



glatfelterpublicentities.com

Submit completed application to your Underwriter or submissions@glatfelterpublicentities.com

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GENERAL SUPPLEMENTAL APPLICATION

In addition to this General Supplemental Application, please submit all relevant supplements, ACORD® applications and schedules.

- Municipal Operations Supplement
Law Enforcement Liability Supplement
Water & Water-Related Entities Supplement
Public Officials/Management Liability, EPLI, Cyber (Municipal or Water only)
Educational Institutions Supplement
School Bus Contractor Supplement
Public Officials (Municipal & Education combined)

PLEASE COMPLETE ONLY THOSE SECTIONS THAT ARE APPLICABLE.

GENERAL INFORMATION

Entity

Application Date: FEIN:

Legal Name of Entity:

Legal Address: (Street) (City) (County) (State) (Zip Code)

Mailing Address: (If different from Legal Address) (Street) (City) (County) (State) (Zip Code)

Extended Named Insured(s):

Entity Population: Web site address:

Policy Effective Date: Quote Due Date:

Type of Municipal or Water/Water-Related Entity:

- Borough, Cemetery District, City, Community Services District, Conservation District, District Operations - Other, Homeowners' Association, Investor-Owned Utility, Irrigation District, Memorial District, Mutual Water Company, Public Entity - Other, Sewer District, Town, Township, Village, Water District

Identify:

Identify:

Type of Educational Entity:

- Charter School, Higher Education, Private School, Public School, School Bus Contractor, Vocational-Technical School

Inspection and Insurance Contact Name:

Phone: E-mail:

Submitting Agency

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

Agency:

Agency License No.: Licensing Contact Name:

State: Contact Email:

FEIN: Contact Phone #:

Operations Information

Identify the number of each:

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

Yes  No Does the entity want a supplemental accident quote? If "Yes", do you want to cover:  
 Board Members & Full-Time Employees  Volunteers

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

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

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

What is the entity's current bond rating? \_\_\_\_\_  Standard & Poor's  Moody's  N/A

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

Yes  No Does the entity utilize a uniform written contract for all subcontractors? If "Yes", check those items that are included:  
 Additional Insured Status on a Primary and Non-Contributory Basis  
 Hold Harmless wording  
 Defense and Indemnification wording

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

Yes  No Does the entity have a formalized risk management procedure or program? If "Yes", check those items that are included:  
 Written Safety or Loss Prevention Manual  
 Emergency Planning / Disaster Recovery Planning  
 Employee training meeting  
 Property or equipment inspection and maintenance logs  
 Procedures to prevent and report sexual harassment  
 Accident investigation program

Describe any other formal or informal operating controls. \_\_\_\_\_

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

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

**Coverage Requested / Expiring Information**

Check to request coverage	Line of Coverage	Carrier	Limit	Deductible	Premium
<input type="checkbox"/>	Property				
<input type="checkbox"/>	Equipment / Inland Marine				
<input type="checkbox"/>	Crime				
<input type="checkbox"/>	General Liability				
<input type="checkbox"/>	Law Enforcement Liability				
<input type="checkbox"/>	Professional Healthcare Liability				
<input type="checkbox"/>	Public Officials & Mgmt. Liability				
<input type="checkbox"/>	Educators Legal Liability				
<input type="checkbox"/>	Employment Practices Liability				
<input type="checkbox"/>	Auto Liability				
<input type="checkbox"/>	Auto Physical Damage				
<input type="checkbox"/>	Excess Liability				
<input type="checkbox"/>	Other:				

**Large Loss History**

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

## PROPERTY

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

Coverage Extension	Non-Education Limits Included	Education Limits Included
Accounts Receivable *	\$50,000	\$250,000
Commandeered Property	Replacement cost plus loss of use	same
Debris Removal Expenses	25% of Direct Loss plus \$100,000	25% of Direct Loss plus \$250,000
Equipment Breakdown	Up to applicable Property Limits for Coverage A, B, C & D Sub-limits apply to Expediting Expenses, Hazardous Substances, Spoilage, Computer Equipment, Data Restoration, Green Coverage, Off-Premises Equipment Breakdown, and Public Relations. Optional limits may be available.	same
Fine Arts *	\$25,000 Per Occurrence, \$1,500 Per Item without a certified appraisal \$50,000 Per Occurrence with a certified appraisal	\$50,000 Per Occurrence
Fire Department Charges	\$25,000 Per Occurrence	\$50,000 Per Occurrence
Fire Equipment Recharge Costs	All necessary and reasonable costs	same
Limited Coverage for Fungus	\$25,000 Policy Aggregate	same
Newly Acquired or Under Construction Real Property & Related Personal Property	\$1,000,000 Per Occurrence Coverage A \$500,000 Per Occurrence Coverage B	same \$1,000,000 Per Occurrence Coverage B
Ordinance Coverage	Undamaged portion of Real Property – included within Coverage A limit Demolition of undamaged portion and increased cost of construction – limit is equal to 100% of amount paid of initial direct loss or \$1,000,000, whichever is greater (\$500,000 for water treatment or wastewater processing equipment)	same
Outdoor Property *	\$150,000 Per Occurrence	same
Personal Effects	\$25,000 Per Occurrence	same
Pollution Remediation Expenses	\$100,000 Aggregate	\$250,000 Aggregate
Preservation of Property	Coverage A and B Limits Apply	same
Real Property or Personal Property In Transit or Off Premises *	\$100,000 Per Occurrence	same
Software *	\$500,000 Per Occurrence	same
Supplementary Provisions for Loss of Income and Extra Expense	Actual Loss Sustained for 30 days for new buildings and fund raising activities	same
Trees, Shrubs, Plants, and Lawns	\$25,000 Per Occurrence \$1,000 Per Item	same \$5,000 Per Item
Valuable Papers and Records *	\$50,000 Per Occurrence	same
Arson, Theft or Vandalism Reward	\$25,000 Per Loss	same
Building Glass – Tenant	Included	same
Claim Expense	\$20,000 Per Occurrence	same
Building Damage from Theft - Tenant	\$100,000 Per Occurrence	same
Lock Replacement	\$25,000 Per Occurrence	same
Non-Owned Detached Trailers	\$50,000 Per Occurrence	same
Spoilage Due to Off Premises Electrical Service Interruption	\$50,000 Per Occurrence	same
Water Contamination Notification Expense	\$25,000 Any One Policy Period	same
Food Contamination – Schools	N/A	\$100,000 Per Occurrence
Property used for School Activities	N/A	\$250,000 Per Occurrence

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

1. Limit of Insurance: \_\_\_\_\_ (A Statement of Values signed by the Insured is required for Blanket Limits.)  
 Policy Blanket     Premises Blanket     Individual
2. Property Deductible requested?  
 \$250 \*     \$2,500     \$15,000     \$75,000  
 \$500     \$5,000 \*\*     \$25,000     \$100,000  
 \$1,000     \$10,000     \$50,000  
\* \$250 deductible option only available in WI for Municipal entities.  
\*\* \$5,000 standard deductible for Education entities.
3. Loss of Income Limit requested? \_\_\_\_\_ (\$250,000 is the default minimum)  
Extra Expense Limit requested? \_\_\_\_\_ (\$250,000 is the default minimum)
4. Accounts Receivable Limit requested?  
 \$50,000     \$250,000     \$500,000     \$1,000,000
5. Fine Arts Blanket Limit requested? Fine arts means property that is rare or that has historic or artistic value, including antiques, rare articles, etchings, pictures, awards, trophies, historic memorabilia, statuary, marbles, bronzes, porcelains and similar property for which you have secured a certified appraisal.  
 \$50,000     \$100,000  
For limits greater than \$100,000, please provide an itemized schedule.
6. Outdoor Property Limit requested? \_\_\_\_\_ \$150,000 is the default minimum
7. Property in Transit or Off Premises Limit requested?  
 \$100,000     \$250,000
8. Software Limit requested? \_\_\_\_\_ \$500,000 Per Occurrence is the default minimum
9. Valuable Papers and Records Limit requested?  
 \$50,000     \$250,000     \$500,000     \$1,000,000
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     Actual Cash Value     Functional Replacement Cost  
Replacement Cost is required for Policy Blanket Limits.
12.  Yes     No Any vacant buildings? If "Yes",  
Identify all vacant premises, how long they have been vacant, if there are any obvious signs of vandalism or water damage, and its intended future use:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Yes     No Are the utilities turned off for all premises listed above?  
 Yes     No Are the pipes drained for all vacant premises?  
 Yes     No Are these premises routinely monitored? If "Yes", how often? \_\_\_\_\_
13.  Yes     No Any buildings over 30 years old?  
If "Yes", list premises, renovations, and date completed:  
\_\_\_\_\_  
\_\_\_\_\_

14.  Yes  No Do any pumps or motors exceed 750 HP?
15.  Yes  No Do any individual specialized equipment items exceed \$100,000 in value? Specialized equipment items include fuel cells, micro turbines, rotating biological contractors and submersible pumps.
16.  Yes  No Does the entity have on-premises electrical generation capability (including emergency generators) of 250 kilowatts or higher?

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

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

- Hydroelectric \_\_\_\_\_
- Wind \_\_\_\_\_
- Solar \_\_\_\_\_
- Geothermal \_\_\_\_\_
- Other \_\_\_\_\_

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

- Primary power       Emergency Power       Peak Shaving
- Standby       Supplemental       Unsure

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

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

19.  Yes  No Is optional Flood Coverage requested?  
If "Yes", Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Current Carrier: \_\_\_\_\_ Current Limit: \_\_\_\_\_

NOTE: Flood coverage cannot be provided for any premises determined to be in a 100-year flood zone.

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

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

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

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

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

## INLAND MARINE

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

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

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

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

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

The Inland Marine form includes the following extensions of coverage:

Coverage Extension	Limits Included
Debris Removal Expenses	\$15,000 Per Occurrence
Tools and Equipment (Employee owned)	\$25,000 Per Occurrence
Emergency Services and Law Enforcement Personal Effects	Actual Replacement Cost
Non-owned Tools and Equipment and Emergency Services Equipment	\$10,000 Per Occurrence
Rented or Borrowed Equipment *	\$100,000 Per Occurrence
Rental Reimbursement for Scheduled Equipment	\$10,000 Per Occurrence
Unmanned Aircraft (Drones)	\$25,000 Per Occurrence
Fire Department Charge	\$1,000 Per Occurrence
Fire Extinguishing Recharge Cost	All necessary and reasonable costs
Newly Acquired Scheduled Equipment	30 Days
Watercraft and Personal Watercraft	Extends Coverage A and C for watercraft with <100hp for up to \$25,000 Per Occurrence
Deductible Waiver	Included

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

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

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

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

<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000
------------------------------------	------------------------------------	------------------------------------

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Unmanned Aircraft Systems (Drones)**

1.  Yes  No Does the entity own or operate drones? If "Yes", please complete the schedule below.

Model	Serial Number	Weight (lbs./oz.)	Value of Drone	Value of Attached Equipment

2.  Yes  No Are all operations being conducted in accordance with FAA rules?

3. How many personnel are authorized to operate the drones? \_\_\_\_\_

4. How many hours of training are required prior to personnel being authorized to operate the drones? \_\_\_\_\_

5.  Yes  No Does the entity loan, rent or lease the drones to others? If "Yes",

a. Describe to whom: \_\_\_\_\_

b. Will you loan, rent or lease:  with your authorized operator  without your operator

**Blanket Emergency Services Equipment**

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

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

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

**Service Animals (Law Enforcement and/or Schools)**

Please list any scheduled service animals.

Breed	Name	Sex	Year of Birth	Agreed Value

## CRIME

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

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

Limits Option	Employee Theft	Forgery or Alteration	Inside the Premises		Outside the Premises	Computer & Funds Transfer Fraud	Money Orders	Fraudulent Impersonation
			Theft of Money & Securities	Robbery/Safe Burglary				
<input type="checkbox"/> 1	\$10,000	\$10,000	\$10,000	\$5,000	\$10,000	\$20,000	\$10,000	\$10,000
<input type="checkbox"/> 2	\$25,000	\$25,000	\$25,000	\$5,000	\$25,000	\$20,000	\$10,000	\$10,000
<input type="checkbox"/> 3	\$50,000	\$50,000	\$50,000	\$5,000	\$50,000	\$50,000	\$25,000	\$25,000
<input type="checkbox"/> 4	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
<input type="checkbox"/> 5	\$250,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
<input type="checkbox"/> 6	\$500,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
<input type="checkbox"/> 7	\$1,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
<input type="checkbox"/> 8	\$1,500,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
<input type="checkbox"/> 9	\$2,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000

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

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

- |                                |                                  |                                   |                                   |
|--------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$250 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$5,000  | <input type="checkbox"/> \$15,000 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 |

3. Crime Type requested?

- Commercial Crime (used for private entities, including private educational institutions)  
 Government Crime (used for public entities, including public educational institutions)

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

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

Name	Excess Limit *

Position	Location of Covered Position	# in Position	Excess Limit *

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

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

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

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

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



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

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GENERAL LIABILITY

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

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

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

### Exposure Summary (Check all that apply. Complete relevant supplements where indicated.)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Aircrafts (not Drones)  | <input type="checkbox"/> Electric Utilities <sup>2</sup>                 | <input type="checkbox"/> Landfills, Dumps, Refuse Sites, Incinerators <sup>1</sup> | <input type="checkbox"/> Security Operations (subcontracted)                   |
| <input type="checkbox"/> Airports  | <input type="checkbox"/> Emergency Medical Services <sup>1</sup>         | <input type="checkbox"/> Law Enforcement Activities <sup>4</sup>                   | <input type="checkbox"/> Sewage Disposal Plants <sup>2</sup>                   |
| <input type="checkbox"/> Ambulance Services <sup>1</sup>   | <input type="checkbox"/> Exhibit Halls or Meeting Areas <sup>1</sup>     | <input type="checkbox"/> Libraries   | <input type="checkbox"/> Skateboard Parks or Activities <sup>1 or 3</sup>      |
| <input type="checkbox"/> Amusement Parks   | <input type="checkbox"/> Fire Departments <sup>1</sup>                   | <input type="checkbox"/> Memorial Districts  | <input type="checkbox"/> Ski Areas – all                                       |
| <input type="checkbox"/> Bleachers, Grandstands or Stadiums (> 5,000 capacity) <sup>1 or 3</sup> | <input type="checkbox"/> Fireworks Exhibits <sup>1</sup>                 | <input type="checkbox"/> Marinas <sup>1</sup>                                      | <input type="checkbox"/> Streets & Roads – Construction or Paving <sup>1</sup> |
| <input type="checkbox"/> Boat Docks <sup>1</sup>   | <input type="checkbox"/> Garbage Collection <sup>1</sup>                 | <input type="checkbox"/> Museums or Historical Societies                           | <input type="checkbox"/> Streets & Roads – Maintenance <sup>1</sup>            |
| <input type="checkbox"/> Bridges <sup>1</sup>  | <input type="checkbox"/> Gas Utilities <sup>2</sup>                      | <input type="checkbox"/> Nursing Homes   | <input type="checkbox"/> Swimming Areas, Pools or Beaches <sup>1 or 3</sup>    |
| <input type="checkbox"/> Cable TV / Telephone services   | <input type="checkbox"/> Golf Courses <sup>1 or 3</sup>                  | <input type="checkbox"/> Parks and Recreation <sup>1 or 3</sup>                    | <input type="checkbox"/> Transit Operations                                    |
| <input type="checkbox"/> Campgrounds <sup>1</sup>  | <input type="checkbox"/> Halfway Houses, Shelters, Group Homes           | <input type="checkbox"/> Playgrounds <sup>1 or 3</sup>                             | <input type="checkbox"/> Utility Construction or Repair                        |
| <input type="checkbox"/> Carnivals, Fairs, Parades <sup>1</sup>                                  | <input type="checkbox"/> Hospitals or Medical Clinics                    | <input type="checkbox"/> Ports, Harbors, Terminals                                 | <input type="checkbox"/> Vacant Land   |
| <input type="checkbox"/> Cemetery Operations <sup>1</sup>  | <input type="checkbox"/> Hydro-electric Generation <sup>2</sup>          | <input type="checkbox"/> Public Housing Authorities or Projects                    | <input type="checkbox"/> Wastewater Operations <sup>2</sup>                    |
| <input type="checkbox"/> Chemical Spraying – Pesticide/Herbicide <sup>1</sup>                    | <input type="checkbox"/> Ice or Roller Skating Rinks <sup>1 or 3</sup>   | <input type="checkbox"/> Rescue Squads <sup>1</sup>                                | <input type="checkbox"/> Wastewater Plants <sup>2</sup>                        |
| <input type="checkbox"/> Dams, Dikes, Lakes, Reservoirs or Levees <sup>2</sup>                   | <input type="checkbox"/> Industrial Buildings for Redevelopment          | <input type="checkbox"/> Rental Facilities <sup>1</sup>                            | <input type="checkbox"/> Watercraft (> 100 hp)                                 |
| <input type="checkbox"/> Day Cares, Day Camps, Day Nurseries <sup>1</sup>                        | <input type="checkbox"/> Irrigation Ditches & Operations <sup>2</sup>    | <input type="checkbox"/> Sanitary Sewers <sup>2</sup>                              | <input type="checkbox"/> Water Utilities or Operations <sup>2</sup>            |
| <input type="checkbox"/> Drones  | <input type="checkbox"/> Jail Facilities                                 | <input type="checkbox"/> Schools – Private Charter <sup>3</sup>                    | <input type="checkbox"/> Waterslides <sup>1 or 3</sup>                         |
| <input type="checkbox"/> Dwellings (including Teacherages)                                       | <input type="checkbox"/> Laboratory – Testing or Consulting <sup>2</sup> | <input type="checkbox"/> Schools – Public <sup>3</sup>                             | <input type="checkbox"/> Zoos  |

<sup>1</sup> Municipal Operations Supplement

<sup>2</sup> Water & Water-Related Entities Supplement

<sup>3</sup> Educational Institutions Supplement

<sup>4</sup> Law Enforcement Liability Supplement

**Miscellaneous Exposures**

- 1.  Yes  No Are there any owned watercraft in excess of 100 horsepower?  
If "Yes", describe: \_\_\_\_\_
- 2.  Yes  No Are any buildings or industrial properties held for redevelopment?  
Number of buildings: \_\_\_\_\_ Location numbers: \_\_\_\_\_  
If "Yes", describe: \_\_\_\_\_
- 3.  Yes  No Are any buildings used for commercial purposes?  
If "Yes", describe: \_\_\_\_\_
- 4.  Yes  No Are any dwellings owned and/or leased to others?  
Number of dwellings: \_\_\_\_\_ Location numbers: \_\_\_\_\_  
If "Yes", describe: \_\_\_\_\_
- 5.  Yes  No Are fund raising activities conducted (including fire dept. and emergency medical services)?  
If "Yes", describe: \_\_\_\_\_  
Total gross receipts from all fund raising activities: \_\_\_\_\_
- 6.  Yes  No Does the entity own, operate or maintain any special districts or utilities other than fire, water utility, wastewater, recreation, irrigation or cemetery? If "Yes", provide the following:  
Description of district/utility: \_\_\_\_\_ Payroll: \_\_\_\_\_
- 7. Does the entity perform laboratory testing or consulting for others? If "Yes", receipts: \_\_\_\_\_
- 8. What is the annual payroll for utility construction or repair? \_\_\_\_\_
- 9. Which of the following best describes the entity's use of alcoholic beverages?  
 The entity prohibits alcohol on the premises and at all sponsored functions.  
 The entity permits alcohol on the premises or at sponsored functions, but does not sell it.  
 The entity sells alcohol only at special events.  
Describe events: \_\_\_\_\_  
 The entity sells alcohol year round (bar or club), which may include special events.  
If the entity sells alcohol, please indicate the following:  
Annual gross receipts: \_\_\_\_\_  
 Yes  No License/permit required by the state?  
 Yes  No License/permit obtained?  
 Yes  No Have the servers been TIPS trained?
- 10.  Yes  No Does the entity purchase Workers' Compensation insurance?
- 11.  Yes  No Is Employer's Liability (Stop Gap) Coverage required?  
If "Yes", Limit of Insurance: \_\_\_\_\_ Payroll: \_\_\_\_\_
- 12.  Yes  No Does the entity confirm that independent contractors and sub-contractors purchase Workers' Compensation insurance?
- 13.  Yes  No Does the entity utilize volunteer labor not covered by Workers' Compensation?
- 14.  Yes  No Does the entity have any railroad contracts, sidetrack or easement agreements? If yes, please submit a copy of the entire contract with the application.
- 15.  Yes  No Is Workplace Violence Accidental Death benefit coverage desired for a premium charge?  
Limit of Insurance available is \$10,000 per person/\$100,000 aggregate. (Applicable states only)

Other Exposure Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTO**

- 1.  Yes  No Are all of the entity's owned or leased vehicles to be insured under this policy?  
If "No", list vehicles insured elsewhere.  
\_\_\_\_\_
- 2.  Yes  No Does the entity require any motor carrier filings?  
If "Yes", indicate vehicles and usage:  
\_\_\_\_\_
- 3.  Yes  No Does the entity hire automobiles?  
If "Yes", indicate cost and usage:  
\_\_\_\_\_
- 4.  Yes  No Does the entity permit employees to use their own vehicles in the course of employment?  
If "Yes", list employees, for what purpose, and the limit of insurance that an employee must provide:  
\_\_\_\_\_  
\_\_\_\_\_
- 5.  Yes  No Does the entity permit employees to use its own autos for personal use?  
If "Yes", describe vehicle usage: \_\_\_\_\_
- 6.  Yes  No Are any vehicles used to provide public transportation?  
If "Yes", describe vehicle usage: \_\_\_\_\_
- 7.  Yes  No Are any vehicles used to provide transportation for recreational activities?  
If "Yes", describe vehicle usage: \_\_\_\_\_
- 8.  Yes  No Does the entity require Commercial Drivers Licensing (CDL)?
- 9.  Yes  No Does the entity obtain Motor Vehicle Records on a pre-hire basis?
- 10.  Yes  No Are Motor Vehicle Records checked for current employees?
- 11.  Yes  No Does the entity have written guidelines defining an acceptable Motor Vehicle Report?
- 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?
- 16.  Yes  No Does the entity own or use any 15 passenger vans? If "Yes,"
  - Yes  No Has the entity modified the vans with either dual rear wheels or removed the rear seat?
  - Yes  No Does the entity have a policy that prohibits fully loading the vans?
  - Yes  No Are drivers given special training on the operation of 15 passenger vans?

The following 2 questions apply only to entities with school bus operations.

- 17.  Yes  No Do all buses meet all state and federal requirements for the transportation of children?
- 18.  Yes  No If you subcontract your busing operations, are you named as an Additional Insured on the contractor's policy?

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

**EXCESS LIABILITY**

The Excess Liability coverage form is available with limits up to:  
\$10,000,000 Each Occurrence  
\$10,000,000 Aggregate

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

\$500,000 Each Accident  
\$500,000 Disease per Employee  
\$500,000 Disease Aggregate

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

Policy Number: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Policy Limits: \_\_\_\_\_  
Carrier Name: \_\_\_\_\_

Excess Limit requested?

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

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

## FRAUD WARNING NOTICE – PLEASE READ CAREFULLY

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 act, which is a crime, and may subject such person to criminal and civil penalties.

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
<b>Arkansas</b>	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.
<b>California</b>	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Colorado</b>	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.
<b>District Of Columbia</b>	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	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.
<b>Kansas</b>	Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance that such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.
<b>Kentucky</b>	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.
<b>Louisiana</b>	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.
<b>Maine</b>	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.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Minnesota</b>	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	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.
<b>New York</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
<b>Ohio</b>	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.
<b>Oklahoma</b>	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.
<b>Oregon</b>	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, may be guilty of a fraudulent act, which may be a crime, and may subject such person to criminal and civil penalties.
<b>Pennsylvania</b>	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.
<b>Rhode Island</b>	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.
<b>Tennessee</b>	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.
<b>Vermont</b>	Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
<b>Virginia</b>	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.
<b>Washington</b>	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.
<b>West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICATION CHECKLIST**

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

**Additional Information**

**I CERTIFY THE INFORMATION CONTAINED WITHIN THIS GENERAL SUPPLEMENTAL APPLICATION AND ANY RELEVANT SUPPLEMENTS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.**

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

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

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

### MUNICIPAL OPERATIONS SUPPLEMENT

PLEASE COMPLETE ONLY THOSE SECTIONS THAT ARE APPLICABLE.

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

**COMMUNITY & RECREATIONAL EXPOSURES**

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

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

**Special Events**  N/A

1. List each special event:

Description	# of Days	Estimated Receipts (if any)	Location	Premises Owned	Estimated Attendance
				<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	

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



**Fireworks**  N/A

- Identify fireworks events and dates: \_\_\_\_\_
- What is the expected number of people in attendance? \_\_\_\_\_
- Where are the fireworks displayed? \_\_\_\_\_
- Yes  No Are fireworks detonated by a vendor?
- Yes  No Does the vendor provide a Certificate of Insurance? Limit required? \_\_\_\_\_
- Yes  No Is the fireworks technician licensed?
- Yes  No Is a formal safety procedure in place for each event?  
If "Yes", describe: \_\_\_\_\_

**Boat Docks & Marinas**  N/A

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

**Parks & Recreational Activities**  N/A

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

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

- Yes  No Does the entity permit any winter sports on their premises?  
If "Yes", describe: \_\_\_\_\_
- What is the total acreage of park land? \_\_\_\_\_
- What safety programs apply to recreational activities? \_\_\_\_\_
- Yes  No Does the entity conduct self inspections of all recreational facilities and equipment?
- How often are the self inspections completed?  Weekly  Monthly  Other: \_\_\_\_\_
- Yes  No Are all inspections and corrective actions documented?

**Organized Sports for Municipal Operations**  N/A

- List organized recreational activities sponsored by the entity:  None

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

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

2.  Yes  No Does the entity secure liability waiver forms from all participants?
3.  Yes  No Do any third-party sponsors provide their own insurance?
4.  Yes  No Does the entity own, operate or maintain any golf courses?  
If "Yes", total annual rounds of golf: \_\_\_\_\_

**Bleachers, Grandstands & Stadiums**  N/A

1.  Yes  No Any bleachers or grandstands? If "Yes", identify: Number of bleachers/grandstands: \_\_\_\_\_  
Total seating capacity: \_\_\_\_\_
2.  Yes  No Any stadium facilities? If "Yes", identify: Number of stadiums: \_\_\_\_\_  
Total seating capacity: \_\_\_\_\_ Identify Usage: \_\_\_\_\_

**Playgrounds**  N/A

1. Total number of playground areas: \_\_\_\_\_
2. What protective surface is used in playground areas? \_\_\_\_\_ Depth of surface: \_\_\_\_\_
3.  Yes  No For school entities, are students supervised while using playground equipment during recess?

**Skate Parks**  N/A

1.  Yes  No Was the skate park designed/constructed by a specialized contractor?
2.  Yes  No Are inspections conducted on a regular basis? If "Yes", how often? \_\_\_\_\_
3. Is there signage stating: (check all that apply)  
 adult supervision required for children under age 12       protective equipment required  
 skate at your own risk       other posted rules Briefly describe: \_\_\_\_\_

**Ice Skating**  N/A

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

**Swimming**  N/A

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

**OTHER EXPOSURES**

**Cemetery Districts**  N/A

1. How many acres and locations are owned or maintained by the entity for cemetery operations? \_\_\_\_\_
2. Who is responsible for maintenance, site preparation or burial? \_\_\_\_\_

3.  Yes  No Is a written burial agreement required?
4. What is the expected number of interments each year? \_\_\_\_\_
5. What is the entity's policy concerning disinterment requests? \_\_\_\_\_

**Chemical Spraying – Pesticide/Herbicide**  N/A

1. Where and for what purpose are chemicals sprayed? \_\_\_\_\_
2.  Yes  No Are employees licensed?
3. List all chemicals sprayed: \_\_\_\_\_
4. Where and in what quantity are these chemicals stored? \_\_\_\_\_  
\_\_\_\_\_

**Day Care, Day Camp, Nursery (Municipally operated)**  N/A

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

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

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

Location and Operation	Classes of Waste	Area	Age	Active?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**Streets & Roads**  N/A

1. How many miles of roadway are owned or maintained by the entity? \_\_\_\_\_
2.  Yes  No Are any non-owned roadways maintained by the entity for others? If "Yes", Receipts: \_\_\_\_\_
3.  Yes  No Is there a routine inspection and maintenance program in place?
4.  Yes  No Are there written maintenance logs?
5.  Yes  No Is there a road condition complaint log?
6.  Yes  No Does the entity perform its own road re-paving or reconstruction? If "Yes", Payroll: \_\_\_\_\_

7.  Yes  No Does the entity build new roads? If "Yes", Payroll: \_\_\_\_\_
8. How does the entity confirm its roads are properly signed, marked and maintained? \_\_\_\_\_  
\_\_\_\_\_
9.  Yes  No Does the entity employ a licensed engineer?
10. How many bridges are owned and maintained by the entity? \_\_\_\_\_  
Number of bridges that are greater than 300 feet in length? \_\_\_\_\_
11.  Yes  No Are bridges subject to periodic inspections?
12.  Yes  No Are bridge condition reports documented in writing?

**FIRE & EMERGENCY MEDICAL SERVICES / PROFESSIONAL HEALTHCARE LIABILITY**  N/A

1. What fire departments, ambulance corps or rescue squads are to be insured within this entity?  
\_\_\_\_\_  
\_\_\_\_\_
2. What emergency service operations are conducted?  
 Fire Department  Fire Department with Ambulance  
 Ambulance Corps  Rescue Squads  
 First Responder  Other: \_\_\_\_\_
3. What is the population of the area on a first call basis? \_\_\_\_\_
4.  Yes  No Do employees and volunteers receive formal training?  
If "Yes", how often is training provided? \_\_\_\_\_
5. What is the estimated number of responses annually?  
 Fire/rescue (non-medical\*) \_\_\_\_\_  
 Emergency medical runs \*\* \_\_\_\_\_  
 Non-emergency transports \_\_\_\_\_
- \* Use of an automatic defibrillator only without other medical procedures will be considered a non-medical run.  
 \*\* Includes runs involving patient transports or runs involving medical treatment at the scene of an emergency.
6.  Yes  No Does the organization have a specially organized hazardous material team?
7.  Yes  No Do volunteers use personal vehicles for emergencies?
8.  Yes  No Are all volunteers covered by Workers' Compensation insurance?
9.  Yes  No Are firefighting or emergency services provided to any private entity?  
If "Yes", to what entity? \_\_\_\_\_
10. What is the entity's level of state certification or licensing for emergency medical service?  
 Not state certified or licensed  
 First Responder  
 Basic Life Support  
 Advanced Life Support
- If "Not state certified or licensed" or "First Responder" was checked above, what is the highest level of service provided?  
 Non-medical only  
 Basic Life Support  
 Advanced Life Support

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

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

**WATER & WATER-RELATED ENTITIES  
 SUPPLEMENT**

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

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

**WATER, SEWER, DAMS & IRRIGATION EXPOSURES**

**Water Utility**  N/A

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

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

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

12. What regulatory agency monitors the entity? \_\_\_\_\_
13. How is influent input monitored for toxic/hazardous waste? \_\_\_\_\_
14. How are chemicals stored? \_\_\_\_\_
15. What is done with residual by-products/sludge? \_\_\_\_\_
16. What is the total sewer operations payroll? \_\_\_\_\_

<b>Dams</b>	<input type="checkbox"/> <b>N/A</b>
-------------	-------------------------------------

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

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

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

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

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

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

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

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

3.     Yes     No    Does the dam currently carry Dam Failure Coverage? Other: \_\_\_\_\_  
 If "Yes", who is the present insurance carrier? \_\_\_\_\_

4. Purpose of dam (check all that apply):  
 Flood             Irrigation             Industrial             Other: \_\_\_\_\_  
 Power             Water Supply         Recreation

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

6. Dimensions:  
 Surface acres: \_\_\_\_\_ Top width: \_\_\_\_\_  
 Storage capacity/acre feet: \_\_\_\_\_ Base width: \_\_\_\_\_  
 Height: \_\_\_\_\_

7. Inspections:  
 Frequency: \_\_\_\_\_ By whom: \_\_\_\_\_  
 Date of last inspection: \_\_\_\_\_ Status of recommendations: \_\_\_\_\_

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

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

10. How is the water level controlled?  
 Gates (identify type and how operated) \_\_\_\_\_  
 Spillway  
 Other: \_\_\_\_\_

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

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

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

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

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

14. Exposures (check all that apply):

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

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

- Yes  No Other Structures Distance \_\_\_\_\_ Number \_\_\_\_\_

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

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

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

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

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

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

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

**Irrigation Operations**  N/A

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

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

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

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

Controlled Burns

- Yes  No Are there established procedures for controlled burns?

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

Chemicals

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

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

- Yes  No Are employees licensed to spray chemicals?

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

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

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

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

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

**Electric Utilities** N/A

1. Number of utility users: Industrial: \_\_\_\_\_ Commercial: \_\_\_\_\_ Residential: \_\_\_\_\_
2. Annual payroll (less clerical): \$\_\_\_\_\_ Years in operation: \_\_\_\_\_
3. Total number of locations, including substations: \_\_\_\_\_
4.  Yes  No Are all locations protected? If "Yes", check all that apply:  
 Fenced  Lighted  Alarms  Signage  
 Other: \_\_\_\_\_
5. Surrounding area?  Rural  Metro How close is the nearest residence?: \_\_\_\_\_(ft.)
6.  Yes  No Are there any PCB transformers? If "Yes", how many: \_\_\_\_\_  
When is replacement scheduled? \_\_\_\_\_
7. Number of miles of distribution line? \_\_\_\_\_ Underground? \_\_\_\_\_ Overhead? \_\_\_\_\_
8. Describe pole and line maintenance (who maintains, how often inspected, how documented):  
\_\_\_\_\_
9. What is the maximum annual kilowatts distributed? \_\_\_\_\_
10.  Yes  No Does the entity generate electricity?  
If "Yes", advise the source of power:  
 Fossil fuel  Hydro-electric  Nuclear  
What is total daily capacity? \_\_\_\_\_ What is the daily peak demand? \_\_\_\_\_  
What are the total annual revenues from generation? \_\_\_\_\_
11. What is the power source? \_\_\_\_\_

**Gas Utilities** N/A

1. Is the gas:  produced,  or purchased and resold  
If purchased, who is gas purchased from? \_\_\_\_\_
2.  Yes  No Does the entity own or operate a gas wellhead or pipeline?
3. What percentage is distributed to the following? Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Residential \_\_\_\_\_
4. Annual payroll (less clerical): \$\_\_\_\_\_
5. When was the last complete leakage survey performed on the distribution system? \_\_\_\_\_  
How often are complete surveys performed? \_\_\_\_\_
6. What percentage of system is cathodically protected? \_\_\_\_\_ %
7. When was the last corrosion survey performed? \_\_\_\_\_
8. When was the original system installed? \_\_\_\_\_
9. Describe main service replacement program: \_\_\_\_\_
10.  Yes  No Does the gas system have high and low pressure warning devices?
11.  Yes  No Does the gas company maintain a current distribution map?
12.  Yes  No Are regulating stations adequately fenced, housed, or otherwise secured?
13.  Yes  No Are there any liquefied natural gas (LNG) operations?
14.  Yes  No Does the gas company participate in a local or statewide "call before digging" campaign?



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

**GENERAL INFORMATION (all entities must complete this section)**

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

1. What Law Enforcement Liability Deductible is requested?  
 None (default)     \$2,500     \$10,000     \$25,000  
 \$1,000     \$5,000     \$15,000
2.  Yes     No Law Enforcement Line of Duty Accidental Death benefit is available with a limit of \$50,000 per occurrence per officer. Is this coverage desired?
3. What is the minimum education requirement for hiring officers?  
 High School     College     Other: \_\_\_\_\_
4. Identify mandatory screening checks required prior to hiring:  Criminal background     Motor Vehicle Records  
 Psychological testing     Other: \_\_\_\_\_
5. Describe training that is required of officers prior to assignment: \_\_\_\_\_  
\_\_\_\_\_
6. Describe continuing in-service education and training programs: \_\_\_\_\_  
\_\_\_\_\_
7.  Yes     No Are policies and procedures distributed to all school security / law enforcement personnel?
8.  Yes     No Are policies and procedures reviewed periodically with personnel as part of training?
9.  Yes     No Are policies and procedures reviewed by the entity's legal counsel?
10.  Yes     No Does the entity contract school security / law enforcement services to any other public or private school or entity?

**SCHOOL SECURITY ONLY**

1.  Yes     No Are firearms and/or ammunition stored on school property? If "Yes", describe where they are stored and what controls are in place.  
\_\_\_\_\_
2. Indicate the number of personnel.  
School security, armed: \_\_\_\_\_ (full-time)    \_\_\_\_\_ (part-time)  
School security, unarmed: \_\_\_\_\_ (full-time & part-time)  
Service Animal: \_\_\_\_\_  
(Please complete Service Animal section on the **General Supplemental Application**)

School Security Comments: \_\_\_\_\_  
\_\_\_\_\_

**MUNICIPAL LAW ENFORCEMENT ONLY**

1. Indicate the number of personnel.

Officers, armed, full-arrest authority: \_\_\_\_\_ (full-time) \_\_\_\_\_ (part-time)

Officers, unarmed, limited authority: \_\_\_\_\_ (full-time & part-time)

Administrative: \_\_\_\_\_ (full-time & part-time)

Service Animal: \_\_\_\_\_

(Please complete Service Animal section on the **General Supplemental Application**)

2.  Yes  No Is the entity accredited by a professional organization?

If "Yes", identify organization: \_\_\_\_\_

3. Describe law enforcement training that is required of officers with powers of arrest: \_\_\_\_\_

4. Where do officers practice/qualify for use with their firearms? \_\_\_\_\_

5. Does the entity have written policies governing the following?

- |  |                         |  |                                   |
|--|-------------------------|--|-----------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Use of deadly force     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Handling of intoxicated persons   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Use of non-lethal force | <input type="checkbox"/> Yes <input type="checkbox"/> No | Outside employment (moonlighting) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Vehicle "hot pursuit"   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Armed while off duty              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Domestic violence       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Use of volunteers                 |

6. What outside employment (moonlighting) is authorized for the entity's staff? \_\_\_\_\_

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

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

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

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

Indicate which detention facilities are operated by the entity.

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

\* Accredited by the American Correctional Association

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

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

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

- |  |                      |  |                                |
|--|----------------------|--|--------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Visual oversight     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Suicide Prevention Measures    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Intervention | <input type="checkbox"/> Yes <input type="checkbox"/> No | Separation of Juvenile / Adult |

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

\_\_\_\_\_

### PUBLIC OFFICIALS SUPPLEMENT

**ONLY USE THIS SUPPLEMENT FOR RISKS THAT HAVE  
BOTH MUNICIPAL AND SCHOOL OPERATIONS.**

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

**PUBLIC OFFICIALS**

N/A

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

**Coverage A** provides Wrongful Acts coverage.  
 \$1,000,000 Each Wrongful Act or Offense  
 \$3,000,000 Annual Aggregate

**Coverage B** provides a limited defense cost reimbursement for Injunctive Relief actions.  
 \$5,000 Each Action  
 \$25,000 Each Action

Employment Practices Liability may be excluded on an optional basis.

1. What is the entity's current coverage?  
 Occurrence  
 Claims Made If Claims Made, what is the current retroactive date? \_\_\_\_\_

2. Deductible requested?  
 None (default)     \$10,000     \$25,000  
 \$5,000     \$15,000     \$50,000

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

3. Select a category (check one):  
 Public Entity such as a City, Town, Township, Village or Borough  
 Other public entity: \_\_\_\_\_

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

\$ \_\_\_\_\_ What are the entity's total budgeted expenditures?  
 \$ \_\_\_\_\_ How much are excluded operations?  
 \$ \_\_\_\_\_ How much of the budgeted operations are insured elsewhere?  
 \$ \_\_\_\_\_ How much are allocated to capital expenditures?  
 \$ \_\_\_\_\_ What are the debt payments?  
 \$ \_\_\_\_\_ What expenditures are considered inter-fund transfers?

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

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

If "Yes", check all that apply:

- Civil rights violations
- Refusal of service
- Inadequacy of service
- Land use planning or development
- Public use of property, wrongful takings, or condemnation proceedings
- Approval of building plans or building specifications
- Any other incidents, accidents, or occurrences

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

If "Yes", describe circumstances:

\_\_\_\_\_

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

If "Yes", explain:

\_\_\_\_\_

Public Officials Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL INSTITUTIONS  
 SUPPLEMENT**

PLEASE COMPLETE ONLY THOSE SECTIONS THAT ARE APPLICABLE.

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

**EDUCATIONAL INSTITUTIONS**

**Educator's Legal Liability**

**Coverage A** protects you when claims are made against you for monetary damages arising out a wrongful act or employment practices expense resulting from your school operations.

\$1,000,000 Each Wrongful Act or Offense / \$3,000,000 Aggregate

**Coverage B** reimburses reasonable defense expenses you incur to defend an injunctive or declaratory relief action because of a wrongful act or employment practices expense resulting from your school operations.

- \$100,000 Each Action / \$300,000 Aggregate
- \$250,000 Each Action / \$500,000 Aggregate
- \$400,000 Each Action / \$600,000 Aggregate

Claims Made Retroactive Date: \_\_\_\_\_

<b>Deductible Options</b>	\$5,000	\$10,000	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000
Cov A – Wrongful Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cov A – Employment Practices Offense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cov B – Injunctive or Declaratory Relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Program</b>	<b>Total Student Count</b> (*Pre-K – Average Daily Attendance)	<b># of Teachers, Staff Members and Volunteers</b>
<b>K-12 Schools:</b>		
Pre-K**		
K-8		
9-12		
Vo-Tech		
<b>Adult Education:</b>		
Vo-Tech		
GED Program		
Junior/ Community College		
All Other		
<b>Total:</b>		

<b>Health Care &amp; Personal Care Professionals</b>						
<i>List all types of Health Care &amp; Personal Care employees, instruction programs, students &amp; teachers.</i>						
<b>Professional Staff</b>	<b>Number Employed</b>			<b>Professional Instruction</b>		
	Full Time	Part Time	Independent Contractors	Subject	Number of Student	Number of Teachers
Athletic Trainers				Cosmetology		
Nurses				Dental Hygienists		
Physical Therapists				Nursing		
Psychologists				Other:		
Social Workers				Other:		
Speech Therapists						
Occupational Therapists						
Other:						
Other:						

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

**Site Security**  N/A

- 1.  Yes  No Do you have a formal written crisis management/emergency response plan in place with a minimum of annual testing and do emergency services (police, fire, and medical) participate?
- 2.  Yes  No Does the school perform at least one lock down or security drill per year?
- 3.  Yes  No Are the exterior doors of each school kept locked during the school day?
- 4.  Yes  No Are visitors required to show a photo ID?
- 5.  Yes  No Are staff monitoring cafeteria/lunchrooms, playgrounds and all other outdoor student activity while students are present?
- 6.  Yes  No Are security cameras utilized at school buildings?

**Educational Activities**  N/A

- 1. Our program contemplates the entity having traditional athletic activities (i.e., football, basketball, cheerleading). Please check all of the following other activities that apply:  

<input type="checkbox"/> 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"/> Traverse Walls	<input type="checkbox"/> Print Shop	<input type="checkbox"/> Challenge Course
<input type="checkbox"/> Other _____			
- 2.  Yes  No Does the insured have policies and procedures in place to require a release from a healthcare professional for a known or pre-existing injury?
- 3. Does the insured educate students about traumatic brain injuries:  
 Yes  No Prior to participation in a sport?  
 Yes  No At the beginning of the year for physical education classes?
- 4.  Yes  No Is the staff trained in first aid (CPR, defibrillators)?

**Science Labs**  N/A

- 1. Are the science labs equipped with:  

<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Eye washers	<input type="checkbox"/> Portable fire extinguishers
<input type="checkbox"/> Smoke Alarms	<input type="checkbox"/> Showers	<input type="checkbox"/> Ventilation system for fumes, etc.
<input type="checkbox"/> Personal protective equipment		
- 2.  Yes  No Does the science lab have a chemical acquisition and disposal policy?
- 3.  Yes  No Does the science lab meet all NFPA requirements?

**Industrial Arts Buildings/Rooms**  N/A

- 1.  Yes  No Do the areas meet all NFPA requirements?
- 2.  Yes  No Is there dust control for wood working operation?
- 3.  Yes  No Are the spray painting/welding operations properly vented?
- 4.  Yes  No Is there machine guarding in place and unaltered?

**Commercial Kitchens**  N/A

- 1.  Yes  No Are there regularly scheduled inspections and grease duct cleaning?
- 2.  Yes  No Are there automated fire suppression systems (UL 300) where required?

**Student Field Trips**  N/A

- 1.  Yes  No Are written procedures in place regarding chaperone/student ratio for field trips?
- 2.  Yes  No Are school-sponsored overnight field trips allowed?  
If "Yes", describe (including grades, destinations, and chaperone/student ratio):  
\_\_\_\_\_
- 3.  Yes  No Are school-sponsored foreign field trips offered? If "Yes", describe:  
\_\_\_\_\_
- Yes  No Is there Foreign Liability coverage in place?
- 4.  Yes  No Are written parental permission slips required for all field trips?

**Before and After School Programs**  N/A

1. What is the teacher to student ratio for these programs? \_\_\_\_\_

**Day Care, Nursery (School operated)**  N/A

1. What childcare services are provided by the entity?  
 Day Care     Nursery     Other: \_\_\_\_\_
2. What facility or location is used? \_\_\_\_\_
3.  Yes     No Is the facility licensed? If licensed, by what agency? \_\_\_\_\_
4. Number of years in operation? \_\_\_\_\_
5. How many children are enrolled? 0–2 years: \_\_\_\_\_ 3-5 years: \_\_\_\_\_ 6-9 years: \_\_\_\_\_ 10+ years: \_\_\_\_\_
6. What are the days and hours of operation? Days: \_\_\_\_\_ Hours: \_\_\_\_\_
7. How many staff members? Teachers: \_\_\_\_\_ Volunteers: \_\_\_\_\_
8.  Yes     No Are childcare services provided by a third-party on school property?

**Camps**  N/A

What type of camps does the school offer? (complete all that apply)

Program	# of Campers	Age Range	# of Camper Days	Describe
Adventure				
Band				
Cheerleading				
Sport				
Dude/Guest Ranch				
Hiking				
Boating				
Archery				
Equestrian				
Rifle				
Swimming				
Other				

**School Security**  N/A

1.  Yes     No Does the entity have security personnel? If "Yes", are they:
  - a.  Employed     Sub-contracted
  - b.  Armed     Unarmed

If "employed" and "armed" are checked above, please complete the **Law Enforcement Liability Supplement**.
2. Are employees/volunteers, other than security and/or law enforcement, permitted to have firearms?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	In school buildings
<input type="checkbox"/> Yes	<input type="checkbox"/> No	On school premises
<input type="checkbox"/> Yes	<input type="checkbox"/> No	At school activities
3.  Yes     No Is anyone other than the employed or contracted security personnel allowed to carry a firearm?  
 If "Yes", who? \_\_\_\_\_
4.  Yes     No Have there been any incidents in the last 3 years of violence amongst students involving weapons (firearms/knives)?  
 If so, describe: \_\_\_\_\_

**Parks & Recreational Activities**  N/A

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

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

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

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

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

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

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

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

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

**Auto**  N/A

Auto & School Bus Aggregation of Values			
Location Address	Type of Storage Inside/Outside Bldg	# of Buses and/or Autos	Type of Protection Ex. Fencing, alarms, etc.
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		

**Abusive Act Liability**  N/A

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

1. Current/prior insurance coverage, if written separately from General Liability:

Carrier: \_\_\_\_\_ Effective/Expiration Dates: \_\_\_\_\_ to \_\_\_\_\_

2. Claims Made  Occurrence  Claims Made Retroactive Date: \_\_\_\_\_

3. Limits of Insurance requested:

\$1,000,000 Each Abusive Act/\$1,000,000 Aggregate  \$1,000,000 Each Abusive Act/\$3,000,000 Aggregate

\$1,000,000 Each Abusive Act/\$2,000,000 Aggregate

4.  Yes  No Is Alleged Participant coverage desired? If "Yes", select requested limits.

Limits of Insurance (Applicable to Defense Expenses and Settlements)

\$250,000 Each Abusive Act/\$500,000 Aggregate  \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate

\$500,000 Each Abusive Act/\$1,000,000 Aggregate  \$1,000,000 Each Abusive Act/\$3,000,000 Aggregate



5. In the last 10 years:
- Yes  No Has the entity or any employee had abusive act (or similar) insurance coverage declined, cancelled or non-renewed? (This question is not applicable in Missouri.)
- Yes  No Has the entity or any employee or volunteer had any claim or suit brought against them as a result of abusive acts?
- Yes  No Have any public authorities investigated the entity relating to claims or allegations of abusive acts?  
If "Yes" to any part of question 7, provide complete details on a separate page.
6.  Yes  No Does the entity 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?  
If "Yes", provide complete details on a separate page.
7. Do the employment and volunteer applications include a question concerning whether the individual has ever been convicted of any crime, including any sex-related crime, or child abuse?  
 Yes  No Employees  Yes  No Volunteers?
8.  Yes  No Are application references checked and documentation maintained?
9.  Yes  No Is there a written policy with procedures for screening prospective volunteers that includes a personal interview by a staff member?
10. Is there a written policy and training addressing:
- Yes  No Avoidance of one-on-one situations between employees/volunteers and a child?
- Yes  No Anti-bullying?
- Yes  No Abusive acts?
- Yes  No Reporting and investigating alleged incidents?
11.  Yes  No Are these policies communicated and acknowledged in writing by all employees and volunteers?
12.  Yes  No Are any activities involving direct contact with children subcontracted to others?  
If "Yes", describe services provided by subcontractors: \_\_\_\_\_
- 
- Yes  No Are subcontractors government licensed?
- Yes  No Does the entity utilize a uniform written contract for all subcontractors? If "Yes", check those items that are included:  
 Additional Insured Status on a Primary and Non-Contributory Basis  
 Hold Harmless wording  
 Defense and Indemnification wording
- Yes  No Are certificates of insurance required including abuse or molestation coverage for subcontractors? If "Yes", what are the minimum limits required? \_\_\_\_\_

**EMPLOYMENT PRACTICES LIABILITY**

N/A

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

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

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

If "Yes", explain:

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

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**CYBER LIABILITY & PRIVACY CRISIS MANAGEMENT EXPENSE** N/A

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

\$1,000,000 Each Electronic Information Security Event, subject to

\$3,000,000 Annual Aggregate (Public Officials and Management Liability or Educators Legal Liability, as applicable)

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

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

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

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

\$500,000 Each Privacy Event / \$500,000 Aggregate

**Cyber Extortion Expense** reimburses for expenses you incur as a result of a cyber extortion threat first made against you during the policy period. A \$20,000 limit applies to Each Cyber Extortion Threat, subject to the Privacy Crisis Management Expense Aggregate.

1.  Yes  No Is Firewall technology used at all internet points of presence to prevent unauthorized access to internal networks?

2.  Yes  No Do you use antivirus software on all desktops, portable computers and mission critical servers?

3.  Yes  No Are antivirus applications updated in accordance with the software provider's requirements? How often? \_\_\_\_\_

**QUESTIONS 4 and 5 BELOW MUST BE ANSWERED IF \$500,000 LIMIT IS REQUESTED.**

4.  Yes  No Are your employee, customer, and other physical and electronic records maintained in a secure environment with limited access?

5.  Yes  No Has your organization suffered a computer attack, such as a hacking attack, breach of personal information, denial of service attack, virus or malware infection or ransomware attack, in the last 12 months? If Yes, please explain \_\_\_\_\_

**QUESTIONS 6 and 7 BELOW MUST BE ANSWERED FOR:**

- **EDUCATIONAL ENTITIES - SCHOOLS WITH A STUDENT COUNT OVER 10,000**
- **MUNICIPALITIES WITH A POPULATION GREATER THAN 20,000**
- **SPECIAL DISTRICTS WITH MORE THAN 20,000 CUSTOMERS OR HOOK-UPS, OR**
- **ANY EMERGENCY SERVICE OPERATION WITH 50 OR MORE FULL TIME EQUIVALENTS**

6.  Yes  No Do you have a written information security and privacy policy?

7.  Yes  No Do you backup your computer data and store it off site?

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

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**Junior / Community Colleges** N/A

1.  Yes  No Does the college perform MVR checks on any students allowed to operate school vehicles?

2.  Yes  No Does the college have a student lounge or pub that sells liquor?

3.  Yes  No Does the school have fraternities and sororities?

4.  Yes  No Are the fraternities/sororities required to carry their own liability insurance, including liquor liability?

5.  Yes  No Does the school have a written anti-hazing policy?

**DORMITORIES** N/A**Complete this section for each Dormitory Building.**

Name of Dormitory Building: \_\_\_\_\_

What are the grades of students in the dorm: \_\_\_\_\_ Maximum Occupancy \_\_\_\_\_

**Protection Systems**

## 1. Sprinkler Systems

- a.  Yes  No Fully sprinklered (Ineligible if not fully sprinklered)?
- b.  Yes  No Is sprinkler system monitored by a central station?

## 2. Alarm Systems

- a.  Yes  No Are there alarm pulls on each floor per NFPA standards?
- b.  Yes  No Is there smoke/heat detection on all floors, monitored by a central station?
- c.  Yes  No Are fire detection systems tied to audible and strobe alarms?
- d.  Yes  No Are there security alarms monitored by a central station?
- e.  Yes  No Is there a central entrance with Key/Key Card access only?
- f.  Yes  No Are all entrances and exits monitored by video cameras?
- g.  Yes  No Are fire, smoke, sprinkler, security systems inspected annually by a qualified contractor?

**Roof**

1.  Yes  No Is roof equipment strapped down (required in coastal wind zones)?
2. Age of roof (indicate year)? \_\_\_\_\_
3. If over 20 years what are the plans for replacement: \_\_\_\_\_
4. If no plans, explain why \_\_\_\_\_
5.  Yes  No Are roofs in good condition?
6.  Yes  No Are roof drains clear of debris?
7.  Yes  No Is there a documented roof inspection program?

**Electrical**

1. What is the age of the electrical system in the dormitory? \_\_\_\_\_
2. If the electrical system is more than 25 years old, what are the plans to replace/upgrade it?  
\_\_\_\_\_

**Cooking**

1.  Yes  No Are there commercial cooking facilities in the dormitory building? (if so, ineligible)
2. Describe any type of cooking facilities or equipment in the dormitory building:  
\_\_\_\_\_

**Life Safety**

1.  Yes  No Is there emergency lighting per NFPA Life Safety Code with reliable emergency power backup?
2.  Yes  No Are exits and means of egress well maintained and clear at all times?
3.  Yes  No Are dormitory room doors fire rated for a minimum of 90 minutes?
4.  Yes  No Are floors separated by fire rated doors and stairwells?

**Policies, Procedures and Supervision**

1. Describe adult supervision in the dormitory including number of adults, minimum age, and minimum qualifications:  
\_\_\_\_\_
2.  Yes  No Are they trained in First aid/Emergency response?
3. Are there strictly enforced policies forbidding the following:
- Yes  No Cooking in rooms (no hot plates, microwaves, hot pots, toasters, toaster ovens)
- Yes  No Open Flames (no candles or incense)
- Yes  No Temporary electrical wiring
- Yes  No Portable electric heaters
4.  Yes  No Are fire and security plans in place and up to date?
5.  Yes  No Are students & staff trained in emergency procedures and evacuations plans?
6.  Yes  No Are fire drills conducted regularly?
7. Are students prevented from accessing the following:
- Yes  No Balconies
- Yes  No Roofs
- Yes  No Boiler/Mechanical Rooms

**Organized Sports for Municipal Operations**  N/A

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

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

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

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

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

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

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

**Bleachers, Grandstands & Stadiums**  N/A

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

2.  Yes  No Any stadium facilities? If "Yes", identify: Number of stadiums: \_\_\_\_\_  
Total seating capacity: \_\_\_\_\_ Identify Usage: \_\_\_\_\_

**Playgrounds**  N/A

1. Total number of playground areas: \_\_\_\_\_

2. What protective surface is used in playground areas? \_\_\_\_\_ Depth of surface: \_\_\_\_\_

3.  Yes  No For school entities, are students supervised while using playground equipment during recess?

4. How often are the playgrounds inspected and by whom? \_\_\_\_\_

**Skate Parks**  N/A

1.  Yes  No Was the skate park designed/constructed by a specialized contractor?

2.  Yes  No Are inspections conducted on a regular basis? If "Yes", how often? \_\_\_\_\_

3. Is there signage stating: (check all that apply)

adult supervision required for children under age 12  protective equipment required

skate at your own risk  other posted rules Briefly describe: \_\_\_\_\_

**Ice Skating**  N/A

1.  Yes  No Are outdoor areas provided for ice skating?

2. Who determines the safety of the designated area? \_\_\_\_\_

3. What controls are used to limit access to the skating area? \_\_\_\_\_

**Swimming**  N/A

1. Where is swimming permitted? (Check all that apply)

School Pool  Community Pool  River  Lake/Pond  Reservoir  Other: \_\_\_\_\_

2. Number of indoor pools? \_\_\_\_\_ Number of outdoor pools? \_\_\_\_\_

3.  Yes  No Are swimming areas roped or marked?

4. What safety programs apply to swimming areas? \_\_\_\_\_

5.  Yes  No Are certified lifeguards on duty whenever the facility is open?

6.  Yes  No Do any swimming areas include a diving area? If "Yes", describe: \_\_\_\_\_

If Yes, how many diving boards exceed 1 meter in height? \_\_\_\_\_

7.  Yes  No Do any swimming areas include a waterslide? If "Yes", how many? \_\_\_\_\_

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