

Town & School Umbrella Application

Insured: _____

Address: _____

Population: _____

Miles Streets & Roads: _____

School Enrollment: _____

Police # with arrest authority: _____

PROPOSED UNDERLYING INSURANCE

	Carrier	Claims Made Retro Date	Limit	Premium	Ded / SIR
Auto Liability		N/A			
CGL		N/A			
WC/EL		N/A		N/A	
Police Professional		N/A			
Public Officials					
School Board Legal					
EPLI					
Other					

EXPIRING UMBRELLA

Carrier: _____ **Limits:** _____

Premium: _____ **Expiration Date:** _____

Attach copies of primary applications for police, public officials and school board legal.

Agent's Name / Signature / Date: _____

Insured's Name / Signature / Date: _____

Exposures
Operated and / or Owned by the Insured

Describe all exposures of the Insured below

If the Insured has no exposure enter N/E in Description of Exposure

If the Insured has exposure, but it is covered separately, enter C/S

Exposure	Description of Exposure
Airports, runways, heliports	
Asylums, nursing home, hospital	
Beaches, lakes, reservoirs	
Boats - owned, rented, leased	
Bridges over 200 feet or navigatable water	
Clinics, health department	
Dams	Attach most recent survey / inspection
Daycare, camps	
Exhibition halls, auditoriums > 1000 capacity	
Fire Department - paid or volunteer	
Fireworks	
Garbage collection	
Landfills, dumps, transfer stations	Complete attached survey
Marinas / docks	
Paramedics/EMTs - paid or volunteer	
Public housing	
Public transportation	
Sewer, waste water treatment	Complete attached survey
Special events	
Stadiums/ Bleachers > 1,000 capacity	
Swimming pools	
Diving Boards - # & height	
Utility - water, gas, electric	Complete attached survey
Visiting nurse	

Additional Description Details

VEHICLES

<u>Type</u>	<u>Total Number</u>
Private Passenger	
Light Truck < 10,000 lbs	
Medium Truck < 20,000 lbs	
Heavy Truck < 45,000 lbs	
Extra Heavy Truck > 45,000 lbs	
Mobile Equipment	
Police Patrol Cars	
Ambulance	
Fire Dept - Rescue Trucks	
Fire Dept - Light/Med Trucks	
Fire Dept - Heavy Apparatus	
Schools - Transport Vans < 10 Pass	
Schools - Transport Vans > 10 Pass	
School Buses > 25 Pass	
Public Transportation Vans	
Other	
Other	
Other	
Other	

Total Vehicles ► _____

Schools

Grades	# Schools	# Teachers	# Students
K - 6			
7 & 8			
9 - 12			
Adult / other			

Construction:

Typical Construction, Age, # of stories and fire protection of school buildings:

Description of any school major construction or remodeling projects currently in progress or scheduled to begin in the 12 months following 7/1/08:

Bleachers/Auditorium:

Location and capacity of bleachers or auditorium with seating capacity over 1,000 persons:

<i>Programs Offered</i>	<i>Number of Participants / Description</i>
Climbing: Wall or Ropes	
Crew / Sailing -team or club	
Football team	
Gymnastic team	
Hockey team	
Ski team or club	
Wrestling team	
Shop or Woodworking class	
Swim team	
Swimming Pool, Diving Board Height	

Net Operating Expenditure Worksheet

A. Total Budgeted Expenditures _____ \$ _____

Non-Ratable Expenditures

Capital Improvements	\$ _____
Debt Service Funds	\$ _____
Independent Contractors	\$ _____
Insurance Costs	\$ _____
Welfare Benefits	\$ _____
B. Total Non-Ratable Expenditures	\$0

Expenditures for Separately Rated Exposures

Streets/Roads/Bridges	\$ _____
Auditoriums/Arenas/Convention Centers	\$ _____
Stadiums with seating over 5,000	\$ _____
Swimming Pools	\$ _____
Dams	\$ _____
Golf Courses	\$ _____
Zoos/Ski Facilities	\$ _____
Gas Utility	\$ _____
Electric Utility	\$ _____
Water Authority	\$ _____
Sewer Authority	\$ _____
EMT's / Paramedics	\$ _____
Police	\$ _____
Penal Institutions	\$ _____
Schools	\$ _____
Hospitals/Clinics (Coverage Excluded)	\$ _____
Housing Projects (Coverage Excluded)	\$ _____
Airports (Coverage Excluded)	\$ _____
C. Total for Separately Rated Exposures	\$0

A. Total Budgeted Expenditures	\$ _____
B. Total Non-Ratable Expenditures	(_____ \$0)
C. Total for Separately Rated Exposures	(_____ \$0)

Net Operating Expenditures (Rating Base) _____

Utilities - Water, Sewer, Electric, Gas

Water

Water Source: _____
Customers: _____
Payroll / Subcontractors Costs: _____
Subcontractor Insurance Requirements / Hold Harmless: _____
What outside agency performs inspections? _____
How often are Inspections performed? Date of Last Inspection _____

Sewer

Miles of Storm Sewers: _____
Miles of Sanitary Sewers: _____
Payroll / Subcontractors Costs: _____
Subcontractor Insurance Requirements / Hold Harmless: _____
What outside agency performs inspections? _____
How often are Inspections performed? Date of Last Inspection _____

Electric

Customers: _____
Electrical Facilities: _____
Payroll / Subcontractors Costs: _____
Subcontractor Insurance Requirements / Hold Harmless: _____
What outside agency performs inspections? _____
How often are Inspections performed? Date of Last Inspection _____

Gas

Customers: _____
Payroll / Subcontractors Costs: _____
Subcontractor Insurance Requirements / Hold Harmless: _____
What outside agency performs inspections? _____
How often are Inspections performed? Date of Last Inspection _____

Landfill, Dump, Transfer Station Survey

Transfer Station

Currently Operating? _____
Number of Years Operated: _____
Payroll / Subcontractors Costs: _____
Subcontractor Insurance Requirements / Hold Harmless: _____
Is Facility fenced? _____
Is Hazardous Waste Accepted? _____
What outside agency performs inspections? _____
How often are Inspections performed? Date of Last Inspection _____

Landfill/ Dump

Currently Operating? _____
Number of Years Operated: _____
Approximate Number of Acres: _____
Payroll / Subcontractors Costs: _____
Subcontractor Insurance Requirements / Hold Harmless: _____
Is Facility fenced? _____
Is Hazardous Waste Accepted? _____
How is Hazardous Waste handled? _____
What outside agency performs inspections? _____
How often are Inspections performed? Date of Last Inspection _____

Sexual Abuse Questionnaire

Primary Insurance

Does primary provide sexual abuse coverage: _____
Policy Term: _____
Carrier: _____
Limits Per occ / Aggregate: _____
Trigger - Claims Made or Occurrence: _____
Retro date: _____
Defense inside / outside: _____

Risk Management:

Is there a Sexual Abuse Prevention Program in effect? _____

Has a written policy been established clearly expressing management's commitment to sexual abuse prevention: _____

Have written procedures encompassing rules, a code of conduct and disciplinary measures been established for all staff and/or volunteers, which clearly define the policy and consequences of non-adherence?

Has a mechanism been developed to ensure that sexual abuse prevention policies and procedures are implemented and enforced throughout the organization? _____

Is there a Sexual Abuse Prevention Coordinator that reports to a member of management: _____

Are management/staff trained in policies and procedures relating to the Sexual Abuse Prevention Program:

Are volunteers trained in policies and procedures related to the Sexual Abuse Prevention Program?

Do policies and procedures include an incident reporting and follow-up mechanism? _____

Are standard applications used for all prospective employees or volunteers? _____

Is there a minimum of two background checks for prospective employees with documentation maintained in file? _____

Do background checks include checks with "Sex Offender Hot-lines," State Police, State Department of Social Services, or similar public agencies? _____

In the past five years have any employees or officers been terminated for cause related to sexually abusive behavior? _____

Are records maintained documenting adherence to all applicable policies and procedures, eg. Hiring and Screening, code of conduct, training, incident and follow-up procedures? _____

Are you aware of any circumstances that may result in a sexual abuse claim ? if yes details: _____

Have any members of the staff been transferred because of allegations of sexual abuse? _____

Sexual Abuse Questionnaire - Continued

Loss History - furnish first dollar loss history for current and prior five years for all sexual abuse claims, incidents with no claims, or allegations with no claims, whether or not insured.

Have all know claims with no claim, or allegation with no claims been reported to prior Excess carriers ?

Provide the following information for any individual claim with a Total Incurred Amount in excess of \$10,000:

Date of alleged or actual initial abuse _____

Date claim was brought _____

Description of loss or alleged abuse _____

Total Paid _____

Total Incurred _____

Open or closed _____

Valuation date _____

Questionnaire Completed By: _____

Title: _____

Date: _____