

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.

Name

Description

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:

<u>TYPE OF WORK</u>	<u>CERTIFICATE OF</u>	<u>CONTRACT LIMIT</u>	<u>ENTITY NAMED AS</u>
<u>INSURED?</u>	<u>INSURANCE SECURED?</u>	<u>OF LIABILITY</u>	<u>ADDITIONAL</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
_____	<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

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

TYPE OF EXPOSURE	TYPE OF RATING BASIS REQUIRED	RATING BASIS IS:
Amusement Parks	Excluded under our program	XXXXXXXXXXXX
Exhibition and Convention Buildings (include Arenas and Auditoriums)	Area in square feet; public capacity COMPLETE QUESTIONNAIRE P.12	
Dams, Levees or Dikes	#: COMPLETE QUESTIONNAIRE (P. 13)	
Golf Courses	Gross sales: # golf carts	
Lake, Reservoir	#: surface acreage COMPLETE QUESTIONNAIRE (P.13)	
Law Enforcement Departments	Excluded under G.L. (Complete p.18 App. For LAW)	XXXXXXXXXXXX
Medical Ancillary Care Facilities and Services	Excluded under our program	XXXXXXXXXXXX
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	
Ski Facilities & Similar Area	Proceeds; of lifts	
Stadiums, Bleachers, Bridges-Existence maintenance and	#: seating capacity if capacity exceeds 500, and one	

construction hazards	structure CALL FOR QUESTIONNAIRE	
Transportation systems, facilities and services including airports, systems or other mass transit facilities	MAY BE EXCLUDED SUBMIT RATING BASE FOR REVIEW	
Utilities:	COMPLETE SUPPLEMENT (P. 10-11)	
Water	Annual payroll less clerical	
Electric	Annual payroll less clerical	
Gas	Annual payroll less clerical provide current DOT report	
Sewer	Annual payroll less clerical: #miles	
Wharves, Piers, Docks, Marinas	#; area in square feet COMPLETE QUESTIONNAIRE (P-16)	
Watercraft	#; type; make/model; hp; length; use	
Zoos	EXCLUDED	

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

CLASSIFICATION	EXPOSURE YES NO	ANY PART OF OPERATION SUBCONTRACT TO OTHERS?	OPERATED BY PUBLIC ENTITY
Airport and Related Facilities			Excluded under our program (except comp)
Animal Pound			
Blasting Operations			COMPLETE QUESTIONNAIRE (P.12)
Bridges			COMPLETE QUESTIONNAIRE (P. 15)
Carnivals			COMPLETE QUESTIONNAIRE (P. 17)
Cemeteries			
Chemical Spraying (incl. brush & weeds)			Pollution exclusion Applies
Concession Stands			
Day Care, Day Camps, Day Nurseries			COMPLETE QUESTIONNAIRE (P. 12)
Elevators			
Fairs			COMPLETE QUESTIONNAIRE (P.17)
Fire Department, Regular			COMPLETE QUESTIONNAIRE (P.14)
Fire Department,			Bodily injury to

Volunteer			volunteer fireman excluded
Fireworks and other Pyrotechnics			Call for Questionnaire
Garbage or Refuse Collection			
Ice or Roller Rinks			COMPLETE QUESTIONNAIRE (p.9)
Industrial Parks			
Landfills/Dumps/Refuse Sites/ Incinerators			COMPLETE QUESTIONNAIRE (P14)
Library			
Mechanical Amusement Devices			Excluded under our program
Museum			PREMISES/OPS
Mowing Operations			
Painting Spraying (incl. street/road/curb)			
Parades			COMPLETE QUESTIONNAIRE (P.17)
Parking Garages and Lots			
Parks and Playgrounds			COMPLETE (P.9)
Ports/Harbors/Terminal Districts			Excluded under our program
Racetracks			Call for Questionnaire
Rifle Ranges			Call for Questionnaire
Sanitary Sewers			Complete supplement (p.10)
Sewage Disposal Plant			Complete supplement (p.10)
Skateboard Activities			Excluded under our program
Storm Sewers			
Streets/Roads Cleaning			Complete Questionnaire (p.15)
Streets/Roads Maintenance			Complete Questionnaire (p.15)
Streets/Roads Paving			Complete Questionnaire (p.15)
Swimming Pools			Complete Questionnaire (p.15)
Vacant Land			Provide Acreage
Water Slides			Complete (p.16)

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.

<u>ACTIVITY</u> EXAMPLE: BASEBALL, FOOTBALL	<u>NUMBER OF PARTICIPANTS</u> YOUTH ADULT	<u>ENTITY SPONSORED</u> SUPERVISED?	<u>3RD PARTY SPONSORED</u> SUPERVISED? COI TO ENTITY
_____	_____	_____ YES _____ NO	_____ YES _____ NO
_____	_____	_____ YES _____ NO	_____ YES _____ NO
_____	_____	_____ YES _____ NO	_____ YES _____ NO
_____	_____	_____ YES _____ NO	_____ YES _____ NO
_____	_____	_____ YES _____ NO	_____ YES _____ NO

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

Please attach copies of any forms used

____ 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:

YOUTH	ADULT	SUPERVISED	
		YES	NO

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

ELECTIC 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 shutdown 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. repots 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.

<u>Location/Name and Type of Facility</u>	<u># of Acres</u>	<u>Age</u>	<u>Active?</u>	<u>EPA#</u>
_____	_____	_____	___YES___NO	_____
_____	_____	_____	___YES___NO	_____
_____	_____	_____	___YES___NO	_____
_____	_____	_____	___YES___NO	_____
_____	_____	_____	___YES___NO	_____

- _____ YES ___ NO _____
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/RAODS/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.

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 our policy:

Mechanical Amusement Devices

Fireworks

Liquor Liability

Racing