



RURAL SPECIAL DISTRICTS®

Insurance Services

A Division of Glatfelter Insurance Group

10100 Trinity Parkway, Suite 110 • PO Box 7277 • Stockton, CA 95267  
(888) 477-3007 • Fax (888) 477-7005 • [www.rsdis.com](http://www.rsdis.com)

## NEW BUSINESS APPLICATION

***Please complete PART A and other PARTS as applicable. Property, Inland Marine and Automobile Schedules may be provided within in this application or attached using Acord format applications or equivalent.***

**PART A GENERAL INFORMATION**

**PART B PROPERTY**

➤ *Include location description and zip code for each location*

**PART C INLAND MARINE**

➤ *All equipment should include make, model, and serial number*

**PART D CRIME**

**PART E AUTOMOBILE**

➤ *All Autos should include: year, make, model, and VIN number; GVW all vehicles and trailers*

**PART F GENERAL LIABILITY**

**PART G DAM, RESERVOIR OR LEVEE SUPPLEMENT**

**PART H MANAGEMENT LIABILITY**

**PART I EXCESS LIABILITY**

**1. ENTITY**

Application Date:			
Legal Name of Insured:			
Mailing Address:			
Street Address:			
Extended Named Insured(s):			
FEIN:		Web-Site Address:	
Primary Contact:		Phone:	
Proposed Effective Date:		Proposal Due Date:	

**2. SUBMITTING AGENCY**

Agency:			
Mailing Address:			
Producer:		e-mail:	
Phone:		Fax:	

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

Agent License No:	
State:	
FEIN:	

**3. COVERAGE REQUESTED**

<input type="checkbox"/> General Liability	<input type="checkbox"/> Property / Equipment Breakdown
<input type="checkbox"/> Management Liability	<input type="checkbox"/> Equipment/Inland Marine
<input type="checkbox"/> Employment Practices Liability	<input type="checkbox"/> Crime
<input type="checkbox"/> Automobile Liability	<input type="checkbox"/> Flood
<input type="checkbox"/> Automobile Physical Damage	<input type="checkbox"/> Quake
<input type="checkbox"/> Excess Liability	<input type="checkbox"/> Other: _____

**4. COVERAGE INFORMATION**

- # \_\_\_\_\_ How many Board Members, Public Officials, Directors, or Officers?
- # \_\_\_\_\_ How many Full-Time Paid Employees?
- # \_\_\_\_\_ How many Part-Time Paid Employees?
- # \_\_\_\_\_ How many Temporary or Seasonal Workers?
- # \_\_\_\_\_ How many Volunteers? (do not include volunteer board members)
- # \_\_\_\_\_ How long have the board members and management team served?

**5. EXPIRING INFORMATION**

Line of Coverage	Carrier	Limit	Occ/ CM	Retro Date	Ded.	Premium
General Liability					\$	\$
Management Liability					\$	\$
Employment Practices Liability					\$	\$
Automobile Liability					\$	\$
Automobile Physical Damage					\$	\$
Excess Liability					\$	\$
Property					\$	\$
Equipment/Inland Marine					\$	\$
Crime					\$	\$
Flood					\$	\$
Quake					\$	\$
Other					\$	\$

**6. LOSS DETAIL**

*Loss history for each insurance coverage requested must be verified through submission of loss experience reports. Reports must be currently valued and include the current expiring policy term plus three (3) preceding policy terms.*

Date of Claim	Description of Claim	Amount of Claim (Paid & Reserved)	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

**Prior Acts:**

- Yes     No    Does the applicant have any knowledge of any incident(s), accident (s) or occurrence(s) which may result in a claim?  
If "Yes", explain: \_\_\_\_\_
- Yes     No    Have any of these events been reported to a current or previous carrier?  
If "Yes", explain: \_\_\_\_\_

**7. OPERATING CONTROLS**

- 1.  Yes  No Are certificates of insurance required from your subcontractors?  
If "Yes", explain: \_\_\_\_\_
- 2.  Yes  No Are you named as an additional insured on your subcontractors' liability policies?
- 3.  Yes  No Does the entity have a formalized risk management procedure or program?

Do the formal procedures include the following:

- Yes  No Written Safety or Loss Prevention Manual
- Yes  No Employee training meeting
- Yes  No Property or equipment inspection and maintenance logs
- Yes  No Procedures to prevent & report sexual harassment
- Yes  No Accident investigation program

Describe any other formal or informal operating controls:

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The Special Districts property form includes Real Property (Coverage A) and Personal Property (Coverage B) based on the insured values submitted as part of this application. Loss of Income (Coverage C) and Extra Expense (Coverage D) are each included at a limit of \$25,000 per occurrence. Additional limits for Loss of Income and Extra Expense may be selected below.

The Special Districts property form includes the following extensions of coverage:

1. Accounts Receivable	\$50,000 Limit Included	Optional Limits Available
2. Debris Removal Expenses	25% of Direct Loss plus an added \$10,000	No Optional Limits
3. Equipment Breakdown	Up to applicable Property Limits for Coverage A, B, C & D. Reduced limits apply to Expediting Expenses, Hazardous Substances, Spoilage, Computer Equipment and Data Restoration.	No Optional Limits
4. Fire Department Charges	\$5,000 Per Occurrence	No Optional Limits
5. Fire Equipment Recharge Costs	\$5,000 Per Occurrence	No Optional Limits
6. Limited Coverage for Fungus	\$25,000 Policy Aggregate	No Optional Limits
7. Money & Securities	\$10,000 Per Occurrence	Optional Limits Available
8. Newly Acquired or Under Construction Real Property & Related Personal Property	\$1,000,000 Per Occurrence Coverage A \$500,000 Per Occurrence Coverage B	No Optional Limits
9. Ordinance Coverage	\$250,000	Optional Limits Available
10. Outdoor Property	\$10,000 Per Occurrence	No Optional Limits*
11. Personal Effects	\$5,000 Per Occurrence	No Optional Limits
12. Pollution Remediation Expenses	\$25,000 Aggregate	No Optional Limits
13. Preservation of Property	Coverage A and B Limits Apply	No Optional Limits
14. Real Property or Personal Property In Transit or Off Premises	\$10,000 Per Occurrence	Optional Limits Available
15. Software	\$500,000 Per Occurrence	No Optional Limits
16. Trees, Shrubs, Plants, and Lawns	\$10,000 Per Occurrence, \$1,000 Per Item	No Optional Limits
17. Valuable Papers and Records	\$50,000 Per Occurrence	Optional Limits Available

\*Additional coverage may be afforded to outdoor property items by including the values in the property schedule

1. Property Deductible Requested?
  - \$500 Default
  - \$1,000
  - \$2,500
  - Other: \_\_\_\_\_
  
2. Limit of Insurance
  - Policy Blanket
  - Premises Blanket
  - Individual
  
3. Loss of Income Limit Requested?
 

\$ \_\_\_\_\_ \$25,000 is default minimum
  
4. Extra Expense Limit requested?
 

\$ \_\_\_\_\_ \$25,000 is default minimum
  
5. Accounts Receivable Limit Requested?
  - \$50,000 Automatically Included
  - \$250,000 Optional
  - \$500,000 Optional

- 6. Ordinance Limit Requested
  - \$250,000 Automatically Included
  - \$500,000 Optional
  - \$1,000,000 Optional
  
- 7. Money & Securities Limit Requested?
  - \$10,000 Automatically Included
  - \$50,000 Optional
  - \$100,000 Optional
  
- 8. Transit & Off-Premises Limit Requested?
  - \$10,000 Automatically Included
  - \$50,000 Optional
  - \$100,000 Optional
  
- 9. Valuable Papers Limit Requested?
  - \$50,000 Automatically Included
  - \$250,000 Optional
  - \$500,000 Optional
  
- 10. What valuation % applies to the submitted property values? If 100% values are provided, the coinsurance requirement is waived for premises blanket. Minimum of 90% coinsurance required for policy blanket.
  - 80%
  - 90%
  - 100%
  
- 11. Property Valuation
  - Replacement Cost (Required for Policy Blanket Limits)
  - Actual Cash Value
  - Functional Replacement Cost
  
- 12.  Yes  No Any items on the property schedule to be insured as fine arts?  
If "Yes", please identify items: \_\_\_\_\_
  
- 13.  Yes  No Any loss payees or additional insured interests applicable to any properties?  
If "Yes", please list item # and interest:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 14.  Yes  No Any vacant property locations?
  
- 15.  Yes  No Any locations over 30 years old?  
If yes, list Location(s), Renovations, and Date Completed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 16.  Yes  No Do any pumps or motors exceed 750 HP?

17.  Yes  No Do any individual specialized equipment items exceed \$100,000 in value? Specialized equipment items include fuel cells, micro turbines, rotating biological contactors and submersible pumps

18.  Yes  No Do you currently have any property in the "course of construction" or do you plan to have any new additions, renovations, or expansions?  
If "Yes", describe: \_\_\_\_\_  
Cost of Construction: \_\_\_\_\_

19.  Yes  No Do you have any hydro-electric equipment?  
\_\_\_\_\_

20.  Yes  No Is optional Flood Coverage requested?  
If "Yes", list Location(s), Limit and Deductible:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21.  Yes  No Is optional Earthquake Coverage requested?  
If "Yes", list Location(s), Limit and Deductible:  
\_\_\_\_\_  
\_\_\_\_\_





The following options are available for Special Districts Inland Marine Coverage:

**Coverage A** provides RC coverage to Small Tools and Equipment on a blanket basis, subject to an each occurrence limit of \$25,000 and a per item maximum limit of \$2,500. A \$500 deductible applies. If Inland Marine coverage is requested, Coverage A is automatically included. *Increased limits for Small Tools and Equipment are provided by coverage selections under Coverage B – Scheduled Contractors' Equipment and Coverage C – Scheduled Specialized Equipment.*

**Coverage B** provides ACV coverage to Scheduled Contractors' Equipment (air compressors, backhoes, etc.) at the limits and deductibles requested on this application.

**Coverage C** provides RC coverage to Specialized Equipment (communication equipment, portable testing equipment, cameras, etc.) at the limits and deductibles requested on this application.

1. What Deductible is to apply for Coverage B?

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

2. What Deductible is to apply for Coverage C?

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

4.  Yes  No Does the entity maintain an equipment inventory?

5.  Yes  No Are all equipment items secured when not in use?

6. Select an increased limit for the Non-owned Contractors' Equipment Extension

- \$50,000 Automatically Included
- \$100,000 Optional at increased premium
- \$250,000 Optional at increased premium





**PART E AUTOMOBILE SUPPLEMENTAL APPLICATION**

Limits Requested	Automobile Coverage
\$	Owned or Leased Automobiles
\$	Hired Automobile Coverage
\$	Non-owned Automobile Coverage
\$	Personal Injury Protection
\$	Automobile Medical Payments
\$	Uninsured Motorists
\$	Underinsured Motorists
<i>Deductible Requested (\$250 Minimum)</i>	
\$	Comprehensive
\$	Collision

*Liability deductibles are available on an optional basis.*

1.  Yes  No Are all of the entity's owned or leased vehicles to be insured under this policy?  
If "No", list vehicles insured elsewhere:

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2.  Yes  No Does the entity require any motor carrier filings?  
If "Yes", indicate vehicle(s) and usage:

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3.  Yes  No Does the entity hire automobiles?  
If "Yes", indicate cost and usage:

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4.  Yes  No Does the entity permit employees to use their own vehicles in the course of employment?  
If "Yes", list employees and for what purpose?  
What limit of insurance must an employee provide?

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5.  Yes  No Does the entity allow employees to use its autos for personal use?

6.  Yes  No Are any vehicles used to provide public transportation?

7.  Yes  No Are any vehicles used to provide transportation for recreation activities?

If "Yes", for any question 5-7, describe vehicle usage:

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- 9.  Yes  No Does the entity require Commercial Drivers Licensing (CDL)?
- 10.  Yes  No Does the entity obtain Motor Vehicle Records on a pre-hire basis?
- 11.  Yes  No Are Motor Vehicle Records checked for current employees?
- 12.  Yes  No Does the entity require formal driver training for its employees?
- 13.  Yes  No Does the entity have a formalized automobile safety program in place?
- 14.  Yes  No Does the entity review each motor vehicle accident?
- 15.  Yes  No Does the entity have a formalized automobile maintenance program in place?



**PART F GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

Indicate presence of each item by checking the appropriate box:

Operation	Exposure		Any Part of Operation Subcontracted to Others (Y/N)?	If Operated by proposed insured, provide the following additional information:
	Yes	No		
Aircraft	<input type="checkbox"/>	<input type="checkbox"/>		<i>EXCLUDED UNDER THIS PROGRAM</i>
Airport and Related Facilities	<input type="checkbox"/>	<input type="checkbox"/>		<i>EXCLUDED UNDER THIS PROGRAM</i>
Boat Docks or Marina	<input type="checkbox"/>	<input type="checkbox"/>		
Campgrounds	<input type="checkbox"/>	<input type="checkbox"/>		
Cemetery Operations	<input type="checkbox"/>	<input type="checkbox"/>		
Chemical Spraying – Pesticide/Herbicide	<input type="checkbox"/>	<input type="checkbox"/>		
Dams, Reservoir or Levee	<input type="checkbox"/>	<input type="checkbox"/>		Complete PART G
Dwellings	<input type="checkbox"/>	<input type="checkbox"/>		
Electric Utility	<input type="checkbox"/>	<input type="checkbox"/>		
Exhibit Hall or Meeting Area	<input type="checkbox"/>	<input type="checkbox"/>		
Garbage or Refuse Collection	<input type="checkbox"/>	<input type="checkbox"/>		
Gas Utility	<input type="checkbox"/>	<input type="checkbox"/>		
Golf Course	<input type="checkbox"/>	<input type="checkbox"/>		
Hydroelectric Generation	<input type="checkbox"/>	<input type="checkbox"/>		<i>EXCLUDED UNDER THIS PROGRAM</i>
Industrial Buildings for Redevelopment	<input type="checkbox"/>	<input type="checkbox"/>		
Irrigation Ditches – Existence Hazard	<input type="checkbox"/>	<input type="checkbox"/>		
Irrigation Operations	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory – Testing or Consulting	<input type="checkbox"/>	<input type="checkbox"/>		
Lake or Reservoir	<input type="checkbox"/>	<input type="checkbox"/>		
Landfills/Dumps/Refuse Sites/Incinerators	<input type="checkbox"/>	<input type="checkbox"/>		
Law Enforcement Activities	<input type="checkbox"/>	<input type="checkbox"/>		
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>		<i>EXCLUDED UNDER THIS PROGRAM</i>
Liquor Social Events	<input type="checkbox"/>	<input type="checkbox"/>		
Memorial District	<input type="checkbox"/>	<input type="checkbox"/>		
Parks and Playgrounds	<input type="checkbox"/>	<input type="checkbox"/>		
Potable Water	<input type="checkbox"/>	<input type="checkbox"/>		
Ports/Harbors/Terminal	<input type="checkbox"/>	<input type="checkbox"/>		
Private Security Operations	<input type="checkbox"/>	<input type="checkbox"/>		
Rental Facilities	<input type="checkbox"/>	<input type="checkbox"/>		
Sanitary Sewers	<input type="checkbox"/>	<input type="checkbox"/>		
Sewage Disposal Plant	<input type="checkbox"/>	<input type="checkbox"/>		
Storm Sewers	<input type="checkbox"/>	<input type="checkbox"/>		
Swimming Areas, Pool or Beach	<input type="checkbox"/>	<input type="checkbox"/>		
Utility Construction or Repair	<input type="checkbox"/>	<input type="checkbox"/>		
Vacant Land	<input type="checkbox"/>	<input type="checkbox"/>		
Wastewater Operations	<input type="checkbox"/>	<input type="checkbox"/>		
Wastewater Plant – Connector Lines	<input type="checkbox"/>	<input type="checkbox"/>		
Watercraft > 100 Horsepower	<input type="checkbox"/>	<input type="checkbox"/>		
Water Operations	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: If any exposure is contracted, complete independent contractor listing in PART A.

**The Special Districts' General Liability form includes:**

- Coverage A. Bodily Injury and Property Damage Liability
- Coverage B. Personal and Advertising Injury Liability
- Coverage C. Special Districts Professional Activity Liability
- Coverage D. Medical Expense

**All policies are issued at the following limits:**

- \$1,000,000 Each Occurrence or Special District Professional Activity
- \$1,000,000 Damage to Premises Rented to You
- \$1,000,000 Any one person or organization for Personal and Advertising Injury
- 10,000 any one person Medical Expense

*A General Aggregate of \$3,000,000 applies; A Products and Completed Operations Aggregate of \$3,000,000 also applies.*

1. List optional liability deductible (if requested): *All deductible selections are subject to approval*
  - \$1,000 Loss Only
  - \$2,500 Loss Only
  - \$5,000 Loss and Loss Adjustment Expense
  - \$10,000 Loss and Loss Adjustment Expense
  - \$15,000 Loss and Loss Adjustment Expense
  - \$25,000 Loss and Loss Adjustment Expense
  
2. List the total annual payroll costs:
 

*Payroll includes remuneration paid to direct employees (except clerical office and executive officers), 100% of contract cost for leased employees, and 33% of total contract costs*

\_\_\_\_\_ Water Operations

\_\_\_\_\_ Sewer Operations

\_\_\_\_\_ Irrigation Operations

\_\_\_\_\_ All Other Special District Operations
3. \_\_\_\_\_ Cemetery Operations only, what are the annual interments?
4. \_\_\_\_\_ List Laboratory Testing or Consulting receipts for work done for others?
5. \_\_\_\_\_ List annual payroll for Utility Construction or Repair?
6. \_\_\_\_\_ List the total miles of irrigation ditches, owned or maintained  
*Ditch miles include total miles of canals and laterals*
7. \_\_\_\_\_ List the total miles of wastewater treatment plant connector lines  
*Connector lines are those that connect plant to plant or a municipal customer to a plant*
  
8. \_\_\_\_\_ List boat dock or marina receipts if applicable
9. \_\_\_\_\_ Number of industrial buildings or locations held for redevelopment if applicable
10. \_\_\_\_\_ What are the total receipts for Campground rentals?
11. \_\_\_\_\_ Number of dwellings to be insured?
12. \_\_\_\_\_ What are the total receipts for recreation activities & golf courses?
13. \_\_\_\_\_ Number of meeting, convention or rental halls?  
*Include only those facilities rented to outside groups*
14. \_\_\_\_\_ Number of dams, reservoirs or levees insured for existence hazard only?
15.  Yes  No Are dams, reservoirs or levees to be insured for Structural Failure?  
*If "Yes", Complete PART G Dam, Reservoir or Levee Supplemental Application*
  
16. \_\_\_\_\_ How many seasonal swimming areas?  
*Include outdoor pool, beach, lake or river access*
17. \_\_\_\_\_ How many indoor swimming facilities?
18.  Yes  No Do you purchase workers' compensation insurance?
19.  Yes  No Do you confirm that independent contractors and sub-contractors purchase workers' compensation insurance?
20.  Yes  No Do you utilize volunteer labor not covered by workers' compensation?
  
21.  Yes  No Do you have a fully computerized water system? (i.e. SCADA)

- 22. \_\_\_\_\_ How many gallons of potable water are distributed annually?
- 23. \_\_\_\_\_ What is the water system's supply capacity (in gallons)?
- 24. \_\_\_\_\_ How many water utility customers?
- 25. What percentage is distributed to each?
  - \_\_\_\_\_ Agriculture
  - \_\_\_\_\_ Commercial
  - \_\_\_\_\_ Industrial
  - \_\_\_\_\_ Residential

26. What is the source of the water supply?  
\_\_\_\_\_

27. How is the water treated?  
\_\_\_\_\_

28. What water chemicals do you use?  
\_\_\_\_\_

29. How often do you test?  
\_\_\_\_\_

30. How are your water chemicals stored and secured?  
\_\_\_\_\_

31. What is the age of the water treatment system (in years)?  
\_\_\_\_\_

32. What system upgrades are completed or planned?  
\_\_\_\_\_

33.  Yes  No Is the entity required to produce an annual water quality report?  
If "Yes", with what agency is the report filed? \_\_\_\_\_

***The following questions are only required for applicants with Wastewater Operations***

34. \_\_\_\_\_ How many wastewater customers?

35. What percentage is received from each type of customer?  
 \_\_\_\_\_ Commercial  
 \_\_\_\_\_ Industrial  
 \_\_\_\_\_ Residential

36. \_\_\_\_\_ How many sewer connections?

37. \_\_\_\_\_ What type of piping is used in the system?

38. \_\_\_\_\_ How many miles of sewer collection lines are maintained by the proposed insured?

39. \_\_\_\_\_ What is the average age (years) of the sewer collection system?

40. \_\_\_\_\_ What system upgrades are completed or planned?

41. What type of facility(ies) are operated?  
 Treatment Plant  
 Lift Station  
 Pumps  
 Collection Only  
 Other: \_\_\_\_\_

42.  Yes  No Replacement program in place for sewer lines?

43. \_\_\_\_\_ How often are sewer mains/lines cleaned?
44. \_\_\_\_\_ How often are sewer lines/mains inspected by line cameras?
45. \_\_\_\_\_ What wastewater treatment is provided?  
 Primary  
 Secondary  
 Tertiary  
 Other: \_\_\_\_\_
46. \_\_\_\_\_ What regulatory agency monitors?  
 \_\_\_\_\_
47. \_\_\_\_\_ How is influent input monitored for toxic/hazardous waste?  
 \_\_\_\_\_
48. \_\_\_\_\_ How are chemicals stored?  
 \_\_\_\_\_
49. \_\_\_\_\_ What is done with residual by-products/sludge?  
 \_\_\_\_\_

***The following questions are only required for applicants with Irrigation Operations***

50. \_\_\_\_\_ Describe if public access is permitted on canal or levee rights of way?  
 \_\_\_\_\_
51.  Yes  No Are any areas open for public uses such as hunting, boating or hiking?  
 52.  Yes  No Is public access permitted for vehicle use?
53. \_\_\_\_\_ How is weed and brush suppression accomplished?  
 Controlled Burns  
 Chemicals  
 54. \_\_\_\_\_ List all chemicals sprayed:  
 \_\_\_\_\_
55.  Yes  No Are employees licensed?
56. \_\_\_\_\_ Where and in what quantity are these chemicals stored?  
 \_\_\_\_\_
57. \_\_\_\_\_ Describe how irrigation water deliveries are confirmed?  
 \_\_\_\_\_
58.  Yes  No Are there established procedures for burns?
59.  Yes  No Are warning signs posted on all owned facilities?

***The following questions are only required for applicants with Landfills/Dumps/Refuse Sites/Incinerators Operations***

60.  Yes  No Does the proposed insured currently operate a Landfill, Dump, Refuse site or incinerator?  
 If "Yes", describe facility:
61.  Yes  No Does the proposed insured currently operate a Landfill, Dump, Refuse site or incinerator?  
 If "Yes", describe current use:

- 62.  Yes  No Are there any records of compliance issues?
- 63.  Yes  No Does the entity provide residential refuse collection services to residents?
- 64. Where is the residential refuse sent?
- 65.  Yes  No Is public access permitted to any refuse facility owned by the entity?

***The following questions are only required for applicants with Parks, Playgrounds and Swimming***

- 66. Do you have any of the following recreational activities:
  - Camping  Hiking trails  Playground equipment  Golf Courses/Clubs
  - Equestrian trails  Bike riding  Playgrounds  Skate boarding
  - Basketball courts  Baseball fields  Parks  Ski lifts/Ski trails
  - Football fields  Soccer fields  Parasailing  Roller blading (in-line skating)
- 67.  Yes  No Do you permit any winter sports on your premises?  
If "Yes", describe: \_\_\_\_\_
- 68. What safety programs apply to swimming areas?
- 69. What safety programs apply to recreational activities?  
\_\_\_\_\_

***The following questions are only required for Cemetery Districts***

- 70.  Yes  No Do you require a written burial agreement?  
 Yes  No Do you have a policy or procedure concerning disinterment requests?  
If "Yes", describe:
- 71. Who is responsible for maintenance, site preparation, or burial?
- 72. How many locations are owned or maintained by the entity for cemetery operations?  
\_\_\_\_\_

**PART G DAM, RESERVIOR OR LEVEE SUPPLEMENTAL APPLICATION**

(if the Entity maintains more than 1 dam, a separate supplemental application must be completed for each structure)

Applicant Name:		Effective Date:	
Name of Structure:		NATDAM ID:	
Location:			
Year Built:		Date of Last Update:	

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

Yes     No    Is this Dam a shared facility?  
 If "Yes", with what entity: \_\_\_\_\_  
 Yes     No    Is there an Emergency Notification Plan?

**Dams**

1. Primary and Secondary Purpose (check all applicable):  
 Flood     Irrigation     Industrial  
 Power     Water Supply     Recreation

2. Construction:  
 Concrete     Earth     Rockfill  
 Steel Sheet     Gravity     Other: \_\_\_\_\_

3. Dimensions:  
 \_\_\_\_\_ Surface Acres    \_\_\_\_\_ Storage Capacity/Acre Feet  
 \_\_\_\_\_ Top Width    \_\_\_\_\_ Base Width  
 \_\_\_\_\_ Height

4. \_\_\_\_\_ Inspection Frequency    \_\_\_\_\_ Date of Last Inspection  
 \_\_\_\_\_ By Whom?    \_\_\_\_\_ Status of Recommendations

5.  Yes     No    Has the risk been included under the National Program for Dam Inspection?

6. \_\_\_\_\_ Name of the actual tributary river(s) of the impoundment waters  
 Yes     No    Off stream?

7. How is the water level controlled?  
 Gates     Spillway     Other \_\_\_\_\_

If gate, what type? \_\_\_\_\_  
 How are gates operated? \_\_\_\_\_

**Upstream Exposure for Dams**

1.  Yes     No    Do you permit any winter sports on your premises?  
 If "Yes", please provide details that may jeopardize the dam:  
 \_\_\_\_\_  
 \_\_\_\_\_

2.  Yes     No    Are there any exposures to recreational areas (swimming, boating, camping, etc)?  
 If "Yes", please provide details on recreational activities provided by district  
 \_\_\_\_\_  
 \_\_\_\_\_

**Downstream Exposures for Dams**

- 1. Housing  Yes  No Distance \_\_\_\_\_ Number \_\_\_\_\_
- 2. Other Structures  Yes  No Distance \_\_\_\_\_ Number \_\_\_\_\_
- 3. Industrial Complexes  Yes  No Distance \_\_\_\_\_ Type \_\_\_\_\_
- 4. Public Utilities  Yes  No Distance \_\_\_\_\_ Number \_\_\_\_\_
- 5. Pumping Stations  Yes  No Distance \_\_\_\_\_
- 6. Lower Dams  Yes  No Distance \_\_\_\_\_ Names \_\_\_\_\_
- 7. Bridge(s)  Yes  No Distance \_\_\_\_\_ Number \_\_\_\_\_
- 8. Highway(s)  Yes  No Distance \_\_\_\_\_ Number \_\_\_\_\_
- 9. Railroad(s)  Yes  No Distance \_\_\_\_\_ Number \_\_\_\_\_
- 10. Schools  Yes  No Distance \_\_\_\_\_
- 11. Hospitals  Yes  No Distance \_\_\_\_\_
- 12. Camp  Yes  No Distance \_\_\_\_\_
- 13. Agricultural area  Yes  No Distance \_\_\_\_\_

Type of Exposure (livestock, crops, etc.) \_\_\_\_\_

- 14. Recreational areas  Yes  No Distance \_\_\_\_\_  
Type \_\_\_\_\_

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

- Yes  No Are surface rights of the reservoir leased to a third party?  
If "Yes", with what entity: \_\_\_\_\_
- Yes  No Any incidents or failure within history of the dam's existence?  
If "Yes", provide incident date: \_\_\_\_\_  
Type of Loss: \_\_\_\_\_

**I CERTIFY THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

The following options are available for Special Districts Management Liability Coverage:

- Occurrence or claims-made coverage (with a specific claims-made retroactive date) forms are available.
- Each coverage form includes Coverage A, Wrongful Acts, Employment Practices and Employee Benefits administration errors and Coverage B which provides a limited defense cost reimbursement for Injunctive Relief Actions.
- Coverage A is issued at limits of \$1,000,000 Each Wrongful Act or Offense and Coverage B is issued at \$5,000 Each Action for Injunctive Relief.
- Employment Practices Liability may be deleted on an optional basis.

1. What coverage form is requested?  Occurrence  
 Claims-Made
  
2. If Claims-Made, what is the needed retroactive date?
  
3. What deductible is requested? *Note: Underwriters may require higher or lower deductibles than requested*  
 \$1,000 Default  
 \$2,500 Loss Only  
 \$5,000 Loss and Loss Expense  
 \$10,000 Loss and Loss Expense  
 \$15,000 Loss and Loss Expense  
 \$25,000 Loss and Loss Expense
  
4. Is the entity a public entity or privately owned?  
 Public Entity  
 Private Entity
  
5. \$ \_\_\_\_\_ What are the entity's total budgeted expenditures?  
 \$ \_\_\_\_\_ Are there budgeted items insured elsewhere?  
 \$ \_\_\_\_\_ What are the capital expenditures?  
 \$ \_\_\_\_\_ What are the debt payments?  
 \$ \_\_\_\_\_ Are any expenditures "pass through" fund transfers?
  
6.  Yes  No Exclude Employment Practices Liability Coverage?  
 If "Yes", how are Employment Practices addressed?  
 Insured Elsewhere  
 Self-Insured
  
7.  Yes  No Does the entity have a written Policies and Procedures Manual?
  
8.  Yes  No Are public officials and employees trained in these policies and procedures?

- 9.  Yes  No Are established policies and procedures reviewed by legal counsel?
- 10.  Yes  No Does the entity establish and maintain zoning regulations?
- 11.  Yes  No Does the entity administer building codes?
- 12.  Yes  No Does the entity have a formalized zoning or building codes appeal process?

- 13.  Yes  No Does the entity have an Employee Handbook?
- 14.  Yes  No Do all employees and volunteers receive a copy of the Handbook?
- 15.  Yes  No Does the Handbook establish "employment at will"?
- 16.  Yes  No Does the Handbook specifically include volunteers?
- 17.  Yes  No Does the entity's legal counsel periodically review the Handbook?
- 18.  Yes  No Are employment policy changes communicated to employees?
- 19.  Yes  No Are any of the entity's employees unionized?
- 20.  Yes  No Does the entity apply specific hiring guidelines?
- 21.  Yes  No Does the entity apply specific termination guidelines?
- 21.  Yes  No Are there specifically defined disciplinary actions?
- 23.  Yes  No Are there specific employment grievance procedures?
- 24.  Yes  No Are there specific guidelines concerning Sexual Abuse and Harassment?
- 25.  Yes  No Are termination actions subject to external oversight?

- 26. % \_\_\_\_\_ What is the estimated employee turnover rate each year?
- 27. # \_\_\_\_\_ How many *involuntary* employment terminations each year?

- 28. Are there any outstanding disputes involving any of the following:
- 29.  Yes  No Civil rights violations?
- 30.  Yes  No Refusal of Service?
- 31.  Yes  No Inadequacy of Service?
- 32.  Yes  No Wrongful takings or condemnation proceedings?
- 33.  Yes  No Approval of building plans or building specifications?

34. If "Yes" with regard to any outstanding disputes, *not yet a claim*, describe circumstances:

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35.  Yes  No Are any EEOC, or comparable state agency, hearings outstanding?  
If "Yes" with regard to any outstanding employment disputes, *not yet a claim*, describe below::

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Excess Liability is provided up to limits of \$10,000,000 Each Occurrence/Wrongful Act/Accident. Aggregate limits equal the provided excess liability Each Occurrence/Wrongful Act/Accident limit. All underlying coverage to be scheduled must be provided by the RSDIS program. Exceptions are permitted for Employers' Liability Coverage.

*Minimum underlying limits required to schedule Employers' Liability are \$500,000 Each Accident/ \$500,000 Disease per Employee/ \$500,000 Disease Aggregate*

1. Coverage is to apply over what underlying coverage?

- General Liability
- Management Liability
- Employment Practices Liability
- Commercial Automobile Liability
- Employers Liability

2. Excess Limit Requested:

- \$1,000,000/\$1,000,000 Aggregate
- \$2,000,000/\$2,000,000 Aggregate
- \$3,000,000/\$3,000,000 Aggregate
- \$4,000,000/\$4,000,000 Aggregate
- \$5,000,000/\$5,000,000 Aggregate
- \$6,000,000/\$6,000,000 Aggregate
- \$7,000,000/\$7,000,000 Aggregate
- \$8,000,000/\$8,000,000 Aggregate
- \$9,000,000/\$9,000,000 Aggregate
- \$10,000,000/\$10,000,000 Aggregate

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

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject the person to criminal and civil penalties.

### STATE-SPECIFIC FRAUD WARNING NOTICES

#### Arkansas Fraud Warning

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

#### Colorado Fraud Warning

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance within the department of regulatory agencies.

#### District of Columbia Fraud Warning

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

#### Florida Fraud Warning

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

#### Hawaii Fraud Warning

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.

#### Kentucky Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

#### Louisiana Fraud Warning

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

#### Maine Fraud Warning

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

#### Maryland Fraud Warning

Any person who knowingly 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.

#### New Hampshire Statement of Residency

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

#### New Jersey Fraud Warning

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

#### New Mexico Fraud Warning

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

#### New York Fraud Warning

Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation.

Other Types of Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

#### Ohio Fraud Warning

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

#### Oklahoma Fraud Warning

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

#### Oregon Fraud Warning

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

#### Pennsylvania Fraud Warning

All Types of Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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

#### Tennessee Fraud Warning

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

#### Virginia Fraud Warning

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

#### Washington Fraud Warning

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

**APPLICATION CHECKLIST**

- COMPLETED RSDIS NEW BUSINESS APPLICATION OR PERTINENT ACORD APPLICATIONS?
- SIGNATURES ON APPLICATIONS AND STATEMENT OF VALUES WHERE REQUIRED?
- COPY OF ENTITY'S MOST RECENT BUDGET PROVIDED?
- VERIFIED LOSS HISTORY, INCLUDING LARGE LOSS DETAILS?
- STATEMENT OF VALUES FOR PROPERTY AND EQUIPMENT?
- VEHICLE SCHEDULES INCLUDES VEHICLE USAGE AND COST NEW?

**Additional Information:**

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

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

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

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SIGNATURE OF PROPOSED INSURED

TITLE

DATE

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SIGNATURE OF AGENT OR BROKER

TITLE

DATE