

Public Entity Application

RISKPRO Insurance Agency, LLC

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I. ENTITY

Entity: _____

Entity Mailing Address: _____

Entity Physical Address: _____

Primary Contact: _____ Title: _____

Phone #: (_____) _____ E-Mail Address: _____

Loss Control contact: _____ Phone#: (_____) _____

Audit contact: _____ Phone#: (_____) _____

Entity Population: _____ County: _____

Date Submitted: _____ Effective Date: _____

Bid Meeting Date: _____ Date Quote is Needed: _____

II. SUBMITTING AGENCY

Agency: _____

Mailing Address: _____

Producer: _____ E-Mail Address: _____

Phone #: (_____) _____ Fax #: (_____) _____

Agent License No: _____ State: _____ FEIN: _____

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

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any facts material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, insurance benefits may also be denied.)

The undersigned declares that to the best of his/her knowledge, the information set forth in this application is true and complete.

SIGNATURE OF AUTHORIZED OFFICER TITLE DATE

SIGNATURE OF AGENT OR BROKER TITLE DATE

III. RISK MANAGEMENT

Advise if the Entity has implemented the following:

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Safety/loss control program | <input type="checkbox"/> Yes <input type="checkbox"/> No | Regular property inspection & maintenance program |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Regular safety/loss control meetings | <input type="checkbox"/> Yes <input type="checkbox"/> No | Procedures to prevent & report sexual harassment |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Accident investigation program | <input type="checkbox"/> Yes <input type="checkbox"/> No | Programs to be in compliance with Americans with Disabilities Act (ADA) |

IV. PREMIUM AND LOSS HISTORY

A. Please attach at least one of the following reports with information by line of business for the past 3 years. Additional underwriting consideration may require 5 years experience.

- * Insurance company loss runs, currently valued and showing all paid and reserved losses including loss expense.
- * Paid and reserved losses, currently valued from the insured's claims records and submitted on letterhead.
- * Paid and reserved losses, currently valued based on the records from a third party administrator.

Provide details of all claims with net loss (paid or reserved) over \$25,000:

Date of Claim	Description of Claim	Amount of Claim (Total of Paid & Reserved)	Is claim still open
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has any company canceled or declined to renew any of these coverages? (not applicable in Missouri) Yes No

If Yes, explain _____

Does the applicant have any knowledge of any incident(s), accident(s) or occurrence(s) which may result in a claim? Yes No

If Yes, explain _____

B. Please indicate expiring policy information

<u>Line</u>	<u>Premium</u>	<u>Carrier</u>	<u>Policy Limit</u>	<u>OCC/CM</u>	<u>Deductible</u>
General Liability	\$ _____	_____	\$ _____	_____	\$ _____
Public Officials' Liability	\$ _____	_____	\$ _____	_____	\$ _____
Employment Practices Liability	\$ _____	_____	\$ _____	_____	\$ _____
Law Enforcement Liability	\$ _____	_____	\$ _____	_____	\$ _____
Auto Liability	\$ _____	_____	\$ _____	_____	\$ _____
Auto Physical Damage	\$ _____	_____	\$ _____	_____	\$ _____
Property	\$ _____	_____	\$ _____	_____	\$ _____
Inland Marine	\$ _____	_____	\$ _____	_____	\$ _____
Crime	\$ _____	_____	\$ _____	_____	\$ _____
Excess/Umbrella Liability	\$ _____	_____	\$ _____	_____	\$ _____
Other: _____	\$ _____	_____	\$ _____	_____	\$ _____

CLASSIFICATION OF RISK

- Governmental Subdivision (City, Town, County, etc.)
- Public Utility (Water, Sewer, Electric or Gas)
- Other, description _____

Indicate if you fund or supply personnel to any Commission, Board, Authority, or similar unit that is independently operated or not directly operated by you for which you would like coverage as an Additional Insured:

Name of Other Entity

Relationship and Description of Operation

COVERAGES REQUESTED

- | | |
|---|--|
| <input type="checkbox"/> Commercial General Liability | <input type="checkbox"/> Commercial Excess Liability |
| <input type="checkbox"/> Public Officials' Liability | <input type="checkbox"/> Property and Allied Lines |
| <input type="checkbox"/> Law Enforcement Liability | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Automobile Liability and Physical Damage | <input type="checkbox"/> Other _____ |

Please attach most recent budget. Budget is adopted tentative fiscal year _____
 Indicate if any budget deficits have occurred in the past three years: Yes No

COMMERCIAL GENERAL LIABILITY APPLICATION

I. Coverages and Limits

Occurrence Claims-made Prior Occ/Retro date: _____
 Limit of Insurance: \$ _____ Option: \$ _____
 Deductible: \$ _____ \$ _____

Employee Benefits Liability Limit \$ _____ # of employees _____
 (\$1,000 deductible applies)

Employers' Liability (Stop-Gap) Limit \$ _____
 (Available only in MT, NV, ND, OH, WA, WV, WY)

Cemetery Professional Liability Limit \$ _____

Additional Insureds – attach agreements and contracts describing each operation or interest of the insured to such organizations or individuals.

II. Independent Contractor Operations

Does the Entity use independent contractors? Yes No If Yes, complete the following:

<u>TYPE OF WORK</u>	<u>CERTIFICATES OF INSURANCE SECURED?</u>		<u>CONTRACTOR'S LIMIT OF LIABILITY?</u>	<u>ENTITY NAMED AS ADDITIONAL INSURED?</u>	
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does the Entity have legal counsel review all contracts prior to execution? Yes No

GOVERNMENTAL SUBDIVISION

SUPPLEMENT

ATTACH COPY OF AN ACTUAL FISCAL YEAR END BUDGET FOR THIS YEAR OR A PROPOSED FISCAL YEAR UPCOMING BUDGET.

1. Separately Rated or Excluded Exposures

TYPE OF EXPOSURE	TYPE OF RATING BASIS REQUIRED	RATING BASIS IS:
Amusement Parks	excluded under our program	XXXXXXXXXXXXXXXXXXXXXXXXXX
Convention/Civic Center (include Arenas and Auditoriums)	area in square feet; public capacity COMPLETE QUESTIONNAIRE (p. 6)	
Dams, Levees or Dikes	CALL FOR QUESTIONNAIRE	
Golf Courses	CALL FOR QUESTIONNAIRE	
Housing Projects	CALL FOR QUESTIONNAIRE	
Lake, Reservoir	number; surface acreage COMPLETE QUESTIONNAIRE (p. 7)	
Law Enforcement Departments	Excluded under G.L. (Refer to p. 12 for LAW)	XXXXXXXXXXXXXXXXXXXXXXXXXX
Medical and Ancillary Care Facilities and Services	Excluded under our program	XXXXXXXXXXXXXXXXXXXXXXXXXX
Penal Institutions, Jails, Correctional Institutions	total area in square feet; (law enforcement activities and injuries to prisoners are excluded, refer to Law App. for coverage)	
Schools and Colleges	CALL FOR APPLICATION	XXXXXXXXXXXXXXXXXXXXXXXXXX
Ski Facilities & Similar Areas	Excluded under our program	XXXXXXXXXXXXXXXXXXXXXXXXXX
Stadiums, Bleachers, Grandstands – rated only	number; seating capacity Capacity in excess of 5,000 CALL FOR QUESTIONNAIRE	
Streets, Roads, Highways, Bridges – existence maintenance and construction hazards	paved mileage; unpaved mileage; mileage maintained for others COMPLETE QUESTIONNAIRE (p. 8)	
Transportation systems, facilities and services including airports, bus systems or other mass transit facilities	explain in a detailed narrative report for coverage consideration	
Utilities:	COMPLETE SUPPLEMENT (p. 9)	
Water	annual payroll less clerical	
Electric	annual payroll less clerical CALL FOR QUESTIONNAIRE	
Gas	annual payroll less clerical CALL FOR QUESTIONNAIRE	
Sewer	annual payroll less clerical; # miles	
Wharves, Piers, Docks, Marinas	number; area in square feet COMPLETE QUESTIONNAIRE (p. 7)	
Watercraft	number; type; make/model; hp; length; use	
Zoos	number ; attach description	

NOTE: If any exposure is contracted, please complete “Independent Contractor” section of page 3.

2. Other Governmental Subdivision Entity Exposures

Indicate presence of each item with an "X" in the appropriate column

Classification	Exposure		Any Part of Operation Subcontracted to Others?	Operated by Public Entity
	Yes	No		
Airport and Related Facilities				excluded under our program
Animal Pound				
Blasting Operations				CALL FOR QUESTIONNAIRE
Bridges				COMPLETE QUESTIONNAIRE (p. 8)
Campgrounds				CALL FOR QUESTIONNAIRE
Carnivals, Fairs, Parades				COMPLETE QUESTIONNAIRE (p. 8)
Cemeteries				CALL FOR QUESTIONNAIRE
Chemical Spraying – Pesticide/Herbicide				COMPLETE QUESTIONNAIRE (p. 6)
Concession Stands				
Day Care, Day Camps, Day Nurseries				CALL FOR QUESTIONNAIRE
Elevators				
Fire Department, Regular or Volunteer				COMPLETE QUESTIONNAIRE (p. 6)
Fireworks and other Pyrotechnics				CALL FOR QUESTIONNAIRE
Garbage or Refuse Collection				
Halfway Houses, Shelters, Group Homes				CALL FOR QUESTIONNAIRE
Ice or Roller Rinks				CALL FOR QUESTIONNAIRE
Industrial parks				
Landfills/Dumps/Refuse Sites/Incinerators				COMPLETE QUESTIONNAIRE (p. 6)
Library				
Mechanical Amusement Devices				excluded under our program
Museum				
Mowing Operations				
Paint Spraying (incl. street/road/curb)				
Parking garages and Lots				
Parks and Playgrounds				
Ports/Harbors/Terminal Districts				CALL FOR QUESTIONNAIRE
Racetracks				
Rifle Ranges				CALL FOR QUESTIONNAIRE
Sanitary Sewers				COMPLETE SUPPLEMENT (p. 9)
Sewage Disposal Plant				COMPLETE SUPPLEMENT (p. 9)
Skateboard Activities				excluded under our program
Storm Sewers				
Streets/Roads Cleaning				COMPLETE QUESTIONNAIRE (p. 8)
Streets/Roads Maintenance				COMPLETE QUESTIONNAIRE (p. 8)
Streets/Roads Paving				COMPLETE QUESTIONNAIRE (p. 8)
Swimming Pools				COMPLETE QUESTIONNAIRE (p. 7)
Vacant Land				
Water Slides				excluded under our program

NOTE: If any exposure is contracted, please complete "Independent Contractor" section of page 3.

CHEMICAL SPRAYING – PESTICIDE/HERBICIDE

- 1. Indicate the type and frequency of spraying operations: _____
- 2. Are employees licensed? Yes No List employees spraying: _____
- 3. List the chemicals sprayed: _____
- 4. Advise where chemicals are stored: _____

CONVENTION/CIVIC CENTER/EXHIBITION BUILDINGS/ARENAS

- 1. Provide a description and address of each facility: _____
- 2. List description of events held at facility: _____
- 3. Number of days in use annually: _____ Total occupancy capacity: _____
- 4. Attach Certificate of Insurance secured from individuals or organizations using the facility(ies).

EMERGENCY SERVICES (FIRE DEPARTMENT/EMTS)

- 1. Fire Department Personnel regular # _____ volunteer # _____
 - A. Describe training/certification procedures _____
 - B. Approximate number of annual calls _____ Radius of operations _____
 - C. Describe all fundraising activities _____
Is liquor sold at these activities? Yes No How often? _____
 - D. Do any fire marshals carry guns or other weapons? Yes No type of weapon _____
 - E. Are mutual aid agreements in place with neighboring communities? Yes No
Has legal counsel reviewed and approved such agreements? Yes No
- 2. EMTs/Paramedics/EMTAs paid # _____ volunteer # _____ subcontracted # _____
 - A. Describe training/certification procedures _____
 - B. Approximate number of annual calls _____ Radius of operations _____

LANDFILL/DUMP/REFUSE SITE/INCINERATOR

- 1. Please complete the following if the Entity has ever (past or present) owned, operated or maintained any sanitary landfills, landfills, dumps, refuse sites or incinerators.

<u>Location/Name and Type of Facility</u>	<u># of Acres</u>	<u>Age</u>	<u>Active?</u>	<u>EPA #</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
- 2. Landfill(s) is(are) located in the following areas: Commercial Residential Industrial Rural
- 3. Describe classes of waste accepted at each facility: _____
Any handling of hazardous waste (past or present)? Yes No Describe _____
- 4. Does Entity contract any part of operations (construction, maintenance, inspection, etc.)? Yes No
- 5. Has Entity ever been cited or fined for non-compliance with required standards? Yes No
If Yes, please provide details, copy of non-compliance notice(s) and action(s) taken to correct problem(s).
- 6. Do all facilities meet current EPA operating standards? Yes No
If No, list facility(ies) and describe: _____

RECREATIONAL ACTIVITIES

1. MANAGEMENT

- A. Does the Entity have a regular inspection/maintenance program for all facilities and equipment?
(Parks, playgrounds, equipment, buildings, etc.) Yes No
- B. How often? Weekly Monthly Other
- C. Are all regular inspections and corrective actions documented? Yes No

2. ORGANIZED ACTIVITIES *Please attach detailed description of each activity and any brochures, schedules, etc.*

A.

Activity Example: Baseball, Football	Number of Participants		Entity Sponsored Supervised?	3 rd Party Sponsored Supervised? COI to Entity			
	Youth	Adult		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- B. Does Entity secure Waiver and Release and/or Consent Forms from all participants? Yes No
- C. Do any participants provide their own insurance? Yes No

3. PARKS/PLAYGROUNDS

- A. # of Parks _____ Total size(area) of parks _____ Is there playground equipment Yes No
- B. Indicate the type of surface provided underneath playground equipment _____

4. WATERFRONT ACTIVITIES (Swimming pools, Beaches, Lakes, Reservoirs, etc.)

(Please complete a separate questionnaire for each area and attach color photographs)

- A. Type of exposure: Pool Beach Pond Lake Reservoir Ocean
 River Stream Wharf Pier Dock Marina

B. Name and Location: _____

C. Square footage/frontage/size: _____

D. Identify all activities:

- Boating Swimming Fishing Water skiing Jet skiing Ice skiing Other _____

Is swimming area roped or marked? Yes No Lifeguards provided? Yes No

of Lifeguards _____ Hours on duty _____ Are they certified? Yes No

Is boating permitted near the swimming area? Yes No Is diving permitted? Yes No

Are diving boards or slides present? Yes No **PROVIDE DESCRIPTION AND COLOR PHOTOS.**

Indicate the depth of water _____ Size of diving boards _____

Is the swimming area checked for underground obstructions, etc.? Yes No How often? _____

SPECIAL EVENTS (CARNIVALS, FAIRS, PARADES, ETC.)

Please complete a separate questionnaire for each event and attach any brochures, schedule of events, etc.

- 1. Description of Event(s): _____
- 2. Date/Duration of Event(s): _____
- 3. Location & Ownership of Premises Used for the Event(s): _____
- 4. Anticipated Crowd Attendance: _____
- 5. Are any bleachers used? Yes No Capacity _____ (# of persons)
- 6. Describe Entity's Responsibility for Event (i.e., Entity Provides Premises, Provides Funds, Provides Personnel, etc.):

- 7. List Each Sponsor/Co-Sponsor and Their Respective Responsibilities for Each Event or Activity: _____

If any exposure is contracted, please complete "Independent Contractor" section of page 3.

- 8. Are independent contractors used to provide any services? Yes No If so, what services _____

- 9. Describe Security/Crowd Control/Safety Precautions: _____

Certificates of Insurance are required from all sponsors indicating the Entity as Additional Insured and showing adequate limits of insurance.

NOTE: The following exclusions are contained within Trident program policies: Amusement Devices, Fireworks, Liquor Liability, Racing

STREETS/ROADS/HIGHWAYS/BRIDGES

- A. Number of: paved mileage _____ unpaved mileage _____ maintained for others _____ bridges _____
- B. Annual payroll (less clerical): maintenance/repair \$ _____ new construction \$ _____
- C. What is the turnaround time for routine repairs? _____
- D. Does the Entity have the following:
 - Yes No Regular inspection and maintenance program Yes No Regular inspection for missing signs
 - Yes No Written records of maintenance performed Yes No Barricades & warning signs at road worksites
 - Yes No Regular inspection for road sign visibility Yes No Bridges posted for size & weight limits
- E. Are any bridges closed, condemned or do not meet inspection standards? Yes No
If Yes, list bridge name and location: _____
- F. Does the Entity contract any portion of street, road or bridge operations? Yes No

If any exposure is contracted, please complete "Independent Contractor" section of page 3.

SEWER UTILITY

1. Annual payroll (less clerical) Plant Operator \$ _____ Construction \$ _____ Cleaning \$ _____
Number of users: Industrial _____ Commercial _____ Residential _____
Provide number of sewer miles: Storm _____ Sanitary _____
What type of facility is operated? treatment plant lift stations pumps
If treatment plant is operated:
a. Type of plant? Primary Secondary Tertiary
b. What regulatory agency is responsible for monitoring (DEC, EPA, Health Department)? _____

c. How is influent input monitored for toxic or hazardous waste? _____

d. How are chemicals labeled and where stored? _____
e. What is done with residual by-product/sludge? _____

WATER UTILITY

1. Annual payroll (less clerical) \$ _____ Total number of employees _____
Miles of pipe _____ # of gallons distributed annually _____ max. annual capacity _____
Number of users: residential _____ commercial _____ industrial _____
Number of water treatment plants _____ water tanks _____ water towers _____
Are all facilities fenced? Yes No
Is water provided to neighboring entities? Yes No
If Yes, describe and provide copies of contracts _____
2. Source of water supply (lake, well, etc.) _____
How old is your system? _____ Year of last upgrade? _____
Composition of pipe?
 Lead _____% Cast Iron _____% Asbestos _____%
 Plastic _____% Clay _____% Other _____%
3. Has utility completed monitoring for lead in drinking water? Yes No Date completed _____
Test results:
1) Tap water monitoring _____
2) Water quality monitoring _____
3) Lead source water monitoring _____
If test results exceed the lead action of 15 ppb please comment on treatment techniques relating to (a) corrosion control, (b) source water, (c) public education, or (d) lead service line replacement as applicable. _____
4) How often is water tested? _____ By which regulatory agent? _____

NOTE: The following questions apply to both of the utility operations listed above.

1. Has any utility operation ever been cited or fined for non-compliance with required standards? Yes No
If Yes, please provide details, copy of non-compliance notice(s) and action(s) taken to correct problem(s).
2. Does Entity contract any part of their utility operations (construction, maintenance, inspection, etc.)? Yes No
If any exposure is contracted, please complete "Independent Contractor" section of page 3.

PUBLIC OFFICIALS' LIABILITY APPLICATION

I. COVERAGE-CLAIMS-MADE

- A. Claims-made Retroactive date _____
- B. Each Wrongful Act limit _____ Option: _____
Annual Aggregate _____
- C. Deductible (mandatory & determined by the Underwriter)
 \$1,000 \$2,500 \$5,000 \$10,000 \$ _____

II. GENERAL INFORMATION

1. Number of members comprising governing body: (i.e. City Council/Mayor/County Commission, etc.)
Total _____
2. Do any employees have professional designations? (i.e. – attorneys, architects, engineers)
 Yes No If Yes, describe: _____
Name of entity's legal counsel _____

III. GENERAL

A. Operations

Have any of the following occurred within the last three years? (If Yes, please attach complete description.)

- | | |
|---|--|
| i. Disputes or claims involving integration, segregation, discrimination or violation of civil rights? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Grand jury investigations or indictments of any public officials? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Disputes or claims involving appropriation or condemnation of property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iv. Disputes or claims alleging the wrongful granting or refusal to grant zoning changes, building permits or similar allowances? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| v. Dispute or claims alleging the wrongful approval or building designs or specifications? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

B. Policies and Procedures

- | | |
|--|--|
| i. Does the entity have a written Policies and Procedures Manual? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Does the entity distribute the manual to all officials, managers and employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the entity provide training on the manual for all new officials and managers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do all officials and managers receive training when changes to the above are made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Does the entity have legal counsel regularly review the manual? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iv. Does the entity have a formal (written) zoning and zoning appeal process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| v. Do planning and zoning officials receive training regarding "open meeting" and hearing regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| vi. Does the entity have a written master plan for development? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date plan was adopted _____ | |
| vii. Does the entity have legal counsel present at all meetings of the governing body and all public meetings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

IV. EMPLOYMENT PRACTICES

A. Operations

Have any of the following occurred within the last three years? If Yes, please attach complete description.

- i. Disputes or claims involving integration, segregation, discrimination or violation of civil rights? Yes No
- ii. Disputes or claims alleging wrongful treatment in employee hiring, employment conditions, remuneration, advancement of employment or termination of employment? Yes No
- iii. What was the annual employee turnover rate for the last three years?
20_____:_____% 19_____:_____% 19_____:_____%
- iv. How many **involuntary employment terminations** have occurred in the past three years?
20_____:_____% 19_____:_____% 19_____:_____%

“Involuntary employment termination”, with respect to this application, means notification to an employee that such employee will no longer be employed by the public entity or any of its departments, whether such notification is effective immediately or in the future. “Involuntary employment termination” shall also include actual or alleged constructive discharge.

B. Policies and Procedures

- i. Does the entity have an Employee Handbook? Yes No
Is the Employee Handbook distributed to all employees? Yes No
Does the Employee Handbook contain a comprehensive “employment at will” statement? Yes No
Does the Entity have legal counsel regularly review the Employment Handbook? Yes No
- ii. Does the Entity have written policies and procedures with regard to the following?
(Please check all that apply)
 Hiring Termination Disciplinary Actions
 Grievance Procedures Sexual Harassment Medical Leave / Unpaid Leave
Does the entity provide training for all new supervisors and managers on the above? Yes No
Do all supervisors and managers receive training when changes to the above are made? Yes No
- iii. Does the entity require terminations to be reviewed by legal counsel in addition to its human resources department? Yes No
- iv. Are all prospective employees required to complete an employment application prior to hire? Yes No

LAW ENFORCEMENT LIABILITY APPLICATION

I. COVERAGE

- A. Occurrence Prior Occurrence date _____
 Claims-made Retroactive date _____
- B. Each Wrongful Act limit _____ Option: _____
 Annual Aggregate _____
- C. Deductible (mandatory & determined by the Underwriter)
 \$1,000 \$2,000 \$5,000 \$10,000 \$ _____

II. UNDERWRITING INFORMATION

<u>Personnel (do not count any individual twice)</u>	<u># Full-time</u>	<u># Part-time</u>
Officers with power of arrest		
Jailers/matrons/detention guards		
Reserve officers with power of arrest		
Police canines or equines		

III. TRAINING

- A. Is Entity accredited by any professional organization? Yes No Organization? _____
- B. What is the minimum education requirement for hiring officers & jailers?
 High School College Other _____
- C. Identify mandatory screening checks required prior to hiring
 Criminal background Psychological testing Motor Vehicle Records Other _____
- D. Describe law enforcement training that is required of officers with powers of arrest _____

- E. Describe training that is required of jailers/detention guards prior to assignment _____

- F. Indicate which personnel requires formal academy training
 Officers with arrest power Jailers/matrons/detention guards Reserve officers
- G. Indicate where the officers practice/qualify for use with their firearms _____

- H. Describe continuing in-service educational and training program _____

IV. POLICIES AND PROCEDURES

A. Does the Entity have written policies governing the following:

- | | | | | | |
|------------------------------|-----------------------------|------------------------|------------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use of deadly force | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Handling of intoxicated persons |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use of nondeadly force | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Moonlighting |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vehicle "hot pursuit" | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Armed while off duty |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Domestic violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Use of volunteers |

- B. Are policies and procedures distributed to all personnel? Yes No
- C. Are these reviewed periodically with personnel as part of training? Yes No
- D. Are these reviewed regularly by Entity's legal counsel? Yes No How often? _____
- E. Does the Entity contract law enforcement services to any public or private entity? Yes No
If Yes, attach copy of contract.
- F. Describe moonlighting authorized by the Entity _____
- G. Does Entity belong to any multi-jurisdictional law enforcement organization such as a drug task force?
 Yes No Describe entity's involvement _____
- H. Does Entity participate in a multi-jurisdictional penal institution? Yes No
Describe Entity's involvement _____

V. JAIL OPERATIONS

- A. Jail Holding cell Detention center Other _____
Date constructed _____ Date renovated/updated _____ Number of cells _____ Square footage _____
Minimum state certified capacity _____ Avg # of inmates _____ Avg stay _____
Is the facility operating under court order or in violation of any local, state or federal codes or standards?
 Yes No If Yes, explain _____
- B. Indicate the existence of the following:

- | | | | | | |
|------------------------------|-----------------------------|---------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Walk-throughs every 30 minutes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medical facilities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Written inmate grievance procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Suicide prevention measures |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Screening & classification of inmates | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Inmate monitoring systems |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Work release or halfway houses | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Separation of juveniles from adults |

VI. EMERGENCY DISPATCHING

- A. Who provides dispatch services for the following:
Police/Sheriff _____ Fire _____ EMS _____
- B. Are incoming calls to dispatchers recorded? Yes No Length of time tapes are maintained _____
- C. What is the average number of calls received per month? _____
- D. Describe the training program for emergency dispatchers _____

COMMERCIAL AUTO APPLICATION

I. COVERAGES

Please attach ACORD application and complete Section II. UNDERWRITING QUESTIONS.

II. UNDERWRITING QUESTIONS

A. Are all owned or leased vehicles covered under this program? Yes No *If No, please provide details.*

B. Describe any location(s) with a concentration of stored vehicles where total values exceed \$500,000

LOCATION	UNIT NUMBER(S) FROM VEHICLE SCHEDULE	TOTAL VALUE(S)

C. Advise if the Entity has the following:

- | | | | | | |
|------------------------------|-----------------------------|----------------------------------|------------------------------|-----------------------------|--------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mutual aid agreements | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Accident investigation program |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Preventative maintenance program | <input type="checkbox"/> Yes | <input type="checkbox"/> No | MVRs ordered prior to hiring |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Driver training program | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Autos hired by Entity |

D. How are vehicles stored overnight?

Garaged Fenced lot Lighted lot Other _____

F. Does the Entity own or operate any vehicles designed exclusively for hauling explosives, flammables or hazardous materials? Yes No If Yes, provide details _____

G. Do any employees drive their own vehicles in the Entity's business? Yes No

If Yes, list employee and occupation: _____

Are COIs obtained from these employees? Yes No List minimum amount of insurance required from employees liability policy: _____

H. Are employees allowed to take vehicles home? Yes No Is personal use permitted? Yes No

List employees and occupation: _____

I. Does the Entity provide any type of transportation services? Yes No

Indicate type: Elderly transportation Other _____

N. Provide a list of drivers, including MVR information and indicate emergency vehicle operators.

COMMERCIAL EXCESS LIABILITY APPLICATION

(only available over Trident Underlying Policies)

Limits: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 Other _____
(higher limits may be available)

Coverage to apply over:

- General Liability Public Officials' Law Enforcement Auto Liability Employers Liability

PROPERTY AND ALLIED LINES APPLICATION

COLOR PHOTOS MUST BE PROVIDED

I. COVERAGES REQUESTED

- COMMERCIAL BUILDING AND PERSONAL PROPERTY
- COMMERCIAL INLAND MARINE
- COMMERCIAL CRIME

II. COMMERCIAL BUILDING AND PERSONAL PROPERTY

Please attach an ISO Statement of Values or ACORD Application. This must be dated and signed and the following information must be included: Address, Protection Class, Construction, Age, Square Footage, Number of Stories, and Occupancy of Each Structure. Values must be at least 90% for Blanket or Agreed Value Coverage.

A. Causes of Loss

- Basic Broad Special Earthquake Flood

B. Deductible per occurrence

- \$1,000 \$2,500 \$5,000 Other _____

C. Specific and Blanket Insurance

- 1. Specific: Coinsurance 80% 90% 100%
- 2. Blanket: Coinsurance 90% 100%

D. Additional Building and Personal Property Coverage Options:

- 1. Agreed Value (attach current certified appraisal or signed statement of values)
- 2. Replacement Cost (provide details on year built, updates and renovations)
- 3. Functional Replacement Cost (provide details on updates and renovations)
- 4. Inflation Guard _____%
- 5. Outdoor signs limit \$ _____
- 6. Vacancy Permit Location: _____
Dates: From _____ to _____
Protection: _____
Future plans for building: _____

E. Extra Expense Coverage

- Limit: _____
- 40% / 80% / 100% 35% / 70% / 100%

F. Equipment breakdown coverage

- Limit: _____
- Deductible: _____

