

SECTION A: Applicant Information

- Applicant Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Website: _____ Phone Number: _____
- Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business Information

- Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
- Number of full-time employees: _____ Number of part-time employees: _____
- Employee turnover last year: _____ Employee turnover 2 years ago: _____
- Complete table with 5 year claims history (OCC-Occurrence, CM-Claims Made, Retention type write ded or SIR):

Coverage	Prem.	Each Event/ Act Limit	Agg. Limit	OCC or CM	Deductible or SIR	Retention Type
General Liability	\$	\$	\$		\$	
Employee Benefits Liability	\$	\$	\$		\$	
Liquor Liability	\$	\$	\$		\$	
Stop Gap Liability	\$	\$	\$		\$	
Public Management Liability	\$	\$	\$		\$	
Employment-Related Practices Liability	\$	\$	\$		\$	
Law Enforcement Liability	\$	\$	\$		\$	
Cyber Liability	\$	\$	\$		\$	
Other	\$	\$	\$		\$	
Umbrella	\$	\$	\$		\$	

- Complete the below with net operating expenditures information:

Total Budget Expenditures: \$ _____

Non-Ratable Expenditures

Capital Investments: \$ _____ Debt Service Funds: \$ _____
 Independent Contractors: \$ _____ Insurance Costs: \$ _____
 Welfare Benefits: \$ _____
Total Non-Ratable: \$ _____

Expenditures For Separately Rated Exposures

Streets/Roads/Bridges: \$ _____ Auditorium/Arena/Convention: \$ _____
 Stadiums (seating > 5,000): \$ _____ Swimming Pools: \$ _____
 Dams: \$ _____ Golf Courses: \$ _____
 Zoos/Ski Facilities: \$ _____ Gas Utility: \$ _____
 Electric Utility: \$ _____ Water Authority: \$ _____
 Sewer Authority: \$ _____ EMTs/Paramedics: \$ _____
 Police: \$ _____ Penal Institutions: \$ _____
 Schools: \$ _____ Hospital/Clinic (cov. excluded): \$ _____
 Housing Projects (coverage excluded): \$ _____ Airports (coverage excluded): \$ _____
Total Separately Rated: \$ _____

Totals (continued from above)

Total Budgeted Expenditures: \$ _____

Total Non-Ratable Expenditures: (\$ _____ \$0)

Total Separately Rated Expenditures: (\$ _____ \$0)

Net Operating Expenditures (rating base): _____**SECTION C: Operations Information**

1. Complete the table below with a description of all applicable exposures:

(if not an exposure, write N/A and if exposure is covered separately, write C/S)

Exposure	N/A or C/S	"X" the box for who controls each exposure			Exposure Basis and/or Description
		Public Entity	Separate Legal Entity	Sub- contra cted	
Airport					Aviation policy in force? ☐ Yes ☐ No <i>If yes, provide copy</i>
Arena/Convention Center					
Autonomous Vehicle					
Cemetery					Include cemetery professional liability? ☐ Yes ☐ No
Court System					Are alt. to jailing and/or fines considered when an indigency hearing determines a person has limited means? ☐ Yes ☐ No If yes, is an indigency hearing held to determine a person's ability to pay part of the bail/bond procedure? ☐ Yes ☐ No
Dam/Levee/Canal/Flood wall					
Daycare Center (child/adult)					
Fire/Ambulance Department					Under separate program? ☐ Yes ☐ No
Housing Authority					Under separate program? ☐ Yes ☐ No
International Travel (sister city)					
Landfill/Dump					Under separate pollution policy? ☐ Yes ☐ No Methane gas recovery facility? ☐ Yes ☐ No
Liquor Liability					<i>Complete ACORD liquor liability section (803)</i>
Marina					
Non-Profit Affiliation					
Refuse Sites/Incinerator					
Sanitation/Garbage Collection/Compost/Recycle Op./Transfer Station					
School					
Transportation System (transit)					
Unmanned Aircraft (drone)					
Watercraft/Boat (>25 ft length)					Number of watercraft/boats: Type of watercraft/boats:
Zoo					

Exposure	N/A or C/S	"X" the box for who controls each exposure			Exposure Basis and/or Description
		Public Entity	Separate Legal Entity	Sub- contra cted	
Healthcare (facilities)					
Health Department					
Clinic					Number of clinics: Responsible for insurance? ☐ Yes ☐ No
Hospital					Number of hospitals: Responsible for insurance? ☐ Yes ☐ No
Nursing Home/Assisted Living					Responsible for insurance? ☐ Yes ☐ No
Shelters/Youth/Group Homes (separate from all other residential-juvenile detention refer to law enforcement)					Number of client/residents: <i>Complete abuse and molestation coverage supplemental application</i>
Healthcare/EMT (professionals)					
Coroner					
Counseling Service					
EMT/Paramedic/First Responder					
Foster Care					
Jail Nurse					
Nurse					
Social Service					
Law Enforcement Activities					
Adult Jail/Penal Institution/Detention Center/Holding Facility					
Court Security Officer/Probation Officer/Parole Officer					
Juvenile Detention Center					
Law Enforcement Department					
Other Enforcement Officers					
Parks and Recreation					
Parks and Rec. Department (water activities, rodeo, archery range, fitness ctr., ski facility, skate park, fireworks display, day camp, etc.)					
Golf Course					
Utilities					
Electric					
Gas					
Water					
Sewer or Sewage Disposal					
Telecommunications (tv/cable, phone, internet, other)					
Alternative Energy (solar, wind, hydro, biomass, biofuel, other)					Describe/Explain Alternative Energy:

2. Please state any further details or information here regarding operations and exposures:

SECTION D: Safety Program and Sub-Contracted Operations Information

- Does the Insured have a written safety program? ☐ Yes ☐ No
- Are all subcontractors for all operations required to carry limits of insurance equal to Insured's limits of liability? ☐ Yes ☐ No
- Are certificates of insurance obtained from all subcontractors for all operations? ☐ Yes ☐ No
- Are hold-harmless agreements required from all subcontractors for all operations? ☐ Yes ☐ No
- Is the Insured named as an additional insured under all subcontractor's policy for all subcontracted operations? ☐ Yes ☐ No
- For all no responses above, please provide additional details such as alternative safety programs or departments impacted: _____

SECTION E: Emergency Dispatch Information

- Who handles 911 dispatch services (police, fire, other)? _____
- Does the department handle dispatch for others? ☐ Yes ☐ No
- Are incoming calls to dispatchers recorded? ☐ Yes ☐ No
If yes, how long are tapes or digital files retained (number of years, etc.)? _____

SECTION F: Street, Road, and Highway Information

- Miles of road owned: _____ Miles of road maintained for others: _____
- Complete the table below writing "X" in the appropriate column (entity or contractor):

Function/Operation	Entity	Contractor
Street Cleaning and Dusting		
Cutting Grass/Weed, Planting, Pruning/Removing Trees/Brush, Spraying, or Fumigating		
Gravel Spreading		
Erecting, Maintaining, or Removing Guide Rails and Posts, Road Markers, or Signs		
Paving or Repaving, Surfacing or Resurfacing		
Snow Removal		
Installation and Maintenance of Traffic Lights		
Erecting and Maintaining Light Poles		
New Road Construction		

- Does the Insured perform document inspections, preventive maintenance, and repairs? ☐ Yes ☐ No
If yes, what is the turnaround time for routine repairs? _____
- Are road signs regularly inspected for visibility and missing signs? ☐ Yes ☐ No
- Are barricades and warning signs used at road work sites? ☐ Yes ☐ No
- What is the number of uncontrolled railroad crossings? _____

SECTION G: Bridge Information

- Complete the table below with the total number of each bridge classification:

	Railway	Waterway	Highway	Utility	Pedestrian	Total
Number of Bridges Owned/Maintained						
Are warnings clearly posted? (Y/N)						

- Describe all bridges 50ft. or greater in length (class, length, one-lane, drawbridge, etc.):

- How many bridges are coded by the National Bridge Inventory as 3, 2, or 1? _____
- How often are bridges inspected? _____
- Who conducts bridge inspections? _____

6. Have any bridges not passed inspection (do not meet local, state, or federal standards, are structurally deficient, etc.) or are any bridges condemned? ☐ Yes ☐ No
If yes, list bridges, locations, and provide reasons for current conditions: _____
7. Is the Insured involved in any bridge construction? ☐ Yes ☐ No
If yes, describe: _____

SECTION H: Automobile/Vehicle Information

1. Complete the table below with the number of vehicles by type:

Type	Total Number
Private Passenger	
Light Truck < 10,000 lbs.	
Medium Truck < 20,000 lbs.	
Heavy Truck < 45,000 lbs.	
Extra Heavy Trucks > 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 of all above	

2. Does the Insured have criteria for MVR acceptability? ☐ Yes ☐ No
3. Does the Insured obtain MVRs on all drivers annually? ☐ Yes ☐ No
4. Does the Insured provide driver training at hire and/or periodically for all drivers? ☐ Yes ☐ No
5. Are all accidents reviewed internally? ☐ Yes ☐ No
6. What percentage of employees/volunteers regularly use their personal auto for business use? _____
7. Detail the nature of personal auto use (responding to calls, social service worker home visits, errand running, etc.): _____
8. Does the Insured verify that each employee/volunteer has valid automobile insurance in place consistent with minimum required limits? ☐ Yes ☐ No
9. Is there a concentration of vehicles in excess of \$5M stored at a central site? ☐ Yes ☐ No
If yes, provide the location address: _____
10. How many 15-passenger vans does the Insured have in auto fleet? _____
11. Are drivers of 15-passenger vans specifically trained in the operation of these vehicles? ☐ Yes ☐ No
12. Describe the usage of 15-passenger vans (who is transported and what is the purpose): _____

13. Provide details pertaining to the transport of children under the age of 18 utilizing 15-passenger vans:

14. If law enforcement vehicles are included in the automobile schedule, does the Insured have written policies and procedures for the following exposures? (check all that apply)

- ☐ Vehicular Pursuit ☐ Patrol Driving and Response ☐ Transportation of Prisoners

SECTION I: Passenger Transportation Services

1. Select the type of transportation used below:

- ☐ Scheduled Bus Route ☐ Demand Response/Para Transit/Dial-A-Ride ☐ Prisoner Transport
☐ Social Services ☐ Daycare/Day Camp/Recreation Programs ☐ Van Pool

If the Insured has scheduled bus routes or demand response/para transit/Dial-A-Ride exposures, complete the Transit Application (CP-7614) instead of answering the questions below

2. Are new drivers subject to an orientation program on basic vehicle operation prior to being allowed to operate that vehicle? ☐ Yes ☐ No

3. Are criminal record checks conducted on all transportation employees? ☐ Yes ☐ No

4. Are there written procedures and driver training for transporting passengers with disabilities? ☐ Yes ☐ No

If yes, do the procedures and training include the following (select all that apply):

- ☐ Use of equipment tie downs ☐ Passenger restraint
☐ Loading and unloading passengers ☐ Door-to-door service procedures

5. Does the Insured operate any vehicles not owned? ☐ Yes ☐ No

If yes, provide contractual agreement

6. Are there any contracted drivers? ☐ Yes ☐ No

If yes, provide contractual agreement

7. Are volunteers used for any transportation service? ☐ Yes ☐ No

SECTION J: Professional Lines

Public Entity Management Liability ☐ N/A

1. Has claims made coverage been continuous back to the retroactive date? ☐ Yes ☐ No

If yes, state the continuous claims made retroactive date (mm/dd/yyyy): _____

2. Does the Insured require initial and periodic training of elected/appointed officials regarding governance and transparency matters (including open meetings, ethics, hearing regulations, or any other state requirements) ☐ Yes ☐ No

3. Does the Insured have a formal written conflict of interest policy which requires disclosure? ☐ Yes ☐ No

4. Select below if the following policies/procedures/training are in place (select all that apply):

- ☐ Handling of citizen complaints including documentation of notice and action taken
☐ Hearing for zoning/land use matters, variances, and appeal processes
☐ Hearing for licenses or permits (commercial, residential, or other) and appeal processes
☐ Master plan for economic development (today and into the future)

5. Does the Insured engage in legal counsel to participate in the following (select all that apply):

- ☐ Attendance at all meetings involving land use and zoning matters
☐ Review land use/zoning regulations before adoption or revision
☐ Appeal process for variances in land use or zoning matters including denials

6. Has the Insured had any disputes or claims involving zoning, land use, economic development, condemnation, adverse possession, or adverse use of property? ☐ Yes ☐ No

7. Has the Insured had any disputes or claims involving the approval of building permits, design, or code enforcement? ☐ Yes ☐ No

8. Has the Insured been in default on the principal or interest of any bond, debt, or obligation in the last 3 years? ☐ Yes ☐ No
If yes, explain: _____
9. In next 12 months, does Insured anticipate acquisition or incorporation of any operation, land, or entity? ☐ Yes ☐ No
10. In next 12 months, does Insured anticipate sale or discontinuation of any operation, land, or entity? ☐ Yes ☐ No
11. To Insured's knowledge, does any official or employee have any knowledge of any fact, error, or omission that might give rise to a claim or suit against him/her/applicant? ☐ Yes ☐ No
If yes, describe: _____

Employment-Related Practices Liability ☐ N/A

1. If current coverage is claims-made, has it been continuous back to the retroactive date? ☐ Yes ☐ No
If yes, please state the continuous claims-made retroactive date: _____
2. Complete the table below with employee information:

Employee Type	Total Full-Time Employees	Total Part-Time Employees
Employees (other than indicated below)		
Elected or Appointed Officials		
Seasonal Workers		
Leased Workers		
Total/All Employees		

3. Select the percentage of emergency responders compared to the total exposure (example: the total for all exposures equals 200. If there are 20 emergency responders, that is 10% of the total):
☐ 0% ☐ 1-10% ☐ 11-15% ☐ 16-25% ☐ 26-40% ☐ >40%
4. Number of independent contractors: _____
NOTE: Independent contractors are not considered insured under this coverage
5. Number of volunteers: _____
6. Employee turnover last year: _____ Employee turnover 2 years ago: _____
7. List any departments or operations that have a separate employment practices liability insurance program (do not include the employee numbers in the table above):

8. Is any of the workforce represented by a union? ☐ Yes ☐ No
9. Does the Insured anticipate any layoffs, terminations, workforce reductions, or furloughs, including those resulting from any type of restructure or privatization, within the next 12 months? ☐ Yes ☐ No
If yes, please explain and indicate departments and number of employees impacted:

10. Does the Insured have a human resources department? ☐ Yes ☐ No
If no, please state how human resources function is handled and the name of the individual responsible:

11. Are all involuntary terminations reviewed and approved by the following (select all that apply):
☐ Immediate Supervisor ☐ Human Resource Manager ☐ Inside Legal Counsel
☐ Outside Employment Counsel ☐ Other (describe): _____
12. Are all prospective employees required to complete a standard employment application prior to hire? ... ☐ Yes ☐ No
If yes, does it contain the following (check all that apply):
☐ An employment at-will statement
☐ An authorization to check references
☐ The applicant's signature attesting that all representations are true
☐ An equal opportunity statement
13. At what point in the process, does applicant ask about criminal convictions (select below):
☐ Pre-Employment Application ☐ After the First Interview
☐ Conditional Employment Offer ☐ Other (describe): _____

14. Does the Insured have published policies/procedures in place that addresses the following for all employees (select all that apply):

- ☐ Equal Employment Opportunity (EEO) Policy
- ☐ Hiring/Interviewing Policy
- ☐ Accommodating The Disabled
- ☐ Discipline/Discharge/Termination Policy
- ☐ Discrimination (anti-discrimination) Policy
- ☐ Discipline/Discharge/Termination Policy
- ☐ Reporting, Investigating, and Resolving Employees' Complaints (grievance policy)
- ☐ Retaliation
- ☐ Accommodating the Disabled
- ☐ Workplace Harassment, Including Sexual Harassment Policy
- ☐ Salary Administration/Job Descriptions
- ☐ Salary Administration/Job Descriptions
- ☐ Written Annual Performance Appraisals/Reviews
- ☐ Salary Administration/Job Descriptions

15. Have all policies and procedures been updated in the last three years? ☐ Yes ☐ No

16. Does the Insured have annual employment training for employees, managers, and supervisors? ☐ Yes ☐ No

17. Does legal counsel periodically review and approve all changes to your policies and procedures? ☐ Yes ☐ No

18. Are the above policies and procedures contained in an employee handbook or manual that is distributed and acknowledged by all employees? ☐ Yes ☐ No

19. Is the Insured currently required to comply with any judicial or administrative agreement, order, decree, or judgement relating to employment? ☐ Yes ☐ No

If yes, please attach a copy

20. Has there been, during the past five years, or is there now pending, any of the following items against Insured or any of Insured's employees involving an employment matter (whether reported to an insurer or not)(select all that apply):

- ☐ Written demand for monetary damages
- ☐ Civil or criminal proceedings
- ☐ Administrative or arbitration proceeding
- ☐ Any complaint, charge, or investigative proceeding before the EEOC or similar state or local agency

21. If any of the above four boxes in question 20 are selected, complete the table below:

Date (mm/dd/yyyy)	Claimant Name	Nature of Action	Current Status

22. Does Insured or any employees have knowledge or information of any alleged violation of any law, internal complaint, or circumstances related to employment which could reasonably give rise to a claim? ☐ Yes ☐ No

If yes, please explain and/or attach details:

SECTION K: Law Enforcement Information ☐ N/A

1. If current coverage is claims-made, has it been continuous back to the retroactive date? ☐ Yes ☐ No

If yes, please state the continuous claims-made retroactive date: _____

2. Complete the tables below:

Employee Classification	Number of Employees
Full-Time Armed Officers, Detectives, Investigators, and Sergeants (including chief, sheriff, and deputy)	
Police Dogs	
Total Number of Employees	

Employee Classification	Number of Employees	
	Armed	Unarmed
Part-Time/Reserve/Auxiliary Officers with Arrest Authority		
Full or Part-Time Jailers		
Court Security Officers		
Probation Officers		
Parole Officers		
Juvenile Detention Officers		
Total Number of Employees (armed and unarmed)		

Employee Classification	Number of Employees	
	Armed	Unarmed
Part-Time/Reserve/Auxiliary Officers without Arrest Authority		
911 Dispatchers (patrol or emergency) NOTE: do not include emergency/911 dispatchers working for another department or operation of the public entity		
Animal Control Officers		
Jail Nurses		
Total Number of Employees (armed and unarmed)		

Employee Classification	Number of Employees	
	Armed	Unarmed
Jail Non-Medical Personnel Who Provide/Dispense Healthcare Services		
Crossing Guards		
Juvenile Detention Center Nurse		
Other Juvenile Detention Center Medical Personnel (other than physicians)		
Total Number of Employees (armed and unarmed)		

Employee Classification	Number of Employees
Other Unarmed Personnel Including Clerical, Cooks, and Any Other Unarmed Personnel Not Included Elsewhere	
Total Number of Employees	

Room/Building	Square Footage
Jail Square Footage	
Juvenile Detention Center Square Footage	
Holding Cell Square Footage	
Total Number of Square Feet	

3. Describe below if applicant has any other security or enforcement officers not included above:

4. Select the duties of reserve/auxiliary officers:

☐ Traffic Control

☐ Civil Disturbance

☐ Crowd Control

☐ Other: _____

5. Are volunteers used in any capacity for law agency operation? ☐ Yes ☐ No

Underwriting Information

1. Is Insured part of any mutual law enforcement assistance agreements between political subdivisions? ☐ Yes ☐ No

2. Excluding mutual aid agreements, does the Insured contract law enforcement services to any other public entity or private entity? ☐ Yes ☐ No

If yes, please attach a copy of the contract

3. Does the Insured participate on a drug, swat, or gang task force? ☐ Yes ☐ No

If yes, please specify the number of officers involved and whether the Insured is the lead agency:

4. Does the law agency operate an indoor shooting range? ☐ Yes ☐ No

5. Does the law agency operate an outdoor shooting range? ☐ Yes ☐ No

If yes to 9 or 10, is shooting range used by either of the following (select all that apply):

☐ Outside Law Enforcement Agencies ☐ The General Public

If used by the general public, select below all that apply:

☐ Injury Waiver Required

☐ Range safety enforced (signs, personal protective equipment, training of staff and users, use of buffers, barriers, non-porous surfaces (indoor), reporting protocols for health symptoms and medical attention)

☐ Lead-Free Ammunition Used

Department Policies, Procedures, and Training Information

1. Does the Insured currently have all policies, procedures, and training listed in the grid below or is applicant's agency

CALEA certified? ☐ Yes ☐ No

If no, identify any policies, procedures, or training that the Insured has in the grid below

Policies/procedures/training		X if Policies/ Procedures are in Place	X if Education/ Training is in Place
Use of Force Continuum/Escalation Procedures/Restraints/Restraint Chairs			
Use of Recording Devices Including Body-Worn Cameras			
Vehicular Pursuits			
Domestic Violence Response			
Patrol Driving and Response			
Strip Searches	☐ Blanket ☐ For-Cause		
Transportation of Detainees/Inmates			
Arrests and Investigatory Stops			
Firearms and Other Weapons			
Impact Weapon Training and Certification			
Chemical Agent (oleoresin capsicum) Training and Certification			
Taser Training and Certification			
Disabled/Impaired Person Protocols			
Service of Warrant			
Motor Vehicle Stops and Searches			
Canines			
Sexual Harassment			
Youth Programs (young explorers, school-based programs)			
Use of Volunteers			
Police Ride-Along Program			
Suicide Screening			
Secondary Employment and Off-Duty Powers (moonlighting)			
Officers Meet Minimum State Training Certification Standards			
Officers Trained in Constitutional Use of Force			
Officers Trained in Statutory and Case Law			

2. Describe any limitation of secondary employment opportunities outlined in policies or procedures:

Jail/Detention/Holding Facility Operations Information:

1. Complete the table below with applicable operations information:

Facility	No. of cells	Accredited (Y/N)	Design capacity	Ave. inmate/detention population	Max. capacity in past 12 months	Surveillance type (CCTV, eyes on, audio, other)
Jail						
Holding Cell						
Juvenile Detention Ctr.						
Other: _____						

2. Is Insured certified by CALEA or a certified jail manager per the American jail association (AJA)? ☐ Yes ☐ No

If no, identify any policies, procedures, or training that the applicant has in the grid below:

Policies/Procedures/Training	X if Policies/Procedures are in Place	X if Education/Training is in Place
Use of Force Continuum/Escalation Procedures/Restraints/Restraint Chairs		
Inmate Classification		
Strip Searches ☐ Blanket ☐ For-Cause		
Medical Treatment		
Suicide Prevention		
Emergency Evacuation		
Key Control and Security		
Inmate Transportation		
Inmate or Detainee Discipline and Grievance Procedures		

3. Immigration and customs enforcement (ICE) detainees are held under (select all that apply):

- ☐ ICE Requests
☐ Court Order
☐ Held under contract with ICE (provide copy of contract)

4. How frequently are cell checks conducted for each of the following:

General Population: _____

Suicide Watch: _____

5. In the past three years, have there been any suicides or attempted suicides in applicant's jail? ☐ Yes ☐ No

If yes, state the number of suicides and/or the number of attempted suicides: _____

6. Are juveniles separated from adult criminals? ☐ Yes ☐ No

7. Are suspects of violent crimes separated from suspects of misdemeanor crimes? ☐ Yes ☐ No

8. Are medical facilities available in the jail or similar holding facilities? ☐ Yes ☐ No

If yes, describe or if no, how do inmates receive treatment?

9. Has the facility ever been subject to a court order or consent decree? ☐ Yes ☐ No

If yes, what is the status of the order? _____

10. Does the Insured have a process to ensure any detainee is brought before a court within the initial 48 hours of detention? ☐ Yes ☐ No

11. To Insured's knowledge, does any official or employee have any knowledge of any act, error, or omission that might give rise to a claim or suit against him/her/applicant? ☐ Yes ☐ No

If yes, please explain: _____

SECTION L: Schools Information ☐ N/A

1. Complete the table below with the number of schools, teachers, and students for each grade grouping:

Grades	No. of Schools	No. of Teachers	No. of Students
K – 6			
7 – 8			
9 – 12			
Adult/Other			

2. Describe the typical construction, age, number of stories, and fire protection of school buildings:

3. Describe any major school construction or remodeling projects currently in progress or scheduled to begin in the next 12 months:

4. State the location and capacity of bleachers or auditoriums with seating capacity over 1,000 persons:

SECTION M: Recreational Services Information ☐ N/A**Parks and Recreational Information**

1. Select below if exposure is applicable. If applicable, select if exposure is subcontracted:

- | | |
|--|--|
| ☐ Archery Range | ☐ Subcontracted |
| ☐ Convention Center/Arena | ☐ Subcontracted |
| ☐ Day Camp | ☐ Subcontracted |
| ☐ Day Care | ☐ Subcontracted |
| ☐ Fireworks | ☐ Subcontracted |
| ☐ Fitness Center | ☐ Subcontracted |
| ☐ Golf Course | ☐ Subcontracted |
| ☐ Rodeo | ☐ Subcontracted |
| ☐ Skate Park | ☐ Subcontracted |
| ☐ Ski Facilities | ☐ Subcontracted |
| ☐ Swimming Activities | ☐ Subcontracted |
| ☐ Waterfront Activities | ☐ Subcontracted |

If the Insured has subcontracted operations, answer the questions in the safety program and subcontracted operations section of the public sector services insurance application (CP-7609)

Property Management Information

1. Does the entity have a regular inspection/maintenance program for all facilities and equipment (parks, playgrounds, equipment, buildings, golf courses, fitness centers, etc.)? ☐ Yes ☐ No

If yes, how often (daily, weekly, monthly, quarterly, etc.)? _____

2. Are all regular inspections and corrective actions documented? ☐ Yes ☐ No

Parks and Playground Information ☐ N/A

1. Does all playground equipment/surface meet consumer product safety commission (CPSC) standards? ☐ Yes ☐ No

2. Does the Insured have a certified playground safety inspector? ☐ Yes ☐ No

Organized Athletic Program Information ☐ N/A

1. Complete the table below with applicable activity information:

Activity	"X" if N/A	Participants			Third Parties/Leagues/Associations		
		No. of Youth	Age of Youth	No. of Adults	You provide the facility and third- party controls the program (Y/N)	Are cert. of ins. obtained including coverage for participants showing limits of liability of at least \$1M? (Y/N)	Are third-parties required to name applicant as additional insured in a contract/written agreement? (Y/N)
Football							
Soccer							
Hockey (ice, field, inline)							
Lacrosse							
Basketball							
Baseball							
Wrestling							
Diving							
Cheerleading (ariel acro)							
Gymnastics							
Boxing							
Rugby							
Other: _____							

2. Has the Insured discontinued any athletic programs in the past five years? ☐ Yes ☐ No
If yes, explain the program discontinued and reason for discontinuing: _____
3. For organized athletic programs Insured controls, is there a written concussion management program in place for all athletic programs? ☐ Yes ☐ No
If yes, answer the following questions 4-12. If no, skip to 13:
4. When was the written concussion management program implemented? _____
5. Is the program consistently implemented and enforced for all athletic programs identified above? ☐ Yes ☐ No
6. Does it inform participants and parents on the following (select all that apply):
☐ Risks of concussions ☐ Potential consequences of concussions over time and if not treated properly
☐ Symptoms of concussions ☐ General prevention and preparedness efforts to keep athletes safe
7. Does the program require athletes and/or parents to sign a concussion injury information sheet? ☐ Yes ☐ No
8. Does the program have an action plan that includes immediately removing the participant from play or practice? ☐ Yes ☐ No
9. Does the program require that participant is kept out of play or practice until they provide written clearance from a licensed medical professional? ☐ Yes ☐ No
10. Does the program mandate training for sports administrators, coaches, medical personnel, trainers, and other staff on field? ☐ Yes ☐ No
11. Does the program require baseline testing to aid in concussion management? ☐ Yes ☐ No
12. Does the program comply with statutory requirements and any association bylaws (NCAA, NFHS, as applicable)? ☐ Yes ☐ No
13. Does the Insured require all participants to carry and acknowledge that they maintain accident & health insurance? ☐ Yes ☐ No
14. Does the Insured require consent and acknowledgement of risk of injury forms and waivers to be signed by participants and/or parents annually? ☐ Yes ☐ No

15. Does the Insured require an annual medical exam/evaluation from a qualified medical professional giving clearance for all athletes to participate in sports before they begin practicing? ☐ Yes ☐ No

16. Does the Insured have a formal equipment and facility inspection and maintenance protocol in place? ☐ Yes ☐ No

NOTE: For additional information pertaining to concussion prevention, identification, and management, refer to any of the various resources available on this topic-including, but not limited to, the Centers for Disease Control and Prevention (CDC) and others listed in the travelers risk control eGuide "Athletic Programs: Playing it Safe."

Fireworks Information ☐ N/A

1. Complete the following table with firework information:

Name of Event	Licensed Pyrotechnicians (Y/N)	List Emergency Equipment (ambulance, fire dept., police, etc.)

Water Activities Information ☐ N/A

1. List the number of each exposure below:

Pool: _____ Pond/Lake/Reservoir: _____
 River/Stream: _____ Ocean/Bay: _____
 Other: _____ → specify exposure: _____

2. Complete the table below with activity information:

Activity	Is equipment rented by entity? (Y/N)	Are rules posted? (Y/N)
Boating		
Fishing		
Jet Skiing		
Dock/Boat Launch		
Swimming		
Water Skiing		
Other: _____		

3. Is swimming area roped or marked? ☐ Yes ☐ No

4. Are lifeguards certified? ☐ Yes ☐ No

5. Is diving permitted? ☐ Yes ☐ No

If yes, is diving supervised? ☐ Yes ☐ No

6. What is the depth of water? _____

7. Is swimming area/beach checked for underwater obstructions, etc.? ☐ Yes ☐ No

8. Does the Insured document maintenance, repairs of facilities, water testing, chemical treatment? ☐ Yes ☐ No

9. What measures, if any, are used to eliminate or discourage after-hour accessibility? _____

10. Is there a waterslide or aquatic center? ☐ Yes ☐ No

If yes, complete the following questions 11-13:

11. Is there a splash down area? ☐ Yes ☐ No

12. Complete the table below:

Slide No.	No. of Certified Lifeguards	Lifeguard Position (top or bottom of slide)
1		
2		
3		
4		

13. Are age, height, and size limitations clearly posted and strictly enforced? ☐ Yes ☐ No

14. List any additional water attractions (zip-line, lazy river, vortex, lily pads, wave pools, etc.):

Archery Range Information ☐ N/A

1. Is a signed waiver of injury required for all users? ☐ Yes ☐ No
2. Is perimeter fenced? ☐ Yes ☐ No
3. Are warning signs posted along the fence? ☐ Yes ☐ No
4. Is backstop sufficient to stop all errant shots? ☐ Yes ☐ No
5. Please describe controls for the archery range (licensing/certification, monitoring):

Inflatables Information ☐ N/A

1. Is equipment owned or leased: _____
2. Describe inflatable equipment used:

3. Are staff members present when inflatable is in use? ☐ Yes ☐ No
4. Are manufacturers' safety guidelines followed? ☐ Yes ☐ No
5. If equipment is leased, does the rental company provide certificates of insurance? ☐ Yes ☐ No
6. If equipment is leased, is the Insured listed as an additional insured? ☐ Yes ☐ No

Fitness Center Information ☐ N/A

1. Is a signed waiver of injury required from all users? ☐ Yes ☐ No
2. Does the Insured supervise use of equipment? ☐ Yes ☐ No
3. Does the Insured post warning signs and rules prominently? ☐ Yes ☐ No

Horseback Riding and Rodeo Information ☐ N/A

1. Number of rodeos per year: _____
2. Is a signed waiver of injury required from all participants? ☐ Yes ☐ No
3. Describe controls for protecting spectators: _____
4. Describe horseback riding activities: _____

Skate Park Information ☐ N/A

1. Complete the table below with skate park information:

Equipment Type	Largest Vertical Drop	Facility Users (check all that apply for each equipment type)			
		Skateboard	In-Line Skate	Bicycles	Scooters
Half-Pipe					
Bowl					
Grind Rails					
Other: _____					

2. Was facility designed by a landscape architect with experience in designing skateboard facilities/parks? ☐ Yes ☐ No
3. Are all items located around the skate park (trash cans, benches, etc.) secured to the ground so they cannot be moved into the skating surface? ☐ Yes ☐ No
4. Did the entity manufacture or install any portion of the facility? ☐ Yes ☐ No
5. Are motorized devices allowed in the skate park? ☐ Yes ☐ No
6. Are warning and emergency signage posted in the skate facility? ☐ Yes ☐ No
7. Is documentation posted of all inspections and repairs retained? ☐ Yes ☐ No
8. Are facilities inspected at least weekly? ☐ Yes ☐ No
9. Please select all security measures in place below:
☐ Lighting ☐ Fencing
☐ Police Patrol ☐ Other (specify): _____
10. Is the skate park supervised? ☐ Yes ☐ No
 If yes, complete the following questions 11-14
11. Does staff mandate and enforce usage of personal protective equipment? ☐ Yes ☐ No

12. Is facility locked when staff is not present? ☐ Yes ☐ No

13. Is staff trained in the following (select all that apply):

☐ CPR

☐ First aid

☐ Usage of emergency communication equipment

14. Is staff fully trained in operation of skateboard park? ☐ Yes ☐ No

Daycare Center/Day Camp Information (including fitness center childcare) ☐ N/A

1. Describe all daycare/day camp operations:

2. Is the facility licensed by the state? ☐ Yes ☐ No

If yes, do all facilities have the following (select all that apply):

☐ Emergency evacuation plan ☐ Regularly inspected fire/smoke detection systems

☐ First aid equipment ☐ Two separate exits on each floor

☐ Someone on premises during business hours, trained in assisting first aid

SECTION N: Unmanned Aircraft (drone) Liability Information ☐ N/A

Hired Drones ☐ N/A

1. Is the for-hire entity compliant with federal, state, and local regulations? ☐ Yes ☐ No

2. Describe contractual liability requirements that are in place (limits of liability insurance, hold harmless/indemnification in the Insured's favor, primary non-contributory additional insured coverage):

Owned or Non-Owned Drones ☐ N/A

1. Will all drones be operated in compliance with federal, state, and local regulations? ☐ Yes ☐ No

2. Have any waivers or special authorizations been requested or approved for operation? ☐ Yes ☐ No

If yes, provide a copy of the request and approval with required terms and conditions

3. Does drone operation require prior authorization from Air Traffic Control (ATC)? ☐ Yes ☐ No

4. Complete the table with information for each drone:

Make and Model	Total Weight with Attachments	Max Speed	Max Altitude	Power Supply	Registration Number(s)	Owned or Non-owned	Max Flight Duration

5. Describe any drone modifications: _____

6. Describe drone technology (collision avoidance, geo-fencing, return to home controls, etc.):

7. For each pilot, provide the following:

Pilot Name	Certification Number

8. Describe how the drones will be used for business operation:

9. Describe hours and frequency of use: _____
10. Describe the general location of operation (urban, rural, remote, congested, etc.): _____
11. Is drone designated to deploy/drop payload? ☐ Yes ☐ No
If yes, please describe: _____
12. Does the Insured have written practices in place for drone operations, including training, safe use, maintenance, equipment inspection requirements, accident reporting? ☐ Yes ☐ No
13. Describe how images/data obtained during drone operations are stored: _____
14. Will images/data be used outside of the company? ☐ Yes ☐ No
15. Is written permission obtained for the use of images/data? ☐ Yes ☐ No
16. If company owned drones are being used to provide services to others, is it a requirement to sign a written contractual agreement with broad indemnification and additional insured requirements for others? ☐ Yes ☐ No
17. Have there been any drone accidents? ☐ Yes ☐ No
If yes, please describe: _____
18. Have there been any violations of federal, state, or local regulations in the past 3 years? ☐ Yes ☐ No
If yes, please describe: _____

SECTION O: Dams Information ☐ N/A

1. Complete the table below and attach most current inspection reports:

Questions	Structure 1	Structure 2 ☐ N/A	Structure 3 ☐ N/A
Name of Structure			
Type (dam, levee, dike, flood wall, canal, etc.)			
Hazard Code (high, significant, low)			
Purpose (flood, control, irrigation, water, supply, industrial, power, etc.)			
Construction (concrete, earth, other)			
Capacity (acres/feet)			
Height (feet)			
Age			
How is water level controlled? (gates, spillway, etc.)			
How are gates operated? (manual, automatic)			
How often is structure inspected?			
Who is the inspection carried out by?			
Does Insured have documented maintenance plan?			
Does Insured have emergency notification plan?			
Does Insured have any outstanding recommendations from last inspection report?			
Is Insured aware of any instability or immediate repair needs for structure?			
Describe downstream exposures in detail, such as highways, railroads, power easements, dwellings, structures, recreation areas, and approximate number of people in inundation zone (including distance in miles from structure)			

2. State the primary contact name, phone, and email for maintenance and monitoring:

SECTION P: Utility Information (water, sewer, electric, gas)

Water

1. State water source: _____
2. State the number of customers: _____
3. Payroll/subcontractors cost: _____
4. Subcontractor insurance requirements/hold harmless: _____
5. What outside agency performs inspections? _____
6. How often are inspections performed and what is the date of last inspection? _____

Sewer

1. State the miles of storm sewers: _____
2. State the miles of sanitary sewers: _____
3. Payroll/subcontractors cost: _____
4. Subcontractor insurance requirements/hold harmless: _____
5. What outside agency performs inspections? _____
6. How often are inspections performed and what is the date of last inspection? _____

Electric

1. State the number of customers: _____
2. State electrical facilities: _____
3. Payroll/subcontractors cost: _____
4. Subcontractor insurance requirements/hold harmless: _____
5. What outside agency performs inspections? _____
6. How often are inspections performed and what is the date of last inspection? _____

Gas

1. State the number of customers: _____
2. Payroll/subcontractors cost: _____
3. Subcontractor insurance requirements/hold harmless: _____
4. What outside agency performs inspections? _____
5. How often are inspections performed and what is the date of last inspection? _____

SECTION Q: Landfill, Dump, Transfer Station

Transfer Station

1. State the number of years in operation and if currently operating: _____
2. Payroll/subcontractors cost: _____
3. Subcontractor insurance requirements/hold harmless: _____
4. What outside agency performs inspections? _____
5. How often are inspections performed and what is the date of last inspection? _____
6. Is facility fenced? ☐ Yes ☐ No
7. Is hazardous waste accepted? ☐ Yes ☐ No

Landfill/Dump

1. State the number of years in operation and if currently operating: _____
2. State the approximate number of acres: _____
3. Payroll/subcontractors cost: _____
4. Subcontractor insurance requirements/hold harmless: _____
5. What outside agency performs inspections? _____
6. How often are inspections performed and what is the date of last inspection? _____
7. Is facility fenced? ☐ Yes ☐ No
8. Is hazardous waste accepted? ☐ Yes ☐ No
If yes, how is hazardous waste handled? _____

SECTION R: Sexual Abuse Information

1. Does primary insurance provide sexual abuse coverage? ☐ Yes ☐ No

If yes, please complete the following:

Policy term: _____ Carrier: _____

Limits per occ/aggregate: _____ Trigger (claims made or occ): _____

Retro date: _____ Defense inside/outside: _____

2. Is there a sexual abuse prevention program in effect? ☐ Yes ☐ No

3. Has a written policy been established clearly expressing management's commitment to sexual abuse prevention? ☐ Yes ☐ No

4. 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? ☐ Yes ☐ No

5. Has a mechanism been developed to ensure that sexual abuse prevention policies and procedures are implemented and enforced throughout the organization? ☐ Yes ☐ No

6. Is there a sexual abuse prevention coordinator that reports to a member of management? ☐ Yes ☐ No

7. Are management/staff trained in policies and procedures relating to the sexual abuse prevention program? ☐ Yes ☐ No

8. Are volunteers trained in policies and procedures relating to the sexual abuse prevention program? ☐ Yes ☐ No

9. Do policies and procedures include an incident reporting and follow-up mechanism? ☐ Yes ☐ No

10. Are standard applications used for all prospective employees or volunteers? ☐ Yes ☐ No

11. Is there a minimum of two background checks for prospective employees with documentation maintained in file? ☐ Yes ☐ No

12. Do background checks include checks with "sex offender hot lines", State Police, State Department of Social Services, or similar public agencies? ☐ Yes ☐ No

13. In the past 5 years, have any employees/officers been terminated for cause related to sexually abusive behavior? ☐ Yes ☐ No

14. Are records maintained documenting adherence to all applicable policies and procedures (hiring and screening, code of conduct, training, incident and follow-up procedures)? ☐ Yes ☐ No

15. Are you aware of any circumstances that may result in a sexual abuse claim? ☐ Yes ☐ No

If yes, please give details: _____

16. Have any members of the staff been transferred because of allegations of sexual abuse? ☐ Yes ☐ No

17. Have all known claims with no claim, or allegations with no claims been reported to prior excess carriers? ☐ Yes ☐ No

18. 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: _____

SECTION S: Additional Information

1. Please use the space below for any additional information:

SECTION T: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____