnight stays? Yes No
3. Is there a nurse on duty during school hours? Yes No
4. Is a doctor "on-call" for emergencies? Yes No
5. Are members of the public ever treated at this infirmary/nurse's office? Yes No
6. Do trained medical personnel attend all school sporting events? Yes No
7. Does the school have an action plan in place in the event of a medical emergency? Yes No
8. Does the school perform an accident investigation when a student is injured? Yes No
 If "Yes", who is responsible for the investigation? _____

BEFORE AND AFTER SCHOOL PROGRAMS N/A

1. What are the hours for the Before and/or After School Programs?
Before School: _____ After School Program: _____
2. How old are the children that are enrolled in these programs? _____
3. What is the teacher to student ratio for these programs? _____
4. What type of activities do they have in these programs? _____

5. Does the school sponsor any special activities off-site? Yes No
What activities? _____

How transported? _____

AUTO

Submit complete driver information on all full-time and occasional drivers of insured vehicles and drivers who regularly drive their own vehicle on public entity business. Include full name, licensing state, license number, and date of birth for each driver.

1. If the applicant uses an independent school bus contractor to transport students, **attach Certificate of Insurance.**
2. If you have a Bus Fleet, do you have a regular bus replacement policy? Yes No
If "Yes", please describe: _____

FRAUD STATEMENTS

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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN, and VA, insurance benefits may also be denied)

COLORADO

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

FLORIDA

IN FLORIDA, 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.

HAWAII

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

FRAUD STATEMENTS

MASSACHUSETTS

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

MARYLAND

ANY PERSON WHO KNOWINGLY AND 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.

OHIO

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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

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.

WASHINGTON

IN WASHINGTON, 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.

Signature of Authorized Representative of Insured/Date

Signature of Licensed Producer, Agent or
Broker/Date

Title

COVERAGE CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.