

GENERAL SUPPLEMENTAL APPLICATION

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

- This Supplement is for the **Exclusive Use** for California Water & Water-Related Entities and Special Districts shown below.

PLEASE COMPLETE ONLY THOSE SECTIONS THAT ARE APPLICABLE.

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

183 Leader Heights Road | PO Box 2726 | York, PA 17405 | 800.233.1957 | Fax: 717.747.7033

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 Water/Water-Related Entity:

- | | | |
|--|--|---|
| <input type="checkbox"/> Cemetery District | <input type="checkbox"/> Homeowners' Association | <input type="checkbox"/> Mutual Water Company |
| <input type="checkbox"/> Community Services District | <input type="checkbox"/> Investor-Owned Utility | <input type="checkbox"/> Sewer District |
| <input type="checkbox"/> Conservation District | <input type="checkbox"/> Irrigation District | <input type="checkbox"/> Water District |
| <input type="checkbox"/> District Operations – Other | <input type="checkbox"/> Memorial District | <input type="checkbox"/> Other _____ |

Identify: _____

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: _____

FEIN: _____ Contact Email: _____ Contact Phone #: _____

Operations Information

Identify the number of each:

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

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

How long have the board members and management team served? _____

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

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

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

- Yes No Does the entity utilize a uniform written contract for all subcontractors? If "Yes", check those items that are included:
 Additional Insured Status on a Primary and Non-Contributory Basis
 Hold Harmless wording Defense and Indemnification wording
- Yes No Is the entity named as an additional insured on subcontractors' liability policies?
- Yes No Does the entity have a formalized risk management procedure or program? If "Yes", check those items that are included:
 Written Safety or Loss Prevention Manual 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"/>	Public Officials & Mgmt. Liability				
<input type="checkbox"/>	Employment Practices Liability				
<input type="checkbox"/>	Auto Liability & 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.

LINE OF BUSINESS COVERAGE AND ENHANCEMENT SUMMARY

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

Coverage Extension	Limits Included	Optional Limit Requested, if applicable
Loss of Income	\$250,000 Per Occurrence	\$ _____
Extra Expense	\$250,000 Per Occurrence	\$ _____
Accounts Receivable	\$50,000	<input type="checkbox"/> \$250K <input type="checkbox"/> \$500K <input type="checkbox"/> \$1,000,000
Debris Removal Expenses	25% of Direct Loss plus \$100,000	N/A
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.	
Limited Coverage for Fungus	\$25,000 Policy Aggregate	N/A
Newly Acquired / Under Construction Real & Related Personal Property	\$1,000,000 Per Occurrence – Cov A \$500,000 Per Occurrence - Cov B	N/A
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)	
Outdoor Property	\$150,000 Per Occurrence	Limited Requested \$ _____
Pollution Remediation Expenses	\$100,000 Aggregate	\$250,000 Aggregate
Software	\$500,000 Per Occurrence	Limited Requested \$ _____
Valuable Papers and Records	\$50,000 Per Occurrence	<input type="checkbox"/> \$250K <input type="checkbox"/> \$500K <input type="checkbox"/> \$1,000,000
Spoilage Due to Off Premises Electrical Service Interruption	\$50,000 Per Occurrence	
Water Contamination Notification Expense	\$25,000 Any One Policy Period	
Additional Coverage enhancements are also provided for: Commandeered Property; Fine Arts; Fire Department Charges; Fire Equipment Recharge Costs; Personal Effects; Preservation of Property; Real or personal Property in Transit; Supplementary Provisions for Loss of Income and Extra Expense; Tree & Shrubs; Arson & Theft Rewards; Tenant Building Glass & Building Damage by Theft; Claim Expense; Lock Replacement; and Non-Owned Detached Trailers. See proposal or policy for details.		

INLAND MARINE The Inland Marine coverage form includes Blanket Tools & Equipment (Coverage A) on a replacement cost basis for all tools and equipment with a limit of \$10,000 per item or less. Scheduled Equipment (Coverage B) is available for tools and equipment with a value greater than \$10,000. Coverage is available on a replacement cost or ACV basis. Emergency Services Equipment (Coverage C), if applicable, provides coverage for Emergency Service Equipment on a guaranteed replacement cost basis. The Inland Marine form includes the following extensions of coverage:

Coverage Extension	Limits Included	Coverage Extension	Limits Included
Debris Removal Expenses	\$15,000 Per Occurrence	Unmanned Aircraft (Drones)	\$25,000 Per Occurrence
Tools and Equipment (Employee owned)	\$25,000 Per Occurrence	Newly Acquired Scheduled Equipment	30 Days
Rented or Borrowed Equipment *	\$100,000 Per Occurrence	Watercraft and Personal Watercraft	Extends Coverage A and C for watercraft with <100hp for up to \$25,000 Per Occurrence
Rental Reimbursement for Scheduled Equipment	\$10,000 Per Occurrence	Deductible Waiver	Included
Additional Coverage enhancements also provided for: Emergency Services Personal Effects; Non-owned Tools and Equipment and Emergency Services Equipment; Fire Department Charges; Fire Equipment Recharge Costs; and Personal Effects; See proposal or policy for details. *Higher Limits Available			

PROPERTY

N/A

- 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? _____
- 3. Property Valuation? Replacement Cost Actual Cash Value Functional Replacement Cost
Replacement Cost is required for Policy Blanket Limits.
- 4. 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%
- 5. 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? _____
- Yes No Are the facilities fenced?

- 6. Yes No Any buildings over 30 years old? If "Yes", list premises, renovations, and date completed: _____
- 7. Yes No Do any pumps or motors exceed 750 HP?
- 8. 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.
- 9. 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:

<u>Type of Source</u>	<u>Kilowatts Generated</u>	<u>Type of Source</u>	<u>Kilowatts Generated</u>
<input type="checkbox"/> Hydroelectric	_____	<input type="checkbox"/> Solar	_____
<input type="checkbox"/> Wind	_____	<input type="checkbox"/> Geothermal	_____
<input type="checkbox"/> Other	_____		

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

- Primary power Emergency Power Peak Shaving
- Standby Supplemental Unsure

- 10. 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: _____

- 11. Yes No Does the entity have any hydro-electric equipment?
If "Yes", describe: _____

- 12. Yes No Flood Coverage requested? (Flood coverage is not available for any premises in a 100-year flood zone.)
If "Yes", Limit: _____ Deductible: _____
Current Carrier: _____ Current Limit: _____

- 13. Yes No Are any premises occupied 24 hours a day? If "yes", identify each location on SOV

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

Property Comments: _____

INLAND MARINE

N/A

- 1. What Deductible is to apply for Coverage A? \$ _____ Coverage B? \$ _____
- 2. Yes No Does the entity maintain an equipment inventory? If "Yes", please attach schedule.
- 3. Yes No Are all equipment items secured when not in use?
- 4. Rented or Borrowed Equipment Extension limit requested? \$100,000 included \$250,000 \$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", describe to whom: _____

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

CRIME

N/A

The Crime coverage form has limits of insurance available as shown in the chart below. Select one of the following Limits Options:

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.)

3. Crime Type requested? Commercial Crime (private entities) Government Crime (public entities)

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

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

Name	Excess Limit *		
Position	Excess Limit *	# in Position	Location of Covered Position

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

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

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

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

Audit _____ Reconciliations _____ Other _____

Bank statements _____ Countersignature _____

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 coverage and limits:
Coverage A (BI & PD Liability including PD to Premises Rented to You) - \$1,000,000 Each Occurrence
Coverage B (Personal and Advertising Injury Liability) - \$1,000,000 Any One Person or Organization
Coverage C (Medical Expense) - \$10,000 Any One Person
General Aggregate - \$3,000,000 Products and Completed Operations Aggregate - \$3,000,000
Blanket additional insured is included in the core form when required by a written contract. N/A

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

<input type="checkbox"/> Boat Docks	<input type="checkbox"/> Exhibit Halls or Meeting Areas	<input type="checkbox"/> Parks and Recreation	<input type="checkbox"/> Utility Construction or Repair
<input type="checkbox"/> Bridges	<input type="checkbox"/> Gas Utilities	<input type="checkbox"/> Ports, Harbors, Terminals	<input type="checkbox"/> Vacant Land
<input type="checkbox"/> Campgrounds	<input type="checkbox"/> Hydro-electric Generation	<input type="checkbox"/> Rental Facilities	<input type="checkbox"/> Wastewater Operations
<input type="checkbox"/> Cemetery Operations	<input type="checkbox"/> Irrigation Ditches & Operations	<input type="checkbox"/> Sanitary Sewers	<input type="checkbox"/> Wastewater Plants
<input type="checkbox"/> Chemical Spraying – Pesticide/Herbicide	<input type="checkbox"/> Laboratory – Testing or Consulting	<input type="checkbox"/> Sewage Disposal Plants	<input type="checkbox"/> Watercraft (> 100 hp)
<input type="checkbox"/> Dams, Dikes, Lakes, Reservoirs or Levees	<input type="checkbox"/> Landfills, Dumps, Refuse Sites, Incinerators	<input type="checkbox"/> Streets & Roads – Construction or Paving	<input type="checkbox"/> Water Utilities or Operations
<input type="checkbox"/> Drones	<input type="checkbox"/> Memorial Districts	<input type="checkbox"/> Streets & Roads – Maintenance	<input type="checkbox"/> Waterslides
<input type="checkbox"/> Electric Utilities	<input type="checkbox"/> Marinas	<input type="checkbox"/> Swimming Areas, Pools or Beaches	

Miscellaneous Exposures

- Yes No Are there any owned watercraft in excess of 100 horsepower?
If "Yes", describe: _____
- Yes No Are any dwellings owned and/or leased to others?
Number of dwellings: _____ Location numbers: _____
If "Yes", describe: _____
- 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: _____
- Does the entity perform laboratory testing or consulting for others? If "Yes", receipts: _____
- What is the annual payroll for utility construction or repair? _____
- 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?
- Yes No Does the entity purchase Workers' Compensation insurance?
- Yes No Does the entity confirm that independent contractors and sub-contractors purchase Workers' Compensation insurance?
- Yes No Does the entity utilize volunteer labor not covered by Workers' Compensation?
- 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.
- 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: _____

WATER, SEWER, DAMS & IRRIGATION EXPOSURES

Water and Sewer/Wastewater Utilities

N/A

	Questions	Water Utilities <input type="checkbox"/> N/A	Sewer / Wastewater Utilities <input type="checkbox"/> N/A
1	Does the entity have a fully computerized water system? (i.e., SCADA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	What is the annual payroll?	\$ _____	\$ _____
3	What is the system's capacity and current percentage of usage?	Capacity _____ Usage % _____	Capacity _____ Usage % _____
4	How many customers (hook-ups)?		Customers _____ Sewer Connections _____
5	What percentage is distributed to / received from the following?	Distributed to: Commercial _____ Industrial _____ Residential _____	Received from: Commercial _____ Industrial _____ Residential _____
6	How many gallons of potable water are distributed annually?		
7	For the utility system, identify the following:	Year Built? _____ Year last upgraded? _____ What percentage is older than 20 years? _____ What upgrades are planned? _____	Year Built? _____ Year last upgraded? _____ What percentage is older than 20 years? _____ What upgrades are planned? _____ _____
8	How is the water / sewage treated?		
9	What is the source of the water supply?		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10	What water chemicals are used?		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11	How are the entity's chemicals stored and secured?		
12	How often does the entity test?		
13	Is the entity required to produce an annual water quality report?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", with what agency is the report filed? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what regulatory agency monitors the entity? _____
14	What type of piping is used in the system?		
15	How many miles of sewer collection lines are maintained by the entity? Connector lines are those that connect plant to plant or a municipal customer to a plant.		
16	What types of facilities are operated?	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Treatment Plant <input type="checkbox"/> Lift Station <input type="checkbox"/> Pumps <input type="checkbox"/> Collection Only <input type="checkbox"/> Other: _____
17	Is there a replacement program in place for sewer mains/lines?		If "Yes", describe: _____ _____
18	How often are sewer mains/lines cleaned?	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
19	How often are sewer mains/lines inspected by line cameras?		
20	What wastewater treatment is provided?	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Other: _____
21	How is influent input monitored for toxic/hazardous waste?		
22	What is done with residual by-products/sludge?		

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", 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 Power Water Supply Recreation Other: _____

5. Construction

Concrete Earth Rock Fill Steel Sheet Gravity Other: _____

6. Dimensions

Surface acres: _____ Storage capacity/acre feet: _____

Top Width: _____ 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):

<input type="checkbox"/> Yes <input type="checkbox"/> No	Homes	Distance _____	Number _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Industrial Complexes	Distance _____	Type _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Public Utilities	Distance _____	Number _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pumping Stations	Distance _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Lower Dams	Distance _____	Names _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Bridges	Distance _____	Number _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Highways	Distance _____	Number _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Railroads	Distance _____	Number _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Schools	Distance _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hospitals	Distance _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Camps	Distance _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Recreational areas	Distance _____	Type _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Agricultural Areas	Distance _____	Type _____
<input type="checkbox"/> Yes <input type="checkbox"/> 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

- Yes No Is public access permitted on canal or levee rights of way?
- Yes No Are any areas open for public use such as hunting, boating or hiking?
- Yes No Are vehicles permitted in public access areas?
- What type of weed and brush suppression is used? (check all that apply)
 Controlled Burns Yes No Are there established procedures for controlled burns? Describe: _____
 Chemicals List all chemicals used: _____
 Where and in what quantity are these chemicals stored? _____
 Yes No Are employees licensed to spray chemicals? Other: _____
- Describe how irrigation water deliveries are confirmed: _____
- What is the total annual payroll for irrigation operations? _____
- List the total miles of irrigation ditches owned and operated: _____ (Ditch miles include total miles of canals & laterals.)
- Yes No Are warning signs posted on all owned facilities?

Electric Utilities N/A

- Number of utility users: Industrial: _____ Commercial: _____ Residential: _____
- Annual payroll (less clerical): \$ _____ Years in operation: _____
- Total number of locations, including substations: _____
- Yes No Are all locations protected? If "Yes", check all that apply:
 Fenced Lighted Alarms Signage Other: _____
- Surrounding area? Rural Metro How close is the nearest residence?: _____(ft.)
- Yes No Are there any PCB transformers? If "Yes", how many: ____When is replacement scheduled? _____
- Number of miles of distribution line? _____ Underground? _____ Overhead? _____
- Describe pole and line maintenance (who maintains, how often inspected, how documented):

- What are the maximum annual kilowatts distributed? _____
- Yes No Does the entity generate electricity? If "Yes", Source of power: Fossil fuel Hydro-electric Nuclear
 Total daily capacity? _____ Daily peak demand? _____ Total annual revenues from generation? \$ _____
- What is the power source? _____

Gas Utilities N/A

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

Cemetery Districts N/A

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

Street & 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?

PUBLIC OFFICIALS & MANAGEMENT LIABILITY (POML) The POML coverage form is available on an Occurrence or Claims Made (with a specific retroactive date) coverage basis with limits of: Coverage A (Wrongful Acts, Employment Practices and Employee Benefits Administration E&O) - \$1,000,000 Each Occurrence or Wrongful Act or Offense (claims made), \$3,000,000 Annual Aggregate Coverage B (Injunctive Relief) - \$5,000 Each Action
Employment Practices Liability may be excluded on an optional basis.

N/A

- 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) \$5,000 \$10,000 \$15,000 \$25,000 \$50,000
Note: Deductible applies to Loss and Loss Expense. Underwriters may require higher or lower deductibles than requested.
- 3. Select a category (check one): Private Entity Public Entity Other public entity: _____
- 4. **In addition to the following questions, please attach a copy of the entity's current budget.**
- 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: _____
- 13. Yes No Does the entity want to include Employment Practices Liability coverage?
If "Yes", please complete the **Employment Practices Liability** section below.
If "No", how are Employment Practices addressed? Insured Elsewhere Self-Insured
- 14. Yes No Does the entity want to include Cyber Liability & Privacy Crisis Management Expense coverage?
If "Yes", please complete the **Cyber Liability & Privacy Crisis Management Expense** section on page 12.

Public Officials and Management Liability Comments: _____

EMPLOYMENT PRACTICES LIABILITY

- 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:

18. [] Yes [] No Does the entity have any knowledge of any incidents, accidents, or occurrences which may result in a claim? If "Yes", explain:

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

AUTO The Auto coverage provides liability limits of \$1,000,000 CSL. Other available coverages include auto physical damage, UM/UIM, Hired/Non-owned Auto and Phys Dam and other coverages. [] N/A

- 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?

Auto Comments:

CYBER LIABILITY coverage protects you when claims are made against you for monetary damages arising out of an electronic information security event. Coverage is provided as follows:

Coverage A (Each Electronic Information Security Event) –

\$1,000,000 Each Event subject to

\$3,000,000 Annual Aggregate (Public Officials and Management Liability)

PRIVACY CRISIS MANAGEMENT EXPENSE (PCME) coverage reimburses you 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. PCME coverage limits include: \$50,000 Each Privacy Event / \$50,000 Aggregate (higher limits are available)

CYBER EXTORTION EXPENSE coverage reimburses for expenses you incur as a result of a cyber extortion threat first made against you during the policy period. Coverage limits included are:

\$20,000 Each Cyber Extortion Threat subject to the PCME Aggregate

N/A

Privacy Crisis Management Expense – Limit Options

- \$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

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 WATER or SPECIAL DISTRICTS WITH MORE THAN 20,000 CUSTOMERS OR HOOK-UPS

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: _____

EXCESS LIABILITY The Excess Liability coverage form is available with Limits up to: \$10,000,000 Each Occurrence and Aggregate.

N/A

All underlying coverage to be scheduled must be provided by the GPP 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? \$ _____ Occurrence / \$ _____ Aggregate

Excess Liability Comments: _____

CALIFORNIA WARNING NOTICE

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.

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 California Fraud Warning Notice.

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