



Public Entity Program Application

GENERAL INFORMATION

Named Insured: _____

Address: _____

City: _____ County _____ State _____ Zip _____

Website: _____

Risk Manager: Yes No Name of Risk Manager _____

FEIN Number: _____

Agency: _____

Address: _____

City: _____ County _____ State _____ Zip _____

Contact: _____

Email: _____ Phone _____ Fax _____

Effective Date of Coverage: _____ Quote Needed By: _____

Population: _____

Claims Question

Has any insurance coverage been cancelled the past 3 years? Yes No
If yes, line of coverage, reason and date _____

Submission Checklist – additional reports and information may be requested in other sections

- Application Current budget Property SOV Auto Schedule Jail Report
 Dam Report Bridge Report 5 Years Currently Valued Loss Runs



Public Entity Program Application

GENERAL INFORMATION

<u>Coverage</u>	<u>Premium</u>	<u>Current Carrier / Pool</u>
Property	\$ _____	_____
Crime	\$ _____	_____
General Liability	\$ _____	_____
Auto Liability	\$ _____	_____
Auto Physical Damage	\$ _____	_____
Law Enforcement Liability	\$ _____	_____
Public Officials Liability	\$ _____	_____
Employment Practices Liability	\$ _____	_____
Excess Liability	\$ _____	_____
Total Annual Premium	\$ _____	

Agent Notes



Public Entity Program Application

PROPERTY & INLAND MARINE

 N/A

Total Insured Values \$ _____

Property Deductible \$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$25,000

Wind / Hail Deductible, If any 1% 2% 3%

Coinurance Percentage 80% 90% 100% Agreed Amount

Protection Class 1 2 3 4 5 6 7 8 9 10

Equipment Breakdown Limit \$ _____ Deductible same as property

Flood (Excluding A, V) \$1mil \$2 mil \$3 mil \$4 mil \$5 mil

Flood Deductible \$25,000 \$50,000 \$100,000

Earthquake (Excluding 1, 2) \$1mil \$2 mil \$3 mil \$4 mil \$5 mil

Earthquake Deductible \$25,000 \$50,000 \$100,000

Inland Marine Deductible \$250 \$500 \$1,000 \$2,500 \$5,000

Business Income \$100,000 \$250,000 \$500,000 \$1,000,000 \$ _____

Terrorism Coverage Yes No

<i>Statement of Values must be attached</i>		*Must purchase Extra Expense	
Limit Included	Requested Limit	Limit Included	Requested Limit
Appurtenant Structures \$5,000	\$5,000 max	Spoilage Perishable Prop \$10,000	
At any other location \$100,000		Surface Water \$15,000	\$15,000 max
Building Ordinance \$250,000		Utility Service Dir Damage \$25,000	
Debris Removal \$25,000		Arson Reward \$5,000	\$5,000 max
Emergency Evacuation \$5,000	\$5,000 max	Crime Reward \$2,500	\$2,500 max
Fire Dept. Service Charge \$5,000		BI any other location \$100,000*	
Fire Suppress EQ Recharge \$5,000		Contingent Bus. Inc. \$100,000*	
Interior Water Damage \$10,000		Accounts Receivable \$25,000	
Inventory Costs/Claim Prep \$10,000		EDP Hardware \$25,000	
Lock Replacement \$1,000		EDP Data & Media \$10,000	
Newly Acquired Building \$1,000,000		EDP Extra Expense \$5,000	
Newly Acquired Per. Prop \$500,000		Contractors Equipment	
Personal Effects \$10,000		Fine Arts	
Personal Property of others \$10,000		Cameras, Projection, Musical Instr.	
Pollutant Cleanup/Removal \$25,000		Valuable Papers \$25,000	
Property in Transit \$15,000		Fire Department Equipment	
Golf Course Greens Coverage		Miscellaneous Equipment	
Signs	Included	Police Equipment	



Public Entity Program Application

Crime		<input type="checkbox"/> N/A
	Limit	Deductible
Employee Theft – Per Loss Coverage		<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
Employee Theft – Per Employee Coverage		
Forgery or Alteration		
Inside the Premises – Theft of Money & Securities		\$100,000 maximum limit
Inside the Premises - Robbery or Safe Burglary or Other Property		\$100,000 maximum limit
Outside the Premises		\$100,000 maximum limit
Computer Fraud		
Funds Transfer Fraud		
Money Orders & Counterfeit Money		
Optional Coverage		
<input type="checkbox"/> Faithful Performance of Duty <input type="checkbox"/> Extortion <input type="checkbox"/> Designated Persons (Names needed if bound)		
<input type="checkbox"/> Treasurers & Tax Collectors <input type="checkbox"/> Include Volunteers <input type="checkbox"/> Students as Employees		
<input type="checkbox"/> Include Chairman <input type="checkbox"/> Include Non-compensated Officers		
Security Provisions (check those that apply):		
<input type="checkbox"/> CPA Audit? <input type="checkbox"/> Internal Audit? <input type="checkbox"/> Reconciliations <input type="checkbox"/> Bank Statements <input type="checkbox"/> Countersignature <input type="checkbox"/> Employee Background Checks <input type="checkbox"/> Alarms Type		
General Information		
1. Is more than \$2,000 kept at premises overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No N 2. Type of Safe if any: <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> Other _____ 3. Number of locations where money is located other than initial location? _____ 4. Number of Employees Handling Money: _____		



Public Entity Program Application

GENERAL LIABILITY		<input type="checkbox"/> N/A																																																																
<p>General Aggregate: <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000</p> <p>Bodily Injury & Property Damage: <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000</p> <p>Personal & Advertising Injury: <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 (Limit must equal above limit)</p> <p>Employee Benefits Liability: <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 (Limit must equal above limit)</p> <p>Fire, Lightning & Explosion: <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$_____</p> <p>Medical Payments Limit: <input type="checkbox"/> \$10,000 <input type="checkbox"/> Exclude</p> <p>GL Deductible: <input type="checkbox"/> \$0 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000</p>																																																																		
Optional Coverage	Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																
<p>Fellow Employee Coverage <input type="checkbox"/> Exclude <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000</p> <p>Injury to Volunteer Firefighter <input type="checkbox"/> Exclude <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000</p> <p>No-fault Sewer Backup <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Failure to supply (sub-limit) <input type="checkbox"/> Exclude <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000</p>																																																																		
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margin-top: 10px;">*If coverage requested, please complete supplemental applications section.</p> <p>**This exposure will require: (1) separate application, (2) separate underwriting, and (3) separate policy.</p> <p>Attach copies of the most recent financial statements and annual reports and budget NOE worksheet</p>			<input type="checkbox"/> Airports/Aircraft	<input type="checkbox"/> EMT's/Paramedics/Rescue	<input type="checkbox"/> Museums	<input type="checkbox"/> School Buses	<input type="checkbox"/> Ambulance Service	<input type="checkbox"/> Fairs/Carnivals	<input type="checkbox"/> Nursing Homes**	<input type="checkbox"/> Skateboard Facilities	<input type="checkbox"/> Amusement Parks	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Parks/Recreation	<input type="checkbox"/> Skating Rinks	<input type="checkbox"/> Animal Control	<input type="checkbox"/> Fireworks Exhibitions	<input type="checkbox"/> Police/Sheriff Dept	<input type="checkbox"/> Ski Facilities	<input type="checkbox"/> Athletic Centers	<input type="checkbox"/> Foreign	<input type="checkbox"/> Pools-Swimming/Wading	<input type="checkbox"/> Special Events	<input type="checkbox"/> Auditoriums	<input type="checkbox"/> Gas Utility	<input type="checkbox"/> Property Leased to Others	<input type="checkbox"/> Stadiums/Grand Stands/ Bleachers – 5,000 Capacity	<input type="checkbox"/> Beaches/Pools	<input type="checkbox"/> Golf Courses	<input type="checkbox"/> Public Housing Authority	<input type="checkbox"/> Streets & Roads	<input type="checkbox"/> Bridges	<input type="checkbox"/> Gymnasiums	<input type="checkbox"/> Radio/TV Broadcasting	<input type="checkbox"/> Theaters	<input type="checkbox"/> Campgrounds	<input type="checkbox"/> Hospitals**	<input type="checkbox"/> Recycling Facilities	<input type="checkbox"/> Toll Roads	<input type="checkbox"/> Chemical Spraying	<input type="checkbox"/> Incinerator	<input type="checkbox"/> Rehab Centers**	<input type="checkbox"/> Transit – Buses	<input type="checkbox"/> Cemeteries	<input type="checkbox"/> Jails/Correction Facilities	<input type="checkbox"/> Retirement Homes	<input type="checkbox"/> Transit – Passenger Rail	<input type="checkbox"/> Clinics**	<input type="checkbox"/> Lakes/Beaches	<input type="checkbox"/> Restaurants/Taverns	<input type="checkbox"/> Water Utility	<input type="checkbox"/> Convention Center	<input type="checkbox"/> Landfills*	<input type="checkbox"/> Sanitation Collection	<input type="checkbox"/> Watercraft	<input type="checkbox"/> Dams/Dikes/Levees/Reservoirs	<input type="checkbox"/> Libraries	<input type="checkbox"/> Sewer Utility	<input type="checkbox"/> Zoo	<input type="checkbox"/> Day Care Centers	<input type="checkbox"/> Marinas/Wharves	<input type="checkbox"/> Schools	<input type="checkbox"/> Other _____	<input type="checkbox"/> Electric Utility			
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Public Entity Program Application

Utilities Owned / operated (check all that apply)		Complete supplemental applications			<input type="checkbox"/> n/a
Please provide	Water <input type="checkbox"/>	Sewer <input type="checkbox"/>	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	
Total Payroll-clerical	\$ _____	\$ _____	\$ _____	\$ _____	
Production	<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	
Distribution	<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	

EXCESS LIABILITY		<input type="checkbox"/> N/A
Limit Requested: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000		
Terrorism <input type="checkbox"/> Yes <input type="checkbox"/> No		
UNDERLYING COVERAGE REQUESTED		
Check if Excess Requested. Underlying limit must be at least \$1,000,000		
General Liability:	<input type="checkbox"/>	
Auto Liability:	<input type="checkbox"/>	
Public Officials Liability:	<input type="checkbox"/>	
Employment Practices Liab:	<input type="checkbox"/>	
Law Enforcement Liability:	<input type="checkbox"/>	
Employers Liability:	<input type="checkbox"/> (If a Pool or Trust, provide name of excess carrier) _____	
	If coverage bound, need policy number: _____	
	Excess carrier must be "A" rated.	



Public Entity Program Application

AUTOMOBILE LIABILITY & PHYSICAL DAMAGE

 N/A

Combined Single Limit \$500,000 \$1,000,000 (includes hired & non-owned auto)
 Medical Payments \$5,000 \$10,000 EXCLUDED

 Uninsured/Underinsured Motorist CSL \$500,000 \$1,000,000 EXCLUDED
 Uninsured Motorist Limit \$500,000 \$1,000,000 Other _____ EXCLUDED
 Underinsured Motorist Limit \$500,000 \$1,000,000 Other _____ EXCLUDED
 UM PD Limit (IL only) \$15,000 Deductible: \$250 \$500 \$1,000
 UM / UIM Deductible \$ _____

 Auto Liability Deductible: \$0 \$1,000 \$5,000 \$10,000 \$25,000

Auto Physical Damage

Comprehensive Deductible \$250 \$500 \$1,000 Other _____ EXCLUDED
 Collision Deductible \$250 \$500 \$1,000 Other _____ EXCLUDED
 Hired Physical Damage Limit \$ _____
 Hired PD Comp. Ded. \$250 \$500 \$1,000 Other _____ EXCLUDED
 Hired PD Collision Ded. \$250 \$500 \$1,000 Other _____ EXCLUDED

Summary of Automobile Exposures (PLEASE ATTACH AUTO SCHEDULE w/ COST NEW & CLASS CODE)

Type	Number Owned	Type	Number Owned
Private Passenger Autos		Heavy Trucks	
Police Private Passenger		Extra Heavy Trucks	
Police Vans or Trucks		Tractor Trailers	
Police Motorcycles		Fire Trucks	
Light Trucks		Ambulances	
Medium Trucks		Trailers	
Buses		Total number of all units	

- Do any of the above transport explosives, inflammables or radioactive material? Yes No
 - Do you have a vehicle maintenance program for all of your vehicles? Yes No
 - Do you utilize a safety program? Yes No
 - Do you request MVR's on all drivers? How often? _____ Yes No
 - Is any coverage provided for any non-owned buses? Yes No
- If yes, please explain:



Public Entity Program Application

LAW ENFORCEMENT LIABILITY – OCCURRENCE FORM

N/A

Current Coverage Form: Occurrence Claims Made Retro Date if any _____

Annual Aggregate Limit: \$500,000 \$1,000,000 \$2,000,000 \$3,000,000

Per Occurrence Limit: \$500,000 \$1,000,000

Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$100K

Is Insured within 25 miles of a city over 250,000 populations? Yes No Name of City _____

LETN subscriber? Yes No (Law Enforcement Network Television)

Have personnel attended a sponsored seminar the past year? Yes No

Consent to Settle Coverage? Yes No

A. APPLICANT INFORMATION (please attach copies of any contracts below)

1. Any seasonal increase in population? Yes No
 - a. Percentage of increase _____
 - b. If there is a seasonal population change, are there any borrowed officers? Yes No
 - c. If yes, how many? _____
2. d. Are they trained in your agency's policies and procedures? Yes No
3. Name and size of any significant operations within your jurisdiction (military institutions, colleges, resort areas, convention centers, arenas, amusement parks) _____
4. Do you contract law enforcement to any other public or private entity? Yes No
5. Does the department perform any administrative work for any other police department? If yes, explain Yes No
6. Are you party to any mutual aid, reciprocal, or regional task force agreements? Yes No
7. Do you authorize employee moonlighting Yes No
 - a. If so, who authorizes? _____
 - b. What percentage of staff moonlight? _____
 - c. Is employee moonlighting allowed in bars or taverns? Yes No
8. Does the department participate in any of the following specialized units?

Critical Incident Team SWAT Drug Task Force Other units

If yes to any of the above, please explain _____



Public Entity Program Application

B. POLICIES & PROCEDURES (please attach copy of manuals)			
1.	Do you have a written policies and procedures manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Date of manual: _____ Date of last revised or updated: _____		
3.	Is manual distributed to all personnel and reviewed with them periodically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Does the department perform procedures compliance monitoring? If no, explain _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Do you require use of force reports to be filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are they followed up? If no, explain _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Does the manual have written policies concerning the following?		
a.	Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Use of deadly force	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Use of non-deadly force	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Vehicle "hot" pursuit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Communicable disease (AIDS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Handling of Intoxicated persons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. JAIL OPERATIONS (please attach copies of manuals and reports)			
1.	Jail <input type="checkbox"/> Minimum Security <input type="checkbox"/> Maximum Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Holding Cell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Detention Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	What is state certified capacity of the facility? _____		
5.	What is the average length of stay? _____		
6.	Are jailers on duty 24 hours per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Have there been any suicides the past 5 years? If yes, explain _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Any suicide attempts? If yes, explain and provide details of preventative measures _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Are walk through inspections of the facility done every 30 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a.	Are they documented in writing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Date of last inspection by state corrections officials? _____		
11.	Date of last inspection by fire inspectors _____		
12.	Are there smoke alarms in jails?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Are there audio / video systems in the following?		
	Booking Area <input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> None		
	Sally Port <input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> None		
	Cell Area <input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> None		
14.	If no audio / video in cell area, are inmates under constant surveillance by a jailer/officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Does the department maintain written jail or holding cell operations manual containing the following?		
	Intake screening & classification <input type="checkbox"/> Yes <input type="checkbox"/> No Strip Searches <input type="checkbox"/> Yes <input type="checkbox"/> No		



Public Entity Program Application

Jail Evacuation Yes No Medical Treatment Yes No
 Suicide ID Guidelines Yes No

D. EDUCATION & TRAINING

1. What is the minimum education requirement for hiring officers?
 High School Some College College Degree Other
2. Is psychological testing required prior to hiring? Yes No
 - a. Are results reviewed by a person trained in this field? Yes No
 - b. Is applicant interviewed by a psychologist/psychiatrist? Yes No
3. Are background checks completed prior to hiring? Yes No
4. What training of correctional officers/jailers is required prior to hiring?
 - a. Full Time Jailers Formal Academy? Yes No # of Hours _____
 - b. Part Time Jailers Formal Academy? Yes No # of Hours _____
5. What law enforcement training is required of armed street officers prior to assignment? Formal Academy? # Of Hours _____ Yes No
6. Do you have annual minimum in-service training updates? # Of Hours _____ Yes No
7. Is formal training required before armed and assigned street duty? Yes No
 - a. If no, confirm officer is not armed and is accompanied by trained personnel Yes No
8. Are Officers trained and qualified before using:

Baton	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mace / Chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stun Guns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Control Holds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Canine Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. How often must an officer re-qualify with the following

Service Revolver	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi –annual <input type="checkbox"/> Annual
Personal Weapon	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi –annual <input type="checkbox"/> Annual
Other Weapons	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi –annual <input type="checkbox"/> Annual
10. What training do part-time/auxiliary armed officers receive? _____
 - a. Is training given before duty assignment? Yes No
 - b. What types of assignments do these officers perform? _____
11. Has Department provided any training regarding racial profiling prevention? Yes No

E. DISPATCHING & 911 SERVICE

1. Does the department handle its own dispatch? Yes No
2. Does the department dispatch for other entities? Yes No
 - a. How many entities? _____ b. What is the total population served? _____
3. Does the department handle 911 services? Yes No
 - a. How many entities? _____ b. What is the total population served? _____
4. Are all incoming calls to dispatchers and 911 operators recorded? Yes No
 - a. How long are the tapes maintained? _____
5. What services are provided by dispatch or 911? _____



Public Entity Program Application

a. Emergency medical?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Fire dispatch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Police dispatch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. What training do dispatchers and 911 operators receive prior to assignment?		
a. Formal Academy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. # Of hours?	_____	
c. If other explain	_____	
7. Do the dispatchers have a written policies and procedures manual governing response to emergency calls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Has the dispatching unit or 911 services division ever been involved in any type of lawsuit or litigation? If yes, explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. PERSONNEL			
Group A		Group B	
Full Time Officers, Detectives, Investigators, Sergeants		Animal Control	
Full Time Chief, Sheriff, Deputies		Dispatchers	
Police Dogs		Jail Medical / Coroner	
Full & Part-Time Jailers		Other unarmed personnel	
Part-time reserve/auxiliary/court officers with arrest powers		Other unarmed Jail Personnel	
		School Crossing Guards	
		Unarmed Part-time reserve/auxiliary/court officers without arrest powers	
Total Group A		Total Group B	

G. CLAIMS HISTORY	
1. Does any official, employee or volunteer have any knowledge of any action, error, omission, or breach of duty which may be expected to give rise to a claim or lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____
2. Has any lawsuit been made or is now pending against any person in his/her official capacity as an employee or volunteer for the department? If yes, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No



Public Entity Program Application

PUBLIC OFFICIALS &

 N/A

EMPLOYMENT PRACTICES LIABILITY – CLAIMS MADE

A. General Information

Current coverage form: Claims Made Occurrence Retroactive Date: _____

Public Officials

Annual Aggregate Limit: \$500,000 \$1,000,000 \$2,000,000 \$3,000,000

Per Claim Limit: \$500,000 \$1,000,000

Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Employment Practices

Annual Aggregate Limit: \$500,000 \$1,000,000 \$2,000,000 \$3,000,000

Per Claim Limit: \$500,000 \$1,000,000

Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Is insured within 25 miles of a city over 250,000 populations?

Yes No Name of City _____

Optional Coverage

Non-monetary – EPL Yes No \$10,000 sub-limit included; Sub-limit requested \$ _____

Back Wages – EPL Yes No \$10,000 sub-limit included; Sub-limit requested \$ _____

Consent to Settle – EPL Yes No Consent to Settle - POL Yes No

B. OPERATIONS

These operations are separately rated

Does the entity operate any of the following?

Alcohol Beverage Control Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	Departments of Social Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Election Boards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Economic Development Commissions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Irrigation Districts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Control Districts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Library Districts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Highway Districts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parks or Recreation Districts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Land Re-utilization Districts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water & Sewer Districts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sanitation and Refuse Districts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wildlife Conservation Districts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Regional Tax Assessment Authorities	<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorities

Transit Authorities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Port Authorities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Airport Authorities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Authorities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas Utility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Electric Utility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas Utility # Users	_____	Electric Utility # Users	_____



Public Entity Program Application

C. ZONING

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 1. | Do you have zoning authority? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Is there a planning and zoning board? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Does an attorney attend all meetings of your planning and zoning board? If not explain. _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Do you have a written master plan for economic development? If yes, date it was adopted? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Do you have a policy which prohibits zoning board members with an investment in a business from voting on a zoning action which may affect that business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Do you have a policy prohibiting zoning board members who are directors, officers or partners of a business from voting on a zoning action which may affect that business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Do you have a procedure which requires zoning board members to disclose to you all investments or controlling positions in any business which may be affected by the zoning board actions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Advise the estimated number of building permits granted in the past year | _____ | |
| 9. | Advise the estimated number of building permits denied in the past year | _____ | |
| 10. | Any improper or alleged wrongful granting of variances, building permits or similar grants or zoning disputes in the past five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | Is there any wrongful or alleged wrongful approval of building plans or specifications in the past five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | Are there any wrongful or alleged wrongful approvals of building construction in the past five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Public Entity Program Application

D. EMPLOYEE INFORMATION (please provide copies of manuals)

1. Total Number of Employees _____
2. Percentage of workforce that are union members _____
4. Do you use an employment application during the hiring process? Yes No
 - a. Does the insured have an employee at will statement? Yes No
 - b. Is the insured authorized to check references & criminal conviction records? Yes No
 - c. Is there an applicant's signature attesting that all representations are true? Yes No
 - d. Is there an equal employment opportunity statement? Yes No
5. Total number of terminations over the past year _____
6. Total number of employee initiated terminations over the past year _____
7. Total number of EEOC complaints in the past year _____
8. Who is responsible for Human Resources or personnel functions _____
 Is this person trained in employment practices Yes No
9. Who is designated to handle all employment related incidents? _____
 Is this person trained in employment practices Yes No
10. Do you require all employment terminations be reviewed by the person listed In #8 or #9 above prior to the termination? Yes No
11. Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents or allegations? Yes No
12. Do you have written policies and procedures personnel manual? Yes No
13. Date of the manual? _____
14. Date of last revision/update? _____
15. Was the manual reviewed by an attorney prior to implementation? Yes No
16. Is the manual periodically reviewed and updated by an attorney? Yes No
17. Does the written manual apply to all departments? If no, which departments have separate manuals? _____ Yes No
18. Is the manual distributed to all personnel? Yes No
19. Is the manual reviewed with personnel as part of their employee orientation? Yes No
20. Does the manual include policies & procedures on the following?

Hiring	<input type="checkbox"/> Yes <input type="checkbox"/> No	Termination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Background Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Suspension	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grievance Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Public Entity Program Application

E. FINANCIAL INFORMATION – Please attach most recent budget				
1.	Please provide budget figures	Year	Revenue	Expend.
		Current	\$ _____	\$ _____
		1 st Prior	\$ _____	\$ _____
		2 nd Prior	\$ _____	\$ _____
2.	Please explain any deficit _____			
3.	What is your latest bond rating? (Moody's or Standard & Poor's) _____			
4.	Has any bond issue been defeated in the past 3 years? If yes, what was it for? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Have you ever been in default on principal or interest on any bond? If yes, explain _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

F. CLAIMS EXPERIENCE				
1.	Is the entity operating under any court order? If yes, why _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Has any claim been made in the past 5 years or is now pending against any person in their capacity as an official or employee of the entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Does any board member, employee or volunteer have any knowledge of any negligent act, error omissions or breach of duty which may give rise to a claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Has there been any sexual harassment or civil rights claims or allegations in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes to any of the above questions, please attach details.</i>				



Public Entity Program Application

SUPPLEMENTAL INFORMATION SECTION

A. Dams & Reservoirs – Please provide reports

n/a

Describe the following:

- a. Type of structure: Dam Reservoir: Hazard Code: _____
- b. What is the name of the structure? : _____ Year Built: _____
- c. Names of Tributary rivers: _____
- d. Who inspects the dam?: _____
- e. Date of last inspection: _____
- f. Is there a regular maintenance program?: Yes No
- g. Are written records kept?: Yes No
- h. Is there an emergency notification plan? Yes No
- i. Who controls the dam? Entity State Army Corp Other
- j. Has any coverage for the dam been cancelled or declined for this exposure? Yes No
- k. Please provide a summary of downstream exposures: : _____

B. Streets & Roads

n/a

Describe the following:

Total Mileage: _____ Paved: _____ Unpaved: _____

- a. Is there a regular maintenance program?: Yes No
- b. Are written records kept?: Yes No
- c. Is there a prior notice ordinance in effect?: Yes No
- d. Are road signs inspected for missing and visibility?: Yes No
- e. Are barricades and warning signs used at worksites?: Yes No

C. Bridges Please provide reports

n/a

Describe the following:

- a. Number of bridges owned or maintained? _____
- b. Any bridge construction? Yes No If yes, describe: _____
- c. Are all bridges posted for size and weight limits?: Yes No
- d. How many one lane bridges? _____ Are warnings posted? Yes No
- e. How many drawbridges? _____ Are warnings posted? Yes No
- f. Number of toll bridges: _____
- g. Describe bridge inspection procedures: _____
- h. Have any bridges not passed inspection? Yes No
- i. Date of last inspection? _____



Public Entity Program Application

D. Fire Department	<input type="checkbox"/> n/a
# Paid: _____ # Volunteer _____ Is there a central alarm system or 911 services? <input type="checkbox"/> Yes <input type="checkbox"/> No	

E. EMT's/Paramedics/ Nurses/Physicians	<input type="checkbox"/> n/a
# Paid EMT's: _____ # Volunteer EMT's: _____ # Nurses: _____ # Paid Paramedics: _____ # Volunteer Paramedics: _____ # Physicians (clinic): _____	

G. Day Care	<input type="checkbox"/> n/a
Number of Children: _____ Describe all activities: _____ Number of staff: _____ Describe play equipment: _____	
Is the facility licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years in operation	_____
Maximum number of children permitted under license	_____
Days & hours of operation	_____
How are the staff evaluated / hired? _____	
Background Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
References checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any previous or pending allegations of sexual or physical abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are parental permission/waiver forms required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

H. Parks, Recreational Areas, Amusement Parks	<input type="checkbox"/> n/a
1. Provide the total number of the following:	
Parks _____	Beaches _____ # of Lifeguards _____
Recreational Areas _____	Pools _____ # of Lifeguards _____
Camping Facilities _____	
a. Do these locations have first aid stations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do these locations have mechanical rides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Is there an equipment maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. How often is the equipment inspected?	_____
c. Do these locations have animal rides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are there employee-training programs in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Public Entity Program Application

H. Parks, Recreational Areas, Amusement Parks		<input type="checkbox"/> n/a
e. Do schools, camps, and other supervised programs take "field trips" to these locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are waivers required from participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Total number of ski areas:	_____ Lift towropes? _____	
3. Total number of Amusement Parks:	_____	
4. Total number of the following:		
a. Golf courses	_____ # Of members? _____	
b. Ice skating rinks	_____	
c. Roller skating rinks	_____	
d. Zoos	_____	

J. Fireworks Exhibitions		<input type="checkbox"/> n/a
1. Number of events in the past year: _____	Next year? _____	
2. Is the pyrotechnician licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is the pyrotechnician an: <input type="checkbox"/> Employee or <input type="checkbox"/> Independent Contractor?		
a. If an independent contractor, does the pyrotechnician carry liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If yes, what is the limit of liability?	\$ _____	
c. Does the municipality obtain a certificate of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Provide details on safety programs for fireworks exhibitions.	_____	

K. Sporting Activities (not associated with schools)		<input type="checkbox"/> n/a
1. Describe activities and teams.	_____	
2. Describe the facilities (stadium, field, bleachers)	_____	
3. Total average annual attendance: _____	Total annual revenues: _____	

L. Theaters, Stadiums, Convention Centers, Auditoriums, Fairs, Carnivals		<input type="checkbox"/> n/a
1. Describe activities and events held throughout the year and on what basis (annually, semi-annually, monthly, weekly) they are held.	_____	
2. Describe the facilities that house these events.	_____	
Square Feet _____	Total annual attendance _____	Total annual receipts _____



Public Entity Program Application

M. Miscellaneous

n/a

1. Provide the total number of the following:
Libraries _____ Museums _____
2. If coverage is requested, provide the size, construction, and location of any Wharves or Marinas. _____
3. If Fire Legal Liability is requested, provide details of any leased premises exposure. _____
4. Describe any additional operations not included above. _____
5. Provide details of any contractual agreements other than lease of premises, easement, or sidetrack agreements: _____

N. Property Questions

n/a

1. How were property values calculated? _____
Date of last appraisal? _____
2. Have roofs been updated the past 20 years? Yes No
3. Is any property located within 25 miles of coastal water? Yes No
4. Is there a disaster recovery plan? Yes No Please attach or describe plan _____

5. Are any locations in the 100 year flood plain? Yes No Please note on SOV
6. Are any locations in Earthquake Zones 1 or 2? Yes No Please note on SOV
7. Describe maintenance and overall upkeep of the property _____



Public Entity Program Application

SIGNATURE SECTION

No fact, circumstance or situation indicating the probability of a claim or action is now known to any person proposed for this insurance; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating there from shall be excluded from coverage under the insurance for here which being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate.

The undersigned further declares and represents that any occurrence taking place prior to the inception of the policy for which being applied, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the company. The undersigned acknowledges and agrees that the submission and the company's receipt of such report, prior to the inception of the policy for which being applied, is a condition precedent to coverage.

The undersigned acknowledges and agrees this application contains requests for information and requests for data on a range of exposures, but such requests do not imply that coverage is afforded in the policy for which is being applied.

Signed by: _____ Date: _____

Printed Name: _____

Title: _____



Public Entity Program Application

SUPPLEMENTAL APPLICATIONS – Complete if Exposure Exists

SEWER UTILITY	<input type="checkbox"/> N/A
1. Number of users Industrial _____ Commercial _____ Residential _____	
2. Annual Payroll less clerical \$_____	
3. Total number of miles _____ Storm _____ Sanitary _____	
4. What type of facility? <input type="checkbox"/> Treatment Plant <input type="checkbox"/> Lift Stations <input type="checkbox"/> Pumps	
5. Type of Treatment Plant? <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary	
a. What regulatory agency is responsible for monitoring?	
<input type="checkbox"/> DEC <input type="checkbox"/> EPA <input type="checkbox"/> Health Department <input type="checkbox"/> Other _____	
How often? _____	
b. How is influent input monitored for toxic or hazardous waste? _____	
c. How are chemicals labeled and stored? _____	
d. What is done with residual by-product/sludge? _____	
e. Has plant ever been fined or received a citation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	

6. Are any operations contracted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach Certificate of Insurance and copy of hold-harmless	
7. Year the system was built? _____ Year of last upgrade? _____	
8. Regular maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Are records kept for all repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have there been any past/present incidents of sewer back-up to residential or commercial property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain (include dates, cause and corrective action taken)	



Public Entity Program Application

WATER UTILITY

N/A

1. General Information

- a. Annual Payroll less clerical \$ _____
- b. Number of gallons distributed annually? _____ Maximum annual capacity? _____
- c. Miles of pipe? _____ Total number of water employees? _____
- d. Number of users? _____ Residential _____ Commercial _____ Industrial _____
- e. Number of? _____ Water treatment plants _____ Water Tanks _____ Water towers _____
- f. Are all facilities fenced? Yes No
- g. Is water provided to neighboring entities? Yes No If yes, describe and provide copies of contracts _____

2. Source of water supply?

- Lake Well River Other _____
- a. System age? _____ Year of last upgrade? _____
- b. Pipe composition? Lead _____ Cast Iron _____ Asbestos _____ Plastic _____ Clay _____ Other _____

3. Has utility completed monitoring for lead in drinking water? Yes No Date completed? _____

Test results

Tap water monitoring _____ Water quality control monitoring _____ Lead source water monitoring _____

If test results exceed the lead action level of 15 ppb, please comment on treatment techniques relating to?

Corrosion control? _____ Source water? _____

Public Education _____

Lead service line replacement as applicable _____

4. How often is water tested? _____ By which regulatory agency? _____

5. Has system ever been cited or fined for non-compliance with required standards? Yes No

6. Does entity contract any part of the water operations? Yes No **If yes, please provide certificates of insurance**

7. Does entity have a written disaster plan? Yes No Consumer Complaint Process? Yes No



Public Entity Program Application

ELECTRIC UTILITY

N/A

1. Number of users Industrial _____ Commercial _____ Residential _____

2. Annual Payroll less clerical \$ _____

3. Total number of locations _____ This number should include main location and substations

4. Are all locations protected Yes No Fenced Lighted Alarms Other _____

5. What is adjacent to the site? Rural Metro Residential

6. Are there any PCB transformers? Yes No How many? _____ When is replacement scheduled? _____

7. Who is responsible for inspection? _____ How frequent are inspections? _____

8. Who monitors and checks regulation flow? _____

9. Number of in distribution line _____ Underground _____ Overhead _____

10. Is the utility certified or licensed? Certified Licensed By what agency _____

11. Describe pole and line maintenance _____ Are maps maintained? Yes No

12. Maximum number of kilowatts distributed _____ Total annual revenues for electricity distributed _____

13. Advise if generating electricity? Yes No if yes, what is source Fossil Fuel Hydro-electric Nuclear

14. What is total daily capacity? _____ Peak demand daily? _____ Total annual generation revenues _____

15. Breakdown Percentage Generated _____ Percentage Distribution _____

16. Number of miles of transmission lines _____ What is power source? _____ Alternate power source? _____

17. Describe consumer complaint procedure _____ Describe turn off/on procedure _____



Public Entity Program Application

GAS UTILITY

N/A

1. Number of users Industrial _____ Commercial _____ Residential _____

2. Annual Payroll less clerical \$ _____

3. Advise if gas is Produced Purchased/Resold

4. Does entity own or operate a gas wellhead or pipeline Yes No

5. Who is responsible for leakage survey? _____

6. Date of last complete leakage survey of distribution system? _____ Frequency of surveys? _____

7. Describe briefly, procedure of leakage survey? _____ Repair procedure? _____

8. Are surveys conducted on a planned basis? Yes No

9. What percentage of system is cathodically protected? _____

10. Date of last corrosion survey? _____ Conducted by? _____

11. What year was system installed? _____

12. Describe main service replacement program? _____

13. Are new lines hydrostatic or pressure tested? Yes No Are records on file? Yes No

15. Who is gas purchased from? _____

16. Who is responsible for odorization? _____ Are record maintained? Yes No
Monthly Checks? Yes No

Describe type of odorization used _____

17. Does gas system have high and low pressure warning devices? Yes No Are devices constantly monitored? Yes No

Are pressure records kept? Yes No For how long? _____

18. Who installs main extensions? _____ Who installs services? _____



Public Entity Program Application

GAS UTILITY

N/A

Are welders certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe training practices _____
Is there turn on/off procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Does Gas Company maintain a distribution map?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are regulating stations adequately fenced, housed, or otherwise secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Are there any liquefied natural gas (LNG) operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Types of containers that hold gas? _____
22. Does Gas Company participate in a local or statewide "call before digging" campaign?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Does Gas Company follow an established procedure at time customer meter is turned on?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe _____
24. Are meters removed or locked up when gas is turned off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Does Gas Company maintain a customer log complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of years records maintained? _____
Are leak complaints worked on the same day received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Customer complaint frequency? _____



Public Entity Program Application

PORT / TRANSIT / AIRPORT AUTHORITY

N/A

A. PORT AUTHORITY

River Ocean Lake Railroad Other _____

1. Number of employees _____

B. TRANSIT AUTHORITY

1. Number of employees _____ 2. Revenues _____ 3. Annual Passengers _____

4. Type of service provided _____ 5. Days & Hours of operation _____

6. Number of bus shelters _____ 7. Number of signed bus stops _____

8. Auto Liability carrier _____ Who maintains the vehicles _____

C. AIRPORT AUTHORITY

1. Is this airport owned Yes No

2. Operated? Yes No 3. Leased to a 3rd party? Yes No

4. Number of daily commercial passenger flights _____

5. Is there an FBO Yes No (Fixed Base Operator)

6. Is there a tower Yes No

7. Is airport FAA controlled Yes No

8. Airport premises liability carrier? _____ What are the limits? _____

9. If airport is leased to a 3rd party, does lessee have airport premises liability coverage and does the policy name the entity as additional insured? Yes No

10. Are there air shows? Yes No If yes, describe _____

11. Is there a separate board/commission that controls airport operations? Yes No If yes, describe _____



Public Entity Program Application

SHOOTING RANGE

N/A

- 1. Indoor? Yes No
- 2. Outdoor? Yes No
- 3. What security measures are taken?
- 4. Policy Only? Yes No
- 5. Open to the public? Yes No
- 6. If open to public, is a range officer on duty whenever the shooting areas are operating? Yes No
- 7. Skeet? Yes No
- 8. Stationary targets? Yes No
- 9. What is the distance to the nearest buildings? _____
- 10. Is the range near an industrial or residential area? Industrial Residential Other _____
- 11. Does the insured host competitions on the premises? Yes No



Public Entity Program Application

LANDFILL

N/A

Type of Facility

Landfill Dump Transfer Station

2. Advise if the site is

Owned by the public entity Operated by the public entity

3. Has the site been designate as either a hazardous waste or Superfund site by EPA?

Yes No

4. Describe the site:

5. What is adjacent to the site?

6. What is the nearest body of water?

_____ How far away from site? _____

7. What is nearest building

_____ How far away from site? _____

8. Total number of acres

_____ Number of acres in use? _____

9. Number of years operated

_____ What is remaining useful life? _____

10. Is the landfill certified or licensed?

Certified Licensed

By what agency _____

11. Security Provisions

a. Fenced

Yes No

b. Height?

c. Attendant?

Yes No

d. Hours of operation

e. Locked

Yes No Describe lock policy

12. Types of waste accepted

Residential Commercial Industrial

Other _____

13. Form of waste

Solid Liquid Sludge Other

14. Hazardous waste?

Yes No if yes, explain _____

15. Any violations / citations?

Yes No if yes, explain _____



Public Entity Program Application

LANDFILL

N/A

16. Number of inactive landfills _____ Location? _____ Number of acres _____

17. How are leachate and methane exposures controlled and evaluated?

18. Are monitoring wells installed Yes No if yes, explain _____

19. Describe closure plans for landfill _____ Were EPA guidelines followed? Yes No

20. Transfer stations

a. Are dumpsters used Yes No

b. Is there an open pit? Yes No if yes, explain

c. Is entity responsible for transportation to the landfill Yes No If no, is it contracted? Yes No

21. Name and address of locations _____



Public Entity Program Application

SPECIAL EVENTS

N/A

- 1. Description of Events _____
- 2. Date and duration of events _____
- 3. Location and ownership of premises used for the event _____
- 4. Anticipated crowd attendance _____
- 5. Are any bleachers used Yes No Capacity _____
- 6. Describe entities responsibility for the event _____
- 7. List each sponsor/co-sponsor and their respective responsibilities for each event _____
- 8. Are independent contractors used to provide any services Yes No If yes, what services? _____
- 9. Describe security/crowd control and safety precautions _____
- 10. Are certificates of insurance required from all sponsors indicating the entity as "additional insured? And showing adequate limits of liability? Yes No Limits required _____
- 11. Are alcoholic beverages, including beer, available at this event Yes No
- 12. Anticipated liquor sales _____
- 13. Is there a liquor liability policy in force? Yes No



Public Entity Program Application

CHEMICAL SPRAYING	<input type="checkbox"/> N/A
1. Purpose of spraying operations? _____	Frequency of spraying? _____
2. Which employees do the spraying? _____	
3. Please list all chemicals used. _____	
4. Where are chemicals stored? _____	
CEMETERY	<input type="checkbox"/> N/A
1. Describe operations performed by the entity? _____	
2. How many plots? _____	
3. How many new burial plots expected in the next 12 months? _____	
4. How many burials have been performed in the past 3 years? _____	
GARBAGE COLLECTION	<input type="checkbox"/> N/A
1. Does the entity collect garbage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who owns the operation? _____	
2. Where is collection dumped? _____	
3. Is the landfill certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Types of trash? <input type="checkbox"/> Household <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	
3. Is the landfill certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Public Entity Program Application

GOLF COURSE

N/A

1. Course name? _____
2. Number of holes? 18 9 Other _____
3. Golf receipts? \$ _____
4. Cart receipts? \$ _____
5. Are chemicals used for spraying the golf course EPA approved? Yes No
6. Are employees fully trained in handling and dispensing of these chemicals? Yes No
7. Is there a pro shop? Yes No
8. What services provided? _____
9. Merchandise receipts? \$ _____
10. Are food and beverages sold? Yes No Annual receipts \$ _____
Food \$ _____
Alcohol \$ _____
Non-alcohol \$ _____
11. Is any cooking done on premises? Yes No If yes, is there fire protection? Yes No
12. Are tournaments held at this course? Yes No If yes, average attendance _____



Public Entity Program Application

BLASTING

N/A

1. Describe blasting operations? _____
2. Is blaster certified? Yes No Number of years experience? _____
3. Number of shots annually? _____
4. Is blasting contracted? Yes No If yes, provide certificates
5. If not contracted, please describe? Safety Precautions _____ Site monitoring _____
Explosives Transport and storage _____

ZOO

N/A

1. What type of animals? _____
2. Is petting allowed? Yes No
3. Are visitors allowed to feed the animals? Yes No
4. Describe security controls for questions 1 & 2? 1. _____ 2. _____
5. Is there a charge for entry and feeding/petting? Yes No If yes, annual receipts \$ _____
6. Is this operation sponsored by the entity? Yes No
7. If this operation is contracted out by the insured are certificates obtained? Yes No Liability limit required? \$ _____