COMMERCIAL GENERAL LIABILITY APPLICATION

1. CLASSIFICATION OF RISK (CHECK ALL THAT APPLY). COMPLETE APPROPRIATE SUPPLEMENTS AND/OR APPROPRIATE QUESTIONNAIRES.

A. Governmental Subdivisions (City, Town, County, Etc.) Complete Questionnaire (p. 6-7)

B. Public Utility (Water, Sewer, Electric & Gas) complete Questionnaire (p. 9-10)

C. Other (If Entity differs from above, please describe in detail):____________________
   Number of members of governing body:____________________

D. Do you fund or supply personnel to any Commission, Board, Authority, Administrative Department or other similar unit that is independently operated or not directly operated by you? ___Yes ____ No. If yes, please list all those for which you desire overage as Additional Insured(s) and provide a brief description of your Relationship.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
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</thead>
<tbody>
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</tbody>
</table>

II. COVERAGES __________ OCCURRENCE____________________ CLAIM-MADE

Aggregate Limits: $________________  Medical Pay Limit: $________________

Per Occurrence Limit: $________________  Deductible: $________________

Option: Aggregate Limit: $________________  Medical Pay Limit: $________________

Per Occurrence Limit: $________________  Deductible: $________________

Incidental Medical Malpractice Coverage for certified professional emergency service technicians and/or paramedics: #EMT's (p.14) Submit on the U.S Risk Application

Additional Interests
Please provide detailed address and description of each operation or interest of any organizations or individuals to be considered as additional insured. Attach/describe agreements, contracts, hold harmless clauses and insurance requirements.

### III. INDEPENDENT CONTRACTOR OPERATIONS

Does the Entity use independent contracts? ____ Yes _____No

If yes, please complete the following:

<table>
<thead>
<tr>
<th>TYPE OF WORK</th>
<th>CERTIFICATE OF INSURANCE SECURED?</th>
<th>CONTRACT LIMIT</th>
<th>ENTITY NAMED AS ADDITIONAL INSURED?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__YES ____NO</td>
<td>$_____________</td>
<td>__YES ____NO</td>
</tr>
<tr>
<td></td>
<td>__YES ____NO</td>
<td>$_____________</td>
<td>__YES ____NO</td>
</tr>
<tr>
<td></td>
<td>__YES ____NO</td>
<td>$_____________</td>
<td>__YES ____NO</td>
</tr>
<tr>
<td></td>
<td>__YES ____NO</td>
<td>$_____________</td>
<td>__YES ____NO</td>
</tr>
<tr>
<td></td>
<td>__YES ____NO</td>
<td>$_____________</td>
<td>__YES ____NO</td>
</tr>
</tbody>
</table>

Does the Entity have legal counsel review all contracts prior to execution? ___Yes ____No

### EXCESS LIABILITY

I. **CONDITIONS:** (Use Acord Application)

A. Underlying (primary) limit of liability will be $1,000,000

B. Underlying (primary) applications must be completed

II. **COVERAGES:**

( ) 1,000,000 Excess of Primary

( ) 2,000,000 Excess of Primary

( ) 3,000,000 Excess of Primary
( ) 4,000,000 Excess of Primary
( ) 5,000,000 Excess of Primary
Excess desired over: _______ G.L., ______ E&O. ____ LAW, ____ AUTO

Note: Final terms and conditions of excess coverage are outlined in each individual binder of coverage.

III. **GENERAL INFORMATION:** Please Provide full detail on all losses, paid or reserved, over $25,000 (past 5 years—whether or not covered by insurance). Use separate sheet if necessary.

**GOVERNMENTAL SUBDIVISION SUPPLEMENT**

ATTACH COPY OF AN ACTUAL FISCAL YEAR END BUDGET FOR THIS YEAR OR A PROPOSED FISCAL YEAR UPCOMING BUDGET. We will calculate for you the next expenditures for rating purposes.

1. **Separately Rated and Excluded Exposures**

<table>
<thead>
<tr>
<th>TYPE OF EXPOSURE</th>
<th>TYPE OF RATING BASIS REQUIRED</th>
<th>RATING BASIS IS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amusement Parks</td>
<td>Excluded under our program</td>
<td>xxxxxxxxxxxxxx</td>
</tr>
<tr>
<td>Exhibition and Convention Buildings (include Arenas and Auditoriums)</td>
<td>Area in square feet; public capacity COMPLETE QUESTIONNAIRE P.12</td>
<td></td>
</tr>
<tr>
<td>Dams, Levees or Dikes</td>
<td>#: COMPLETE QUESTIONNAIRE (P. 13)</td>
<td></td>
</tr>
<tr>
<td>Golf Courses</td>
<td>Gross sales: # golf carts</td>
<td></td>
</tr>
<tr>
<td>Lake, Reservoir</td>
<td>#: surface acreage COMPLETE QUESTIONNAIRE (P.13)</td>
<td></td>
</tr>
<tr>
<td>Law Enforcement Departments</td>
<td>Excluded under G.L. (Complete p.18 App. For LAW)</td>
<td>xxxxxxxxxxxxxx</td>
</tr>
<tr>
<td>Medical Ancillary Care Facilities and Services</td>
<td>Excluded under our program</td>
<td>xxxxxxxxxxxxxx</td>
</tr>
<tr>
<td>Penal Institutions, Jails, Correctional Institutions</td>
<td>Total area in square feet: (law enforcement activities and injuries to prisoners are excluded refer to Law App. For coverage)</td>
<td></td>
</tr>
<tr>
<td>Schools and Colleges</td>
<td>CALL FOR APPLICATION</td>
<td></td>
</tr>
<tr>
<td>Ski Facilities &amp; Similar Area</td>
<td>Proceeds; of lifts</td>
<td></td>
</tr>
<tr>
<td>Stadiums, Bleachers, Bridges-Existence maintenance and</td>
<td>#: seating capacity if capacity exceeds 500, and one</td>
<td></td>
</tr>
<tr>
<td>construction hazards</td>
<td>structure CALL FOR QUESTIONNAIRE</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td>Transportation systems, facilities and services including airports, systems or other mass transit facilities</td>
<td>MAY BE EXCLUDED SUBMIT RATING BASE FOR REVIEW</td>
<td></td>
</tr>
<tr>
<td>Utilities:</td>
<td>COMPLETE SUPPLEMENT (P. 10-11)</td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td>Annual payroll less clerical</td>
<td></td>
</tr>
<tr>
<td>Electric</td>
<td>Annual payroll less clerical</td>
<td></td>
</tr>
<tr>
<td>Gas</td>
<td>Annual payroll less clerical provide current DOT report</td>
<td></td>
</tr>
<tr>
<td>Sewer</td>
<td>Annual payroll less clerical: #miles</td>
<td></td>
</tr>
<tr>
<td>Wharves, Piers, Docks, Marinas</td>
<td>#; area in square feet COMPLETE QUESTIONNAIRE (P-16)</td>
<td></td>
</tr>
<tr>
<td>Watercraft</td>
<td>#; type; make/model; hp; length; use</td>
<td></td>
</tr>
<tr>
<td>Zoos</td>
<td>EXCLUDED</td>
<td></td>
</tr>
</tbody>
</table>

NOTE; If any exposure is contracted, please complete “Independent Contractor” section page 5.
2. **Other Governmental Subdivision Entity Exposures**

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

<table>
<thead>
<tr>
<th>CLASSIFICATION</th>
<th>EXPOSURE</th>
<th>ANY PART OF OPERATION SUBCONTRACT TO OTHERS?</th>
<th>OPERATED BY PUBLIC ENTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airport and Related Facilities</td>
<td></td>
<td></td>
<td>Excluded under our program (except comp)</td>
</tr>
<tr>
<td>Animal Pound</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blasting Operations</td>
<td></td>
<td>COMPLETE QUESTIONNAIRE (P.12)</td>
<td></td>
</tr>
<tr>
<td>Bridges</td>
<td></td>
<td>COMPLETE QUESTIONNAIRE (P.15)</td>
<td></td>
</tr>
<tr>
<td>Carnivals</td>
<td></td>
<td>COMPLETE QUESTIONNAIRE (P.17)</td>
<td></td>
</tr>
<tr>
<td>Cemeteries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical Spraying (incl. brush &amp; weeds)</td>
<td></td>
<td>Pollution exclusion Applies</td>
<td></td>
</tr>
<tr>
<td>Concession Stands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Care, Day Camps, Day Nurseries</td>
<td></td>
<td>COMPLETE QUESTIONNAIRE (P.12)</td>
<td></td>
</tr>
<tr>
<td>Elevators</td>
<td></td>
<td>COMPLETE QUESTIONNAIRE (P.17)</td>
<td></td>
</tr>
<tr>
<td>Fairs</td>
<td></td>
<td>COMPLETE QUESTIONNAIRE (P.14)</td>
<td></td>
</tr>
<tr>
<td>Fire Department, Regular</td>
<td></td>
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</tr>
<tr>
<td>Fire Department,</td>
<td></td>
<td></td>
<td>Bodily injury to</td>
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<tr>
<td>Category</td>
<td>Action</td>
<td>Notes</td>
<td></td>
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<td>----------------------------------------------</td>
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<td>--------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Volunteer</td>
<td></td>
<td>Volunteer fireman excluded</td>
<td></td>
</tr>
<tr>
<td>Fireworks and other Pyrotechnics</td>
<td></td>
<td>Call for Questionnaire</td>
<td></td>
</tr>
<tr>
<td>Garbage or Refuse Collection</td>
<td></td>
<td>COMPLETE QUESTIONNAIRE (p.9)</td>
<td></td>
</tr>
<tr>
<td>Ice or Roller Rinks</td>
<td></td>
<td>COMPLETE QUESTIONNAIRE (p.9)</td>
<td></td>
</tr>
<tr>
<td>Industrial Parks</td>
<td></td>
<td>PREMISES/OPS</td>
<td></td>
</tr>
<tr>
<td>Landfills/Dumps/Refuse Sites/Incinerators</td>
<td></td>
<td>COMPLETE QUESTIONNAIRE (P14)</td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td></td>
<td>Excluded under our program</td>
<td></td>
</tr>
<tr>
<td>Mechanical Amusement Devices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Museum</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mowing Operations</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Painting Spraying (incl. street/road/curb)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parades</td>
<td></td>
<td>COMPLETE QUESTIONNAIRE (P.17)</td>
<td></td>
</tr>
<tr>
<td>Parking Garages and Lots</td>
<td></td>
<td>COMPLETE (P.9)</td>
<td></td>
</tr>
<tr>
<td>Parks and Playgrounds</td>
<td></td>
<td>Excluded under our program</td>
<td></td>
</tr>
<tr>
<td>Racetracks</td>
<td></td>
<td>Call for Questionnaire</td>
<td></td>
</tr>
<tr>
<td>Rifle Ranges</td>
<td></td>
<td>Call for Questionnaire</td>
<td></td>
</tr>
<tr>
<td>Sanitary Sewers</td>
<td></td>
<td>Complete supplement (p.10)</td>
<td></td>
</tr>
<tr>
<td>Sewage Disposal Plant</td>
<td></td>
<td>Complete supplement (p.10)</td>
<td></td>
</tr>
<tr>
<td>Skateboard Activities</td>
<td></td>
<td>Excluded under our program</td>
<td></td>
</tr>
<tr>
<td>Storm Sewers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Streets/Roads Cleaning</td>
<td></td>
<td>Complete Questionnaire (p.15)</td>
<td></td>
</tr>
<tr>
<td>Streets/Roads Maintenance</td>
<td></td>
<td>Complete Questionnaire (p.15)</td>
<td></td>
</tr>
<tr>
<td>Streets/Roads Paving</td>
<td></td>
<td>Complete Questionnaire (p.15)</td>
<td></td>
</tr>
<tr>
<td>Swimming Pools</td>
<td></td>
<td>Complete Questionnaire (p.15)</td>
<td></td>
</tr>
<tr>
<td>Vacant Land</td>
<td></td>
<td>Provide Acreage</td>
<td></td>
</tr>
<tr>
<td>Water Slides</td>
<td></td>
<td>Complete (p.16)</td>
<td></td>
</tr>
</tbody>
</table>
Note: If any exposure is contracted, please complete “Independent Contractor” section of page 5

RECREATIONAL ACTIVITIES QUESTIONNAIRE

1. MANAGEMENT
   A. Does the Entity have regular inspection/maintenance program for all facilities and 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, scheduled, Etc.

<table>
<thead>
<tr>
<th>ACTIVITY EXAMPLE: BASEBALL, FOOTBALL</th>
<th>NUMBER OF PARTICIPANTS</th>
<th>ENTITY SPONSORED SUPERVISED?</th>
<th>3RD PARTY SPONSORED SUPERVISED?</th>
<th>COI TO ENTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YOUTH ADULT</td>
<td>____ YES ____ NO</td>
<td>____ YES ____ NO</td>
<td>____ YES ____ NO</td>
</tr>
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<td></td>
<td></td>
<td>____ YES ____ NO</td>
<td>____ YES ____ NO</td>
<td>____ YES ____ NO</td>
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<td></td>
<td></td>
<td>____ YES ____ NO</td>
<td>____ YES ____ NO</td>
<td>____ YES ____ NO</td>
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<td></td>
<td>____ YES ____ NO</td>
<td>____ YES ____ NO</td>
<td>____ YES ____ NO</td>
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<td></td>
<td></td>
<td>____ YES ____ NO</td>
<td>____ YES ____ NO</td>
<td>____ YES ____ NO</td>
</tr>
</tbody>
</table>

Waterfront Activities (beach, lake, swimming pool, etc.) – Please complete questionnaire on page 15

Does Entity secure Waiver and Release and/or Consent forms for all participants? _____YES _____NO
3. PARKS/PLAYGROUNDS
   A. Is there playground equipment? ____YES ____NO
   B. What surface is provided underneath playground equipment? ____________

4. SKATING (ICE/ROLLER) Please complete a separate questionnaire for each facility.
   A. Type of Rink: ____ICE _____ROLLER Location: ____INDOOR ____OUTDOOR
   B. Size of Rink (square feet)_________ Annual Sales /Receipts $________________
   C. Are Warning Signs posted? ___YES ____NO Is rink lighted? ____YES ____NO
   D. Hours and Days of Operation Days__________ HOURS_________

PARTICIPANTS:

<table>
<thead>
<tr>
<th>YOUTH</th>
<th>ADULT</th>
<th>SUPERVISED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
</tbody>
</table>

   E. Describe procedures for checking ice thickness

   F. Describe containment system and safety warning devices on Ammonia and Chlorine tanks.
      ___________________________________________________________________________
      ___________________________________________________________________________
      ___________________________________________________________________________
PUBLIC UTILITY QUESTIONNAIRE
WATER SUPPLEMENT

1. General Information

Annual Payroll (Less clerical): Water Treatment Plant $______ Main or Connection Construction $____

Number of gallons Distributed Annually: ________________

Miles of Pipe: ________________ Total Number of Employees: __________

   Number of Customers Served: Residential: ________________ Commercial: ________________

   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

3. How old is your system? _____________________ Year of last upgrade? _____________________
   Composition of pipe? ______ LEAD ______ % ______ CAST IRON ______ % ASBESTOS ______ %
   ______ PLASTIC ______ % ______ CLAY ______ % ______ OTHER ______ %

4. How often is water tested? _____________________ By whom? _____________________

5. Has system 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. Does Entity contract any part of water operations (construction, maintenance, inspections, etc.)? ___YES___NO
   If yes, please complete “Independent Contractor” section of page 5.

SEWER SUPPLEMENT

1. General Information
   Sewage disposal operations $____ Main or Connection Construction $____ Cleaning $____
   Total number of Employees: _______ Number of miles of sewer lines maintained: _______
   Is sewer service provided for neighboring Entities? _______YES ____NO
   If yes, describe and provide copies of contracts ________________________________

2. Are all facilities fenced? _____YES _____NO

3. How old is your system? ____ Year of last upgrade? __________

4. How often is your system inspected? _______ By whom? _____________________

5. Has system 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. Does Entity contract any part of Sewer operations (construction, maintenance, inspections, etc.)? ____YES ____NO
   If Yes, please provide complete “Independent Contract” section page 5.
PUBLIC UTILITY QUESTIONNAIRE

ELECTRIC SUPPLEMENT

1. General Information

Annual Payroll (less clerical): Repair/Maintenance $____ New Construction $____ Power Plant $____
Number of Customer served: Residential:____ Commercial:___ Number of Employees:____

Is electricity provided to neighboring Entities? _____YES _____NO
If Yes, describe and provide copies of contracts:_______________________________________

2. Description of Facilities:

3. Are all facilities fenced: ____YES ___NO    With adequate signs? ___YES ___NO

4. Number of miles of: Distribution Lines: _____Transmission Lines:__________________________
   Age of System: _______Year of last upgrade:________________

5. Source of Power Supply?
   If purchase from outside source, does Entity have contingency plan for alternate power in event of showdown by primary source? ____YES ____NO   if  Yes, describe_______________________________________________________________________
   ________________________________________________________________________________

6. Is electricity generated by Entity? ____YES ____No  What percentage of total electrical usage?

7. Has system 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)

8. Does Entity contract any part of electric operations (construction, maintenance, inspection etc.)? ___YES ____NO

If yes, complete “Independent Contractor” section page 5.

Gas Supplement

Copy of Current D.O.T. Report Required

1. General Information
   Annual Payroll (less clerical) : Repair/Maintenance $____ Main Construction $_______
   Number of Customers served: Residential:______ Commercial___ Number of Employees:

   Is gas provided to neighboring Entities: ____YES _____NO
   If Yes, describe and provide copies of contracts:_____________________________________________ }

2. Description of Facilities:______________________________________________________________

3. Are all facilities fences? ____YES _____NO
4. Number of miles of: Distribution Lines: _______ Transmission Lines: ________________

Age of system: _______ Year of last upgrade: ______________________________

5. Primary source of gas? ______________

6. Has system 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).

7. Does Entity contract any part of gas operations (constructions, maintenance, inspection, etc)? ___YES ___NO

   If Yes, please provide complete “Independent Contractor” section of page 5.

8. If percentage of unaccounted for gas exceeds 5% attach 3 years of D.O.T. reports and a detailed explanation.
SUPPLEMENT QUESTIONNAIRES

BLASTING QUESTIONNAIRE

1. Describe all blasting operations: ______________________________________________________

2. Is blaster certified: _____ YES _____ NO  Number of shots per year: _______________________

3. Is blasting contracted out? _____ YES _____ NO

   If YES, please complete “Independent Contractor” section of page 5.

CONVENTION/CIVIC CENTER QUESTIONNAIRE

(Exhibition Buildings, Arenas, ETC.)

1. Description and address of each facility: ________________________________________________

2. Number of days in use: ___________________________________________________________

3. Description of any and all events: _________________________________________________

4. Attach certificates of insurance secured from individuals or organizations using the facility(ies).

DAY CARE QUESTIONNAIRE

_____ DAY CARE _____ DAY CAMP _____ NURSERY

(If the entity operates more than one, a separate questionnaire must be completed for each.)
NOTE: Policy contains exclusion for abuse/molestation. Can be obtained on the E&O cover.

1. Name and Location of facility:_____________________________________________________

2. Is facility licensed? _____YES ___NO  If Yes, by whom: _________________________________
   Description of operation: _________________________________________________________

3. Professional qualifications of staff:
   ______________________________________________________________________________
   ______________________________________________________________________________

   Number of Teachers: ___________ Number of volunteers: ___________

   How are staff members/ hires evaluated? __________________________

4. Average daily attendance of children:   Ration of adults to children:
   0-2 years___ 3-5 years ___ 0-2 years___ 3-5 years ___
   6-9 years ___ 10-over ______ 6-9 years ___ 9-over _____

5. Describe any activities away from premises:__________________________________________

6. Does each location have the following: _____YES ___NO
   Emergency evacuation plan? _____YES _____NO
   Regular inspected fire/smoke detection system: _____YES _____NO
   Two departed exits on each floor? ___YES ___NO
   First Aid equipment? ____YES ___NO
   Someone on premises during business hours, trained in administering first aid? __YES __NO
   Is playground fenced? ___YES ___NO
DAMS & RESERVOIRS QUESTIONNAIRE

NOTE: IF ENTITY OPERATES MORE THAN ONE DAM OR RESERVOIR, A SEPARATE QUESTIONNAIRE MUST BE COMPLETED FOR EACH STRUCTURE.

A. _____DAM _____ RESERVOIR     HAZARD CODE: __________________________________________

   Name of structure: ________________________________________________________________

B. Location of dam or reservoir: ______________________________________________________
C. Constructed under the direction of __MUNICIPALITY __ARMY CORPS OF ENGINEERS __OTHERS

D. Purpose: ___ Flood Control ___ Irrigation; ___ Water Supply; ___ Industrial; ___ Power;

E. Construction: _____ Concrete; ________ Earth; ________ Other;

F. Dimensions: Acres_____, Capacity ____, Height ____, Top Width _____, Base Width_______

G. Name of tributary rivers: __________________________________________________________

Upstream:

Downstream:

H. How is water level controlled? _____ Gates, ___Spillway, _____ Other,

   How are gates operated? Automatic

I. How frequently is structure inspected?

   By whom?

J. Describe downstream exposures in detail:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

K. Does the Entity have an emergency notification plan? ___Yes ___NO

PLEASE ATTACH PHOTOS AND COPIES OF MOST CURRENT ENGINEERING OR INSPECTION REPORTS

EMERGENCY SERVICES QUESTIONNAIRE
1. E.M.T.’s/ Paramedics/E.M.T.A’s: Paid _____ Volunteer ___ Sub-contracted_____

   If Yes, please complete “Independent Contractor” section of page 5.

   A. Describe training/certification procedures:
   B. Approximate # of annual calls: ________ Radius of operations: ________

2. Fire Department

   A. Number of firefighters: Paid _______ Volunteer _______
   B. Describe training/certification procedures: __________________________________
   C. Approximate # of annual calls: _____ Radius of operation: _______
   D. Total square footage at all fire stations/firehouses: ________________
   E. Describe all Funds Raising Activities: ___________________________
   F. Are mutual aid agreements in place with neighboring communities? _____YES _____NO attach copies.

LANDFILL/DUMP/REFUSE SITE/INCINERATOR QUESTIONNAIRE

Pollution Exclusion Applies

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

<table>
<thead>
<tr>
<th>Location/Name and Type of Facility</th>
<th># of Acres</th>
<th>Age</th>
<th>Active?</th>
<th>EPA#</th>
</tr>
</thead>
<tbody>
<tr>
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<td>_______</td>
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2. Landfill(s) is (are) located in the following area(s)
   ___________ Commercial ___________ Residential ______ Industrial ______ Rural

3. Describe classes of waste accepted at each facility. ________________________________
   Any handling of hazardous waste (past or present)? YES ___ NO ___ If Yes, 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:

7. Describe security provisions for all locations:____________________________________

8. Does Entity use methane gas escape vents? ____YES ____NO

STREETS/ROADS/HIGHWAYS/BRIDGES QUESTIONNAIRE

1. Streets/Roads/Highways

   A. Paved mileage ____ Unpaved mileage ____ Mileage maintained for others ___
   B. Annual Payroll (less clerical) Maintenance/Repair $ ___ New Constructions $___
   C. Does Entity have a regular inspection and maintenance program? ___YES
      ___NO
   D. What is the turnaround time for routine repairs? _____________________________
   E. Are written record of maintenance kept?
   F. Are road signs regularly inspected for visibility and missing signs? ___YES ___NO
   G. Are barricades and warning signs used at road work sites? __YES __NO
H. Does the Entity contract any portion of street and road operations (constructions, maintenance, inspections, etc.)

YES____ NO___ if Yes, please complete “Independent Contractor” section of page 5.

2. BRIDGES

NOTE: Closed or condemned bridges(s) excluded

A. How many bridges are owned and/or maintained by the Entity? _____

B. Are all bridges posted for size and weight limits? ____YES ____NO

C. How many one lane bridges? ____ Are warnings posted? ____YES ____NO

D. How many drawbridges? ____ Are warnings posted? ____YES ____NO

E. How many toll bridges? ____ Number of toll bridge crossing per year?____

F. Describe bridge inspection procedures:______________________________

G. Have any bridges not passed inspection (do not meet local, state or federal standards, are structurally deficient, etc.) or are any bridges Closed or Condemned: ____YES ____NO

If Yes, list bridges, locations and provide reasons for current conditions:________________________

Are warnings and barriers posted and maintained for all bridges: ____YES ____NO

H. Is the Entity involved in any bridge construction? ____YES ____NO

I. Does the Entity contract any portion of bridge operations (construction, maintenance, inspection, etc.)? ____YES ____NO

If Yes, please complete “Independent Contract” section of page 5.

WATERFRONT ACTIVITIES QUESTIONNAIRE

(Swimming Pools, Beaches, Lakes, Reservoirs, Etc.)

(Please complete a separate questionnaire for each area)

1. A. type of Exposure:
Please attach Photographs and complete all Applicable Questions

Pool _____ Beach____ Pond_____ Lake _____ Reservoir____ Ocean___ River____ Stream____

C. Name and Location of Exposure

2. Square Footage/Frontage/size _________________________________

3. A. Identify all activities (Swimming, Boating, Ice Skating, etc.):________________________

   B. Swimming Area:

      (1) is Swimming area roped or marked? If so, explain area and type marking. _________________

      (2) Are Life Guards provided? YES ____ NO___ How Many? _____ Hours of duty? ________

          Certified? YES ____ NO ______

      (3) Is boating permitted near the swimming area? _________________________________

      (4) Is diving permitted? _______________________ Supervised? _____________________

      (5) Depth of water? _________ Is swimming area checked for underground obstructions, etc.? ______

4. Describe maintenance and repair of facilities: _________________________________

5. Explain additional controls and safety features: _________________________________

6. Days and hours of operation: ____________________________________________

7. What controls, if any, are used to eliminate or discourage after hour accessibility? ________

8. Operation of water slides ___YES ___NO

   A. Number of Slides___

   B. Total slide length ____ft.

   C. Receipts from operation _____

   D. Payroll for operation _________

   E. Are Certified Lifeguards Provided ____YES ___NO

      (1) How many _________ Hours of duty ________________
SPECIAL EVENTS QUESTIONNAIRE
(Carnivals, Fairs, Parades, Etc.)

Please complete a separate questionnaire for each event.

Please 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:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

8. Are independent contractors used to provide any services? ____YES ____NO If so, what services:

If Yes, please complete the “Independent Contractors” section of page 5.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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 our policy:

- Mechanical Amusement Devices
- Fireworks
- Liquor Liability
- Racing