

Submit completed application to your Underwriter
or submissions@glatfelterpublicentities.com

183 Leader Heights Road
P.O. Box 2726
York, PA 17405
800.233.1957
Fax: 717.747.7033

GENERAL SUPPLEMENTAL APPLICATION

In addition to this General Supplemental Application, please submit all relevant supplements, ACORD® applications and schedules.

- Municipal Operations Supplement
- Law Enforcement Liability Supplement
- Water & Water-Related Entities Supplement
- Public Officials/Management Liability, EPLI, Cyber (Municipal or Water only)
- Educational Institutions Supplement
- School Bus Contractor Supplement
- Public Officials (Municipal & Education combined)

PLEASE COMPLETE ONLY THOSE SECTIONS THAT ARE APPLICABLE.

690 Stockton Drive, Suite 110
Exton, PA 19341
888.855.4782
Fax: 717.747.7033

GENERAL INFORMATION

Entity

Application Date: _____ FEIN: _____

Legal Name of Entity: _____

Legal Address: _____
(Street) (City) (County) (State) (Zip Code)

Mailing Address: _____
(If different from Legal Address) (Street) (City) (County) (State) (Zip Code)

Extended Named Insured(s): _____

Entity Population: _____ Web site address: _____

Policy Effective Date: _____ Quote Due Date: _____

Type of Municipal or Water/Water-Related Entity:

- ☐ Borough
- ☐ Cemetery District
- ☐ City
- ☐ Community Services District
- ☐ Conservation District
- ☐ District Operations – Other

Identify: _____

- ☐ Homeowners' Association
- ☐ Investor-Owned Utility
- ☐ Irrigation District
- ☐ Memorial District
- ☐ Mutual Water Company
- ☐ Public Entity – Other

Identify: _____

- ☐ Sewer District
- ☐ Town
- ☐ Township
- ☐ Village
- ☐ Water District

Type of Educational Entity:

- ☐ Charter School
- ☐ Higher Education

- ☐ Private School
- ☐ Public School

- ☐ School Bus Contractor
- ☐ Vocational-Technical School

Inspection and Insurance Contact Name: _____

Phone: (____) _____ E-mail: _____

Submitting Agency

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

Agency: _____

Agency License No.: _____ Licensing Contact Name: _____

State: _____ Contact Email: _____

FEIN: _____ Contact Phone #: _____

Operations Information

Identify the number of each:

- _____ Board Members, Public Officials, Directors or Officers
- _____ Full-Time Paid Employees
- _____ Part-Time Paid Employees
- _____ Temporary or Seasonal Workers
- _____ Volunteers (do not include volunteer board members)

☐ Yes ☐ No Does the entity want a supplemental accident quote? If "Yes", do you want to cover:
☐ Board Members & Full-Time Employees ☐ Volunteers

How long have the board members and management team served? _____

☐ Yes ☐ No Does the entity fund, operate or control other boards, commissions or authorities? If "Yes", explain:

☐ Yes ☐ No Does the entity provide employees or equipment to any local government? If "Yes", explain:

What is the entity's current bond rating? _____ ☐ Standard & Poor's ☐ Moody's ☐ N/A

☐ Yes ☐ No Are certificates of insurance required from the entity's subcontractors? If "Yes", what are the minimum limits required? _____

☐ Yes ☐ No Does the entity utilize a uniform written contract for all subcontractors? If "Yes", check those items that are included:

- ☐ Additional Insured Status on a Primary and Non-Contributory Basis
☐ Hold Harmless wording
☐ Defense and Indemnification wording

☐ Yes ☐ No Is the entity named as an additional insured on subcontractors' liability policies?

☐ Yes ☐ No Does the entity have a formalized risk management procedure or program? If "Yes", check those items that are included:

- ☐ Written Safety or Loss Prevention Manual
☐ Emergency Planning / Disaster Recovery Planning
☐ Employee training meeting
☐ Property or equipment inspection and maintenance logs
☐ Procedures to prevent and report sexual harassment
☐ Accident investigation program

Describe any other formal or informal operating controls. _____

☐ Yes ☐ No Are "mutual aid" agreements in place with other local governments? If "Yes", identify: _____

☐ Yes ☐ No Are these "mutual aid" agreements formal agreements?

Coverage Requested / Expiring Information

Check to request coverage	Line of Coverage	Carrier	Limit	Deductible	Premium
<input type="checkbox"/>	Property				
<input type="checkbox"/>	Equipment / Inland Marine				
<input type="checkbox"/>	Crime				
<input type="checkbox"/>	General Liability				
<input type="checkbox"/>	Law Enforcement Liability				
<input type="checkbox"/>	Professional Healthcare Liability				
<input type="checkbox"/>	Public Officials & Mgmt. Liability				
<input type="checkbox"/>	Educators Legal Liability				
<input type="checkbox"/>	Employment Practices Liability				
<input type="checkbox"/>	Auto Liability				
<input type="checkbox"/>	Auto Physical Damage				
<input type="checkbox"/>	Excess Liability				
<input type="checkbox"/>	Other:				

Large Loss History

Loss history for each insurance coverage requested must be verified through submission of loss experience reports. Reports must be currently valued and include the current expiring policy term plus four (4) preceding policy terms. Please provide details of any loss greater than \$10,000 (including expenses) on a separate page.

PROPERTY

The Property coverage form includes Real Property (Coverage A) and Personal Property (Coverage B) based on the insured Statement of Values submitted as part of this application. Loss of Income (Coverage C) and Extra Expense (Coverage D) are each included at a limit of \$250,000 per occurrence. Additional limits for Loss of Income and Extra Expense may be selected below. The Property form includes the following extensions of coverage:

Coverage Extension	Non-Education Limits Included	Education Limits Included
Accounts Receivable *	\$50,000	\$250,000
Commandeered Property	Replacement cost plus loss of use	same
Debris Removal Expenses	25% of Direct Loss plus \$100,000	25% of Direct Loss plus \$250,000
Equipment Breakdown	Up to applicable Property Limits for Coverage A, B, C & D Sub-limits apply to Expediting Expenses, Hazardous Substances, Spoilage, Computer Equipment, Data Restoration, Green Coverage, Off-Premises Equipment Breakdown, and Public Relations. Optional limits may be available.	same
Fine Arts *	\$25,000 Per Occurrence, \$1,500 Per Item without a certified appraisal \$50,000 Per Occurrence with a certified appraisal	\$50,000 Per Occurrence
Fire Department Charges	\$25,000 Per Occurrence	\$50,000 Per Occurrence
Fire Equipment Recharge Costs	All necessary and reasonable costs	same
Limited Coverage for Fungus	\$25,000 Policy Aggregate	same
Newly Acquired or Under Construction Real Property & Related Personal Property	\$1,000,000 Per Occurrence Coverage A \$500,000 Per Occurrence Coverage B	same \$1,000,000 Per Occurrence Coverage B
Ordinance Coverage	Undamaged portion of Real Property – included within Coverage A limit Demolition of undamaged portion and increased cost of construction – limit is equal to 100% of amount paid of initial direct loss or \$1,000,000, whichever is greater (\$500,000 for water treatment or wastewater processing equipment)	same
Outdoor Property *	\$150,000 Per Occurrence	same
Personal Effects	\$25,000 Per Occurrence	same
Pollution Remediation Expenses	\$100,000 Aggregate	\$250,000 Aggregate
Preservation of Property	Coverage A and B Limits Apply	same
Real Property or Personal Property In Transit or Off Premises *	\$100,000 Per Occurrence	same
Software *	\$500,000 Per Occurrence	same
Supplementary Provisions for Loss of Income and Extra Expense	Actual Loss Sustained for 30 days for new buildings and fund raising activities	same
Trees, Shrubs, Plants, and Lawns	\$25,000 Per Occurrence \$1,000 Per Item	same \$5,000 Per Item
Valuable Papers and Records *	\$50,000 Per Occurrence	same
Arson, Theft or Vandalism Reward	\$25,000 Per Loss	same
Building Glass – Tenant	Included	same
Claim Expense	\$20,000 Per Occurrence	same
Building Damage from Theft - Tenant	\$100,000 Per Occurrence	same
Lock Replacement	\$25,000 Per Occurrence	same
Non-Owned Detached Trailers	\$50,000 Per Occurrence	same
Spoilage Due to Off Premises Electrical Service Interruption	\$50,000 Per Occurrence	same
Water Contamination Notification Expense	\$25,000 Any One Policy Period	same
Food Contamination – Schools	N/A	\$100,000 Per Occurrence
Property used for School Activities	N/A	\$250,000 Per Occurrence

* Optional limits are available and may be requested below.

1. Limit of Insurance: _____ (A Statement of Values signed by the Insured is required for Blanket Limits.)
☐ Policy Blanket ☐ Premises Blanket ☐ Individual
2. Property Deductible requested?
☐ \$250 * ☐ \$2,500 ☐ \$15,000 ☐ \$75,000
☐ \$500 ☐ \$5,000 ** ☐ \$25,000 ☐ \$100,000
☐ \$1,000 ☐ \$10,000 ☐ \$50,000
* \$250 deductible option only available in WI for Municipal entities.
** \$5,000 standard deductible for Education entities.
3. Loss of Income Limit requested? _____ (\$250,000 is the default minimum)
Extra Expense Limit requested? _____ (\$250,000 is the default minimum)
4. Accounts Receivable Limit requested?
☐ \$50,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000
5. Fine Arts Blanket Limit requested? Fine arts means property that is rare or that has historic or artistic value, including antiques, rare articles, etchings, pictures, awards, trophies, historic memorabilia, statuary, marbles, bronzes, porcelains and similar property for which you have secured a certified appraisal.
☐ \$50,000 ☐ \$100,000
For limits greater than \$100,000, please provide an itemized schedule.
6. Outdoor Property Limit requested? _____ \$150,000 is the default minimum
7. Property in Transit or Off Premises Limit requested?
☐ \$100,000 ☐ \$250,000
8. Software Limit requested? _____ \$500,000 Per Occurrence is the default minimum
9. Valuable Papers and Records Limit requested?
☐ \$50,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000
10. What valuation % applies to the submitted property values? If 100% values are provided, the coinsurance requirement is waived for Premises Blanket. Minimum of 90% coinsurance required for Policy Blanket.
☐ 80% ☐ 90% ☐ 100%
11. Property Valuation?
☐ Replacement Cost ☐ Actual Cash Value ☐ Functional Replacement Cost
Replacement Cost is required for Policy Blanket Limits.
12. ☐ Yes ☐ No Any vacant buildings? If "Yes",
Identify all vacant premises, how long they have been vacant, if there are any obvious signs of vandalism or water damage, and its intended future use:

☐ Yes ☐ No Are the utilities turned off for all premises listed above?
☐ Yes ☐ No Are the pipes drained for all vacant premises?
☐ Yes ☐ No Are these premises routinely monitored? If "Yes", how often? _____
13. ☐ Yes ☐ No Any buildings over 30 years old?
If "Yes", list premises, renovations, and date completed:

14. ☐ Yes ☐ No Do any pumps or motors exceed 750 HP?
15. ☐ Yes ☐ No Do any individual specialized equipment items exceed \$100,000 in value? Specialized equipment items include fuel cells, micro turbines, rotating biological contractors and submersible pumps.
16. ☐ Yes ☐ No Does the entity have on-premises electrical generation capability (including emergency generators) of 250 kilowatts or higher?

If "Yes", please identify the type of power generation and kilowatts generated:

Type of Source (check all that apply) **Kilowatts Generated**

- ☐ Hydroelectric _____
- ☐ Wind _____
- ☐ Solar _____
- ☐ Geothermal _____
- ☐ Other _____

What is the generated power used for (check all that apply):

- ☐ Primary power ☐ Emergency Power ☐ Peak Shaving
- ☐ Standby ☐ Supplemental ☐ Unsure

17. ☐ Yes ☐ No Does the entity currently have any property in the "course of construction" or have any new additions, renovations or expansions planned?
- If "Yes", describe: _____ Cost of construction: _____

18. ☐ Yes ☐ No Does the entity have any hydro-electric equipment?
- If "Yes", describe: _____

19. ☐ Yes ☐ No Is optional Flood Coverage requested?
- If "Yes", Limit: _____ Deductible: _____
- Current Carrier: _____ Current Limit: _____

NOTE: Flood coverage cannot be provided for any premises determined to be in a 100-year flood zone.

20. ☐ Yes ☐ No Are there any premises insured in the National Flood Program?
- If "Yes", identify and list the locations: _____

21. ☐ Yes ☐ No Is optional Earthquake Coverage requested?
- If "Yes", Limit: _____ Deductible: _____
- Current Carrier: _____ Current Limit: _____

22. ☐ Yes ☐ No Are any premises occupied 24 hours a day?
- If "Yes", identify and list the locations: _____

23. ☐ Yes ☐ No Does the insured have a written Environmental Remediation procedure?
- If "Yes", please provide a copy.

Property Comments: _____

INLAND MARINE

The following options are available for the Inland Marine coverage form:

Coverage A provides RC coverage to Blanket Tools and Equipment, subject to the chosen occurrence limit and a per item maximum limit of \$10,000.

Coverage B provides RC or ACV coverage to Scheduled Equipment (high-valued tools and equipment such as air compressors, backhoes, etc.) with individual values greater than \$10,000 as per the schedule.

Coverage C provides GRC coverage to Emergency Services Equipment on a blanket basis (portable law enforcement, firefighting, ambulance, rescue and communications equipment) at the deductibles requested.

(ACV = Actual Cash Value; RC = Replacement Cost; GRC = Guaranteed Replacement Cost)

The Inland Marine form includes the following extensions of coverage:

Coverage Extension	Limits Included
Debris Removal Expenses	\$15,000 Per Occurrence
Tools and Equipment (Employee owned)	\$25,000 Per Occurrence
Emergency Services and Law Enforcement Personal Effects	Actual Replacement Cost
Non-owned Tools and Equipment and Emergency Services Equipment	\$10,000 Per Occurrence
Rented or Borrowed Equipment *	\$100,000 Per Occurrence
Rental Reimbursement for Scheduled Equipment	\$10,000 Per Occurrence
Unmanned Aircraft (Drones)	\$25,000 Per Occurrence
Fire Department Charge	\$1,000 Per Occurrence
Fire Extinguishing Recharge Cost	All necessary and reasonable costs
Newly Acquired Scheduled Equipment	30 Days
Watercraft and Personal Watercraft	Extends Coverage A and C for watercraft with <100hp for up to \$25,000 Per Occurrence
Deductible Waiver	Included

**Optional Limits are available and may be requested below.*

- What Deductible is to apply for Coverage A and C? Coverage A and C must have the same deductible.
☐ \$250 ☐ \$1,000 ☐ \$5,000 ☐ \$15,000
☐ \$500 ☐ \$2,500 ☐ \$10,000 ☐ \$25,000
- What Deductible is to apply for Coverage B, if the same deductible is being used for all items?
☐ \$250 ☐ \$1,000 ☐ \$5,000 ☐ \$15,000
☐ \$500 ☐ \$2,500 ☐ \$10,000 ☐ \$25,000
- ☐ Yes ☐ No Does the entity maintain an equipment inventory? If "Yes", please attach schedule.
- ☐ Yes ☐ No Are all equipment items secured when not in use?
- Rented or Borrowed Equipment Extension limit requested?
☐ \$100,000 ☐ \$250,000 ☐ \$500,000

Inland Marine Comments: _____

Unmanned Aircraft Systems (Drones)

1. ☐ Yes ☐ No Does the entity own or operate drones? If "Yes", please complete the schedule below.

Model	Serial Number	Weight (lbs./oz.)	Value of Drone	Value of Attached Equipment

2. ☐ Yes ☐ No Are all operations being conducted in accordance with FAA rules?
3. How many personnel are authorized to operate the drones? _____
4. How many hours of training are required prior to personnel being authorized to operate the drones? _____
5. ☐ Yes ☐ No Does the entity loan, rent or lease the drones to others? If "Yes",
- a. Describe to whom: _____
- b. Will you loan, rent or lease: ☐ with your authorized operator ☐ without your operator

Blanket Emergency Services Equipment

If Coverage C is requested, indicate the number for each of the following:

Type	Code	Count	Type	Code	Count
Pumper (Regular)	PR	_____	First Responder Vehicle	FR	_____
Pumper (LDH)	PLDH	_____	Police Car	LE	_____
Tanker	T	_____	Private Passenger Vehicle	OTH	_____
Pumper-Tanker	PT	_____	Snowmobile	OTH	_____
Mini Pumper	MP	_____	Antique	OTH	_____
Brush Vehicle	BV	_____	Bus	OTH	_____
Aerial Device	AD	_____	Tournament Vehicle	OTH	_____
Quint Regular	QR	_____	Service Vehicle (non-emergency)	OTH	_____
Quint Large Diameter Hose	QLDH	_____	Trailer	OTH	_____
Rescue Truck (Light)	RTL	_____	Fire Chief's Car	OTH	_____
Rescue Truck (Heavy)	RTH	_____	Municipal Car	OTH	_____
Ambulance (ALS)	ALS	_____	Motorcycle	OTH	_____
Ambulance (BLS)	BLS	_____	Dump Truck	OTH	_____
Chemical Material	CF	_____	Tow Truck	OTH	_____
Hazardous Material	HM	_____	Street Sweeper	OTH	_____
Air Cascade Vehicle	AC	_____	Other	OTH	_____
Salvage Vehicle	S	_____			_____

Total Count: _____

Service Animals (Law Enforcement and/or Schools)

Please list any scheduled service animals.

Breed	Name	Sex	Year of Birth	Agreed Value

CRIME

The Crime coverage form has limits of insurance available as shown in the chart below.

1. Limits Option requested? (Select one of the following)

Limits Option	Employee Theft	Forgery or Alteration	Inside the Premises		Outside the Premises	Computer & Funds Transfer Fraud	Money Orders	Fraudulent Impersonation
			Theft of Money & Securities	Robbery/Safe Burglary				
<input type="checkbox"/> 1	\$10,000	\$10,000	\$10,000	\$5,000	\$10,000	\$20,000	\$10,000	\$10,000
<input type="checkbox"/> 2	\$25,000	\$25,000	\$25,000	\$5,000	\$25,000	\$20,000	\$10,000	\$10,000
<input type="checkbox"/> 3	\$50,000	\$50,000	\$50,000	\$5,000	\$50,000	\$50,000	\$25,000	\$25,000
<input type="checkbox"/> 4	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
<input type="checkbox"/> 5	\$250,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
<input type="checkbox"/> 6	\$500,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
<input type="checkbox"/> 7	\$1,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
<input type="checkbox"/> 8	\$1,500,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
<input type="checkbox"/> 9	\$2,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000

Note: Money and Securities is only offered within the Crime coverage form.

2. Deductible requested? (Deductibles above \$1,000 are only available with Limits Options 5, 6, 7, 8 and 9.)

- | | | | |
|--------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$250 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$15,000 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 |

3. Crime Type requested?

- ☐ Commercial Crime (used for private entities, including private educational institutions)
- ☐ Government Crime (used for public entities, including public educational institutions)

4. ☐ Yes ☐ No Is Faithful Performance Coverage needed? (Government Crime Form only)

5. ☐ Yes ☐ No Are Specific Excess Limits required for Employee Theft? If "Yes", specify names or positions:

Name	Excess Limit *

Position	Location of Covered Position	# in Position	Excess Limit *

The Employee Theft Limit plus the requested Specific Excess Limit must equal one of these Total Limits:

\$25,000	\$100,000	\$500,000	\$1,500,000
\$50,000	\$250,000	\$1,000,000	\$2,000,000

Valid example: Option 1 Employee Theft Limit of \$10,000 + Position Excess Limit* of \$15,000 = a \$25,000 Total Limit.
Option 5 Employee Theft Limit of \$250,000 + Position Excess Limit* of \$250,000 = a \$500,000 Total Limit.

Invalid example: Option 1 Employee Theft Limit of \$10,000 + Position Excess Limit* of \$50,000 = an invalid \$60,000 Total Limit

Note: Surety Bonds and Public Officials bonds are not available.

6. Indicate what security provisions apply and identify how often:

☐ Audit _____
☐ Bank statements _____
☐ Countersignature _____

☐ Reconciliations _____
☐ Other _____

7. Number of ratable employees? _____

Ratable employees consist of all employees or volunteers who regularly handle, have custody or maintain records of money, securities or other property, and all department and division heads and assistant managers.

Crime Comments: _____

GENERAL LIABILITY

The General Liability coverage form includes the following coverages and limits:

Coverage A. Bodily Injury and Property Damage Liability Limit also applies to Property Damage to Premises Rented to You	\$1,000,000 Each Occurrence
Coverage B. Personal and Advertising Injury Liability	\$1,000,000 Any One Person or Organization
Coverage C. Medical Expense	\$10,000 Any One Person
General Aggregate	\$3,000,000
Products and Completed Operations Aggregate	\$3,000,000

Blanket additional insured is included in the core form when required by a written contract.

Exposure Summary (Check all that apply. Complete relevant supplements where indicated.)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Aircrafts (not Drones) | <input type="checkbox"/> Electric Utilities ² | <input type="checkbox"/> Landfills, Dumps, Refuse Sites, Incinerators ¹ | <input type="checkbox"/> Security Operations (subcontracted) |
| <input type="checkbox"/> Airports | <input type="checkbox"/> Emergency Medical Services ¹ | <input type="checkbox"/> Law Enforcement Activities ⁴ | <input type="checkbox"/> Sewage Disposal Plants ² |
| <input type="checkbox"/> Ambulance Services ¹ | <input type="checkbox"/> Exhibit Halls or Meeting Areas ¹ | <input type="checkbox"/> Libraries | <input type="checkbox"/> Skateboard Parks or Activities ^{1 or 3} |
| <input type="checkbox"/> Amusement Parks | <input type="checkbox"/> Fire Departments ¹ | <input type="checkbox"/> Memorial Districts | <input type="checkbox"/> Ski Areas – all |
| <input type="checkbox"/> Bleachers, Grandstands or Stadiums (> 5,000 capacity) ^{1 or 3} | <input type="checkbox"/> Fireworks Exhibits ¹ | <input type="checkbox"/> Marinas ¹ | <input type="checkbox"/> Streets & Roads – Construction or Paving ¹ |
| <input type="checkbox"/> Boat Docks ¹ | <input type="checkbox"/> Garbage Collection ¹ | <input type="checkbox"/> Museums or Historical Societies | <input type="checkbox"/> Streets & Roads – Maintenance ¹ |
| <input type="checkbox"/> Bridges ¹ | <input type="checkbox"/> Gas Utilities ² | <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Swimming Areas, Pools or Beaches ^{1 or 3} |
| <input type="checkbox"/> Cable TV / Telephone services | <input type="checkbox"/> Golf Courses ^{1 or 3} | <input type="checkbox"/> Parks and Recreation ^{1 or 3} | <input type="checkbox"/> Transit Operations |
| <input type="checkbox"/> Campgrounds ¹ | <input type="checkbox"/> Halfway Houses, Shelters, Group Homes | <input type="checkbox"/> Playgrounds ^{1 or 3} | <input type="checkbox"/> Utility Construction or Repair |
| <input type="checkbox"/> Carnivals, Fairs, Parades ¹ | <input type="checkbox"/> Hospitals or Medical Clinics | <input type="checkbox"/> Ports, Harbors, Terminals | <input type="checkbox"/> Vacant Land |
| <input type="checkbox"/> Cemetery Operations ¹ | <input type="checkbox"/> Hydro-electric Generation ² | <input type="checkbox"/> Public Housing Authorities or Projects | <input type="checkbox"/> Wastewater Operations ² |
| <input type="checkbox"/> Chemical Spraying – Pesticide/Herbicide ¹ | <input type="checkbox"/> Ice or Roller Skating Rinks ^{1 or 3} | <input type="checkbox"/> Rescue Squads ¹ | <input type="checkbox"/> Wastewater Plants ² |
| <input type="checkbox"/> Dams, Dikes, Lakes, Reservoirs or Levees ² | <input type="checkbox"/> Industrial Buildings for Redevelopment | <input type="checkbox"/> Rental Facilities ¹ | <input type="checkbox"/> Watercraft (> 100 hp) |
| <input type="checkbox"/> Day Cares, Day Camps, Day Nurseries ¹ | <input type="checkbox"/> Irrigation Ditches & Operations ² | <input type="checkbox"/> Sanitary Sewers ² | <input type="checkbox"/> Water Utilities or Operations ² |
| <input type="checkbox"/> Drones | <input type="checkbox"/> Jail Facilities | <input type="checkbox"/> Schools – Private Charter ³ | <input type="checkbox"/> Waterslides ^{1 or 3} |
| <input type="checkbox"/> Dwellings (including Teacherages) | <input type="checkbox"/> Laboratory – Testing or Consulting ² | <input type="checkbox"/> Schools – Public ³ | <input type="checkbox"/> Zoos |

¹ Municipal Operations Supplement

² Water & Water-Related Entities Supplement

³ Educational Institutions Supplement

⁴ Law Enforcement Liability Supplement

Miscellaneous Exposures

1. ☐ Yes ☐ No Are there any owned watercraft in excess of 100 horsepower?
If "Yes", describe: _____
2. ☐ Yes ☐ No Are any buildings or industrial properties held for redevelopment?
Number of buildings: _____ Location numbers: _____
If "Yes", describe: _____
3. ☐ Yes ☐ No Are any buildings used for commercial purposes?
If "Yes", describe: _____
4. ☐ Yes ☐ No Are any dwellings owned and/or leased to others?
Number of dwellings: _____ Location numbers: _____
If "Yes", describe: _____
5. ☐ Yes ☐ No Are fund raising activities conducted (including fire dept. and emergency medical services)?
If "Yes", describe: _____
Total gross receipts from all fund raising activities: _____
6. ☐ Yes ☐ No Does the entity own, operate or maintain any special districts or utilities other than fire, water utility, wastewater, recreation, irrigation or cemetery? If "Yes", provide the following:
Description of district/utility: _____ Payroll: _____
7. Does the entity perform laboratory testing or consulting for others? If "Yes", receipts: _____
8. What is the annual payroll for utility construction or repair? _____
9. Which of the following best describes the entity's use of alcoholic beverages?
☐ The entity prohibits alcohol on the premises and at all sponsored functions.
☐ The entity permits alcohol on the premises or at sponsored functions, but does not sell it.
☐ The entity sells alcohol only at special events.
Describe events: _____
☐ The entity sells alcohol year round (bar or club), which may include special events.
If the entity sells alcohol, please indicate the following:
Annual gross receipts: _____
☐ Yes ☐ No License/permit required by the state?
☐ Yes ☐ No License/permit obtained?
☐ Yes ☐ No Have the servers been TIPS trained?
10. ☐ Yes ☐ No Does the entity purchase Workers' Compensation insurance?
11. ☐ Yes ☐ No Is Employer's Liability (Stop Gap) Coverage required?
If "Yes", Limit of Insurance: _____ Payroll: _____
12. ☐ Yes ☐ No Does the entity confirm that independent contractors and sub-contractors purchase Workers' Compensation insurance?
13. ☐ Yes ☐ No Does the entity utilize volunteer labor not covered by Workers' Compensation?
14. ☐ Yes ☐ No Does the entity have any railroad contracts, sidetrack or easement agreements? If yes, please submit a copy of the entire contract with the application.
15. ☐ Yes ☐ No Is Workplace Violence Accidental Death benefit coverage desired for a premium charge?
Limit of Insurance available is \$10,000 per person/\$100,000 aggregate. (Applicable states only)

Other Exposure Comments: _____

AUTO

1. ☐ Yes ☐ No Are all of the entity's owned or leased vehicles to be insured under this policy?
If "No", list vehicles insured elsewhere:

2. ☐ Yes ☐ No Does the entity require any motor carrier filings?
If "Yes", indicate vehicles and usage:

3. ☐ Yes ☐ No Does the entity hire automobiles?
If "Yes", indicate cost and usage:

4. ☐ Yes ☐ No Does the entity permit employees to use their own vehicles in the course of employment?
If "Yes", list employees, for what purpose, and the limit of insurance that an employee must provide:

5. ☐ Yes ☐ No Does the entity permit employees to use its own autos for personal use?
If "Yes", describe vehicle usage: _____
6. ☐ Yes ☐ No Are any vehicles used to provide public transportation?
If "Yes", describe vehicle usage: _____
7. ☐ Yes ☐ No Are any vehicles used to provide transportation for recreational activities?
If "Yes", describe vehicle usage: _____
8. ☐ Yes ☐ No Does the entity require Commercial Drivers Licensing (CDL)?
9. ☐ Yes ☐ No Does the entity obtain Motor Vehicle Records on a pre-hire basis?
10. ☐ Yes ☐ No Are Motor Vehicle Records checked for current employees?
11. ☐ Yes ☐ No Does the entity have written guidelines defining an acceptable Motor Vehicle Report?
12. ☐ Yes ☐ No Does the entity require formal driver training for its employees?
13. ☐ Yes ☐ No Does the entity have a formalized automobile safety program in place?
14. ☐ Yes ☐ No Does the entity review each motor vehicle accident?
15. ☐ Yes ☐ No Does the entity have a formalized automobile maintenance program in place?
16. ☐ Yes ☐ No Does the entity own or use any 15 passenger vans? If "Yes,"
☐ Yes ☐ No Has the entity modified the vans with either dual rear wheels or removed the rear seat?
☐ Yes ☐ No Does the entity have a policy that prohibits fully loading the vans?
☐ Yes ☐ No Are drivers given special training on the operation of 15 passenger vans?

The following 2 questions apply only to entities with school bus operations.

17. ☐ Yes ☐ No Do all buses meet all state and federal requirements for the transportation of children?
18. ☐ Yes ☐ No If you subcontract your busing operations, are you named as an Additional Insured on the contractor's policy?

Auto Comments: _____

EXCESS LIABILITY

The Excess Liability coverage form is available with limits up to:

\$10,000,000 Each Occurrence

\$10,000,000 Aggregate

All underlying coverage to be scheduled must be provided by the program. Exceptions are permitted for Employer's Liability coverage. If coverage is insured elsewhere, then the minimum underlying limits required to schedule Employer's Liability are:

\$500,000 Each Accident

\$500,000 Disease per Employee

\$500,000 Disease Aggregate

For Employer's Liability Coverage insured elsewhere, provide the following:

Policy Number: _____

Effective Date: _____

Policy Limits: _____

Carrier Name: _____

Excess Limit requested?

- ☐ \$1,000,000 / \$1,000,000 Aggregate
- ☐ \$2,000,000 / \$2,000,000 Aggregate
- ☐ \$3,000,000 / \$3,000,000 Aggregate
- ☐ \$4,000,000 / \$4,000,000 Aggregate
- ☐ \$5,000,000 / \$5,000,000 Aggregate
- ☐ \$6,000,000 / \$6,000,000 Aggregate
- ☐ \$7,000,000 / \$7,000,000 Aggregate
- ☐ \$8,000,000 / \$8,000,000 Aggregate
- ☐ \$9,000,000 / \$9,000,000 Aggregate
- ☐ \$10,000,000 / \$10,000,000 Aggregate

Excess Liability Comments: _____

FRAUD WARNING NOTICE – PLEASE READ CAREFULLY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District Of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kansas	Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance that such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent act, which may be a crime, and may subject such person to criminal and civil penalties.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Vermont	Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICATION CHECKLIST

- ☐ COMPLETED GENERAL SUPPLEMENTAL APPLICATION, RELEVANT SUPPLEMENTS, AND ACORD APPLICATIONS/SCHEDULES?
- ☐ SIGNATURES ON APPLICATIONS AND STATEMENT OF VALUES WHERE REQUIRED?
- ☐ COPY OF ENTITY'S MOST RECENT BUDGET PROVIDED?
- ☐ VERIFIED LOSS HISTORY, INCLUDING LARGE LOSS DETAILS?
- ☐ STATEMENT OF VALUES FOR PROPERTY AND EQUIPMENT?

Additional Information

I CERTIFY THE INFORMATION CONTAINED WITHIN THIS GENERAL SUPPLEMENTAL APPLICATION AND ANY RELEVANT SUPPLEMENTS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.

Your signature below acknowledges that you have read the General Fraud Warning Notice and the State Specific Fraud Warning Notice that applies to your state of domicile.

The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge, this includes any applications, locations schedules, valuation statements, loss history information and engineering reports.

SIGNATURE OF PROPOSED INSURED

TITLE

DATE

SIGNATURE OF PROPOSED AGENT

TITLE

DATE

**MUNICIPAL OPERATIONS
SUPPLEMENT**

PLEASE COMPLETE ONLY THOSE SECTIONS THAT ARE APPLICABLE.

Legal Name of Entity: _____

COMMUNITY & RECREATIONAL EXPOSURES

Convention Facilities, Exhibit Halls and Meeting Areas

☐ N/A

1. How many facilities does the entity have? Conventions: _____ Exhibit Halls: _____ Meeting Areas: _____
2. What is the square footage for each? _____
3. Who uses the entity's facilities? _____
4. ☐ Yes ☐ No Are fees charged for use of any indoor or outdoor facilities?
If "Yes", estimated annual receipts: _____
5. ☐ Yes ☐ No Are outside groups required to provide a Certificate of Insurance?
6. How many days per year are the facilities rented? _____

Special Events

☐ N/A

1. List each special event:

Description	# of Days	Estimated Receipts (if any)	Location	Premises Owned	Estimated Attendance
				<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	

2. Describe the entity's responsibility for each event or activity (i.e., entity provides premises, funds, personnel, etc.):

3. List each sponsor/co-sponsor and their respective responsibility for each event or activity: _____

4. ☐ Yes ☐ No Are independent contractors used to provide any services?
If "Yes", what services? _____
5. ☐ Yes ☐ No Are Certificates of Insurance obtained from sponsors and/or independent contractors?
If "Yes", limit required? _____

Fireworks☐ N/A

1. Identify fireworks events and dates: _____
2. What is the expected number of people in attendance? _____
3. Where are the fireworks displayed? _____
4. ☐ Yes ☐ No Are fireworks detonated by a vendor?
5. ☐ Yes ☐ No Does the vendor provide a Certificate of Insurance? Limit required? _____
6. ☐ Yes ☐ No Is the fireworks technician licensed?
7. ☐ Yes ☐ No Is a formal safety procedure in place for each event?
If "Yes", describe: _____

Boat Docks & Marinas☐ N/A

1. Total receipts from marina and/or boat dock operations: _____
2. Total number of boat slips available for rent: _____
3. ☐ Yes ☐ No Do services include boat storage or repair?
4. ☐ Yes ☐ No Does the marina include fueling operations?

Parks & Recreational Activities☐ N/A

1. Identify the recreational activities provided by the entity (check all that apply):

<u>Activity</u>	<u>Receipts (if any)</u>	<u>Activity</u>	<u>Receipts (if any)</u>
<input type="checkbox"/> Baseball fields	_____	<input type="checkbox"/> Parasailing	_____
<input type="checkbox"/> Basketball courts	_____	<input type="checkbox"/> Parks	_____
<input type="checkbox"/> Bike riding	_____	<input type="checkbox"/> Playground equipment	_____
<input type="checkbox"/> Camping	_____	<input type="checkbox"/> Playgrounds	_____
<input type="checkbox"/> Equestrian trails	_____	<input type="checkbox"/> Rollerblading (in-line skating)	_____
<input type="checkbox"/> Football fields	_____	<input type="checkbox"/> Skateboarding	_____
<input type="checkbox"/> Golf Courses/Clubs	_____	<input type="checkbox"/> Ski lifts/Ski trails	_____
<input type="checkbox"/> Hiking trails	_____	<input type="checkbox"/> Soccer fields	_____

2. ☐ Yes ☐ No Does the entity permit any winter sports on their premises?
If "Yes", describe: _____
3. What is the total acreage of park land? _____
4. What safety programs apply to recreational activities? _____
5. ☐ Yes ☐ No Does the entity conduct self inspections of all recreational facilities and equipment?
6. How often are the self inspections completed? ☐ Weekly ☐ Monthly ☐ Other: _____
7. ☐ Yes ☐ No Are all inspections and corrective actions documented?

Organized Sports for Municipal Operations☐ N/A

1. List organized recreational activities sponsored by the entity: ☐ None

Activity (Ex. Baseball, football, etc.)	Number of Participants		Entity Sponsored		3 rd Party Sponsored		
	Youth?	Adult?	Supervised?		Supervised?	COI to Entity?	
			<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

Note: Park and recreation brochures may be provided in lieu of completion of this chart.

2. ☐ Yes ☐ No Does the entity secure liability waiver forms from all participants?
3. ☐ Yes ☐ No Do any third-party sponsors provide their own insurance?
4. ☐ Yes ☐ No Does the entity own, operate or maintain any golf courses?
If "Yes", total annual rounds of golf: _____

Bleachers, Grandstands & Stadiums

☐ N/A

1. ☐ Yes ☐ No Any bleachers or grandstands? If "Yes", identify: Number of bleachers/grandstands: _____
Total seating capacity: _____
2. ☐ Yes ☐ No Any stadium facilities? If "Yes", identify: Number of stadiums: _____
Total seating capacity: _____ Identify Usage: _____

Playgrounds

☐ N/A

1. Total number of playground areas: _____
2. What protective surface is used in playground areas? _____ Depth of surface: _____
3. ☐ Yes ☐ No For school entities, are students supervised while using playground equipment during recess?

Skate Parks

☐ N/A

1. ☐ Yes ☐ No Was the skate park designed/constructed by a specialized contractor?
2. ☐ Yes ☐ No Are inspections conducted on a regular basis? If "Yes", how often? _____
3. Is there signage stating: (check all that apply)
☐ adult supervision required for children under age 12 ☐ protective equipment required
☐ skate at your own risk ☐ other posted rules Briefly describe: _____

Ice Skating

☐ N/A

1. ☐ Yes ☐ No Are outdoor areas provided for ice skating?
2. Who determines the safety of the designated area? _____
3. What controls are used to limit access to the skating area? _____

Swimming

☐ N/A

1. Where is swimming permitted? (Check all that apply)
☐ School Pool ☐ Community Pool ☐ River ☐ Lake/Pond ☐ Reservoir ☐ Other: _____
2. Number of indoor pools? _____ Number of outdoor pools? _____
3. ☐ Yes ☐ No Are swimming areas roped or marked?
4. What safety programs apply to swimming areas? _____
5. ☐ Yes ☐ No Are lifeguards on duty?
6. ☐ Yes ☐ No Are the lifeguards certified?
7. ☐ Yes ☐ No Are lifeguards present whenever the facility is open?
8. ☐ Yes ☐ No Do any swimming areas include a diving area? If "Yes", describe: _____
9. ☐ Yes ☐ No Do any swimming areas include a waterslide? If "Yes", how many? _____
Describe: _____

OTHER EXPOSURES

Cemetery Districts

☐ N/A

1. How many acres and locations are owned or maintained by the entity for cemetery operations? _____
2. Who is responsible for maintenance, site preparation or burial? _____

3. ☐ Yes ☐ No Is a written burial agreement required?
4. What is the expected number of interments each year? _____
5. What is the entity's policy concerning disinterment requests? _____

Chemical Spraying – Pesticide/Herbicide

☐ N/A

1. Where and for what purpose are chemicals sprayed? _____
2. ☐ Yes ☐ No Are employees licensed?
3. List all chemicals sprayed: _____
4. Where and in what quantity are these chemicals stored? _____

Day Care, Day Camp, Nursery (Municipally operated)

☐ N/A

1. What childcare services are provided by the entity?
☐ Day Care ☐ Day Camp ☐ Nursery ☐ Other: _____
2. What facility or location is used? _____
3. ☐ Yes ☐ No Is the facility licensed? If licensed, by what agency? _____
4. Number of years in operation? _____
5. How many children are enrolled? 0–2 years: _____ 3-5 years: _____ 6-9 years: _____ 10+ years: _____
6. What are the days and hours of operation? Days: _____ Hours: _____
7. ☐ Yes ☐ No Are enrollment forms required?
8. How many staff members? Teachers: _____ Volunteers: _____

Landfills, Dumps, Refuse Sites, Incinerator Operations, Sanitation (solid waste)

☐ N/A

Complete the following if the entity currently owns, operates or maintains any sanitary landfills, landfills, dumps, refuse sites, trash transfer facilities, recycling centers or incinerators.

Location and Operation	Classes of Waste	Area	Age	Active?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

1. ☐ Yes ☐ No Did the entity own, operate or maintain any dump or landfill in prior years?
If "Yes", what is the current use of the former dump or landfill? _____
2. ☐ Yes ☐ No Does the entity contract any part of operations?
3. ☐ Yes ☐ No Has the entity ever been cited or fined for non-compliance with required standards?
If "Yes", provide details: _____
4. ☐ Yes ☐ No Does the entity provide residential refuse collection services to residents?
If "Yes", where is it sent? _____
5. ☐ Yes ☐ No Is public access permitted to any refuse facility owned by the entity?

Streets & Roads

☐ N/A

1. How many miles of roadway are owned or maintained by the entity? _____
2. ☐ Yes ☐ No Are any non-owned roadways maintained by the entity for others? If "Yes", Receipts: _____
3. ☐ Yes ☐ No Is there a routine inspection and maintenance program in place?
4. ☐ Yes ☐ No Are there written maintenance logs?
5. ☐ Yes ☐ No Is there a road condition complaint log?
6. ☐ Yes ☐ No Does the entity perform its own road re-paving or reconstruction? If "Yes", Payroll: _____

7. ☐ Yes ☐ No Does the entity build new roads? If "Yes", Payroll: _____
8. How does the entity confirm its roads are properly signed, marked and maintained? _____
9. ☐ Yes ☐ No Does the entity employ a licensed engineer?
10. How many bridges are owned and maintained by the entity? _____
Number of bridges that are greater than 300 feet in length? _____
11. ☐ Yes ☐ No Are bridges subject to periodic inspections?
12. ☐ Yes ☐ No Are bridge condition reports documented in writing?

FIRE & EMERGENCY MEDICAL SERVICES / PROFESSIONAL HEALTHCARE LIABILITY

☐ N/A

1. What fire departments, ambulance corps or rescue squads are to be insured within this entity?

2. What emergency service operations are conducted?
☐ Fire Department ☐ Fire Department with Ambulance
☐ Ambulance Corps ☐ Rescue Squads
☐ First Responder ☐ Other: _____
3. What is the population of the area on a first call basis? _____
4. ☐ Yes ☐ No Do employees and volunteers receive formal training?
If "Yes", how often is training provided? _____
5. What is the estimated number of responses annually?
Fire/rescue (non-medical*) _____
Emergency medical runs ** _____
Non-emergency transports _____
- * Use of an automatic defibrillator only without other medical procedures will be considered a non-medical run.
** Includes runs involving patient transports or runs involving medical treatment at the scene of an emergency.
6. ☐ Yes ☐ No Does the organization have a specially organized hazardous material team?
7. ☐ Yes ☐ No Do volunteers use personal vehicles for emergencies?
8. ☐ Yes ☐ No Are all volunteers covered by Workers' Compensation insurance?
9. ☐ Yes ☐ No Are firefighting or emergency services provided to any private entity?
If "Yes", to what entity? _____
10. What is the entity's level of state certification or licensing for emergency medical service?
☐ Not state certified or licensed
☐ First Responder
☐ Basic Life Support
☐ Advanced Life Support
- If "Not state certified or licensed" or "First Responder" was checked above, what is the highest level of service provided?
☐ Non-medical only
☐ Basic Life Support
☐ Advanced Life Support

Note: Professional Healthcare coverage is included within the General Liability limits.

Fire and Emergency Medical Services Comments: _____

WATER & WATER-RELATED ENTITIES SUPPLEMENT

PLEASE COMPLETE ONLY THOSE SECTIONS THAT ARE APPLICABLE.

Legal Name of Entity: _____

WATER, SEWER, DAMS & IRRIGATION EXPOSURES

Water Utility

☐ N/A

1. ☐ Yes ☐ No Does the entity have a fully computerized water system? (i.e., SCADA)?
2. What is the water utility annual payroll? _____
3. How many gallons of potable water are distributed annually? _____
4. What is the water system's capacity? _____
5. How many water utility customers (hook-ups)? _____
6. What percentage is distributed to the following? Commercial _____ Industrial _____ Residential _____
7. What is the source of the water supply? _____
8. How is the water treated? _____
9. What water chemicals are used? _____
10. How often does the entity test? _____
11. How are the entity's water chemicals stored and secured? _____
12. For the water treatment system, identify the following: Year Built? _____ Year last upgraded? _____
What percentage is older than 20 years? _____ What upgrades are planned? _____
13. ☐ Yes ☐ No Is the entity required to produce an annual water quality report?
If "Yes", with what agency is the report filed? _____

Sewage (Wastewater Operations)

☐ N/A

1. How many wastewater customers? _____
2. What percentage is received from each customer type? Commercial _____ Industrial _____ Residential _____
3. How many sewer connections? _____
4. What type of piping is used in the system? _____
5. How many miles of sewer collection lines are maintained by the entity? _____
Note: Connector lines are those that connect plant to plant or a municipal customer to a plant.
6. For the sewer collection system, identify the following: Year built? _____ Year last upgraded? _____
What percentage is older than 20 years? _____ What upgrades are planned? _____
7. What types of facilities are operated? ☐ Treatment Plant ☐ Lift Station ☐ Pumps ☐ Collection Only
☐ Other: _____
8. Is there a replacement program in place for sewer mains/lines?
If "Yes", describe: _____
9. How often are sewer mains/lines cleaned? _____
10. How often are sewer mains/lines inspected by line cameras? _____
11. What wastewater treatment is provided? ☐ Primary ☐ Secondary ☐ Tertiary ☐ Other: _____

12. What regulatory agency monitors the entity? _____
13. How is influent input monitored for toxic/hazardous waste? _____
14. How are chemicals stored? _____
15. What is done with residual by-products/sludge? _____
16. What is the total sewer operations payroll? _____

Dams

☐ N/A

If the entity owns/maintains more than 1 dam, separate supplemental exposure information must be completed for each.

Name of structure: _____ NPDP ID: _____

Location: _____

Year built: _____ Date of last update: _____

Owned by: ☐ Entity ☐ Federal Agency ☐ State Government ☐ Other: _____

Operated by: ☐ Entity ☐ Federal Agency ☐ State Government ☐ Other: _____

1. ☐ Yes ☐ No Is this dam a shared facility? If "Yes", with what entity? _____

2. ☐ Yes ☐ No Is there an Emergency Notification Plan? If "Yes", please provide a copy if Dam Failure Coverage is desired. _____

3. ☐ Yes ☐ No Does the dam currently carry Dam Failure Coverage? Other: _____

If "Yes", who is the present insurance carrier? _____

4. Purpose of dam (check all that apply):

☐ Flood ☐ Irrigation ☐ Industrial ☐ Other: _____
☐ Power ☐ Water Supply ☐ Recreation

5. Construction:

☐ Concrete ☐ Earth ☐ Rockfill ☐ Other: _____
☐ Steel Sheet ☐ Gravity

6. Dimensions:

Surface acres: _____ Top width: _____

Storage capacity/acre feet: _____ Base width: _____

Height: _____

7. Inspections:

Frequency: _____ By whom: _____

Date of last inspection: _____ Status of recommendations: _____

8. ☐ Yes ☐ No Has the dam been included under the National Program for Dam Inspection?

9. ☐ Yes ☐ No Is the dam located directly on the main tributary? What is the name of the tributary river(s) of the impoundment waters? _____

10. How is the water level controlled?

☐ Gates (identify type and how operated) _____
☐ Spillway
☐ Other: _____

11. ☐ Yes ☐ No Does the entity permit any winter sports upstream from the dam? If "Yes", identify details that may jeopardize the dam: _____

12. ☐ Yes ☐ No Are there any exposures to recreational areas (swimming, boating, camping, etc.) that are upstream from the dam? If "Yes", provide details on recreational activities provided by the district: _____

13. ☐ Yes ☐ No Is Dam Failure coverage desired for this specific dam?

If "Yes", complete the "Downstream Exposures for Dams" and attach a copy of the most current dam inspection report for that dam.

Downstream Exposures for Dams (complete only if Dam Failure Coverage is requested)

14. Exposures (check all that apply):

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Homes	Distance _____	Number _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Industrial Complexes	Distance _____	Type _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Public Utilities	Distance _____	Number _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pumping Stations	Distance _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lower Dams	Distance _____	Names _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bridges	Distance _____	Number _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Highways	Distance _____	Number _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Railroads	Distance _____	Number _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Schools	Distance _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hospitals	Distance _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Camps	Distance _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recreational areas	Distance _____	Type _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Agricultural Areas	Distance _____	

Type of exposure (livestock, crops, etc.): _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Structures	Distance _____	Number _____
------------------------------	-----------------------------	------------------	----------------	--------------

Describe structures: _____

15. Maximum number of people a flood could affect? _____

16. ☐ Yes ☐ No Are surface rights of the reservoir leased to a third party?

If "Yes", with what entity? _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the entity provide a Certificate of Insurance?	Limit required? _____
------------------------------	-----------------------------	---	-----------------------

17. ☐ Yes ☐ No Have there been any incidents or failure within the history of the dam's existence?

If "Yes", provide incident dates and type of loss: _____

Irrigation Operations

☐ N/A

1. ☐ Yes ☐ No Is public access permitted on canal or levee rights of way?

2. ☐ Yes ☐ No Are any areas open for public use such as hunting, boating or hiking?

3. ☐ Yes ☐ No Are vehicles permitted in public access areas?

4. What type of weed and brush suppression is used? (check all that apply)

☐ Controlled Burns

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there established procedures for controlled burns?
------------------------------	-----------------------------	--

If "Yes", describe: _____

☐ Chemicals

List all chemicals used: _____

Where and in what quantity are these chemicals stored? _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are employees licensed to spray chemicals?
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☐ Other: _____

5. Describe how irrigation water deliveries are confirmed: _____

6. What is the total annual payroll for irrigation operations? _____

7. List the total miles of irrigation ditches owned and operated: _____ (Ditch miles include total miles of canals & laterals.)

8. ☐ Yes ☐ No Are warning signs posted on all owned facilities?

Electric Utilities☐ N/A

1. Number of utility users: Industrial: _____ Commercial: _____ Residential: _____
2. Annual payroll (less clerical): \$_____ Years in operation: _____
3. Total number of locations, including substations: _____
4. ☐ Yes ☐ No Are all locations protected? If "Yes", check all that apply:
☐ Fenced ☐ Lighted ☐ Alarms ☐ Signage
☐ Other: _____
5. Surrounding area? ☐ Rural ☐ Metro How close is the nearest residence?: _____(ft.)
6. ☐ Yes ☐ No Are there any PCB transformers? If "Yes", how many: _____
When is replacement scheduled? _____
7. Number of miles of distribution line? _____ Underground? _____ Overhead? _____
8. Describe pole and line maintenance (who maintains, how often inspected, how documented):

9. What is the maximum annual kilowatts distributed? _____
10. ☐ Yes ☐ No Does the entity generate electricity?
If "Yes", advise the source of power:
☐ Fossil fuel ☐ Hydro-electric ☐ Nuclear
What is total daily capacity? _____ What is the daily peak demand? _____
What are the total annual revenues from generation? _____
11. What is the power source? _____

Gas Utilities☐ N/A

1. Is the gas: ☐ produced, ☐ or purchased and resold
If purchased, who is gas purchased from? _____
2. ☐ Yes ☐ No Does the entity own or operate a gas wellhead or pipeline?
3. What percentage is distributed to the following? Commercial _____ Industrial _____ Residential _____
4. Annual payroll (less clerical): \$_____
5. When was the last complete leakage survey performed on the distribution system? _____
How often are complete surveys performed? _____
6. What percentage of system is cathodically protected? _____ %
7. When was the last corrosion survey performed? _____
8. When was the original system installed? _____
9. Describe main service replacement program: _____
10. ☐ Yes ☐ No Does the gas system have high and low pressure warning devices?
11. ☐ Yes ☐ No Does the gas company maintain a current distribution map?
12. ☐ Yes ☐ No Are regulating stations adequately fenced, housed, or otherwise secured?
13. ☐ Yes ☐ No Are there any liquefied natural gas (LNG) operations?
14. ☐ Yes ☐ No Does the gas company participate in a local or statewide "call before digging" campaign?

LAW ENFORCEMENT LIABILITY SUPPLEMENT

Legal Name of Entity: _____

GENERAL INFORMATION (all entities must complete this section)

Law Enforcement limits will be consistent with the General Liability limits.

1. What Law Enforcement Liability Deductible is requested?
☐ None (default) ☐ \$2,500 ☐ \$10,000 ☐ \$25,000
☐ \$1,000 ☐ \$5,000 ☐ \$15,000
2. ☐ Yes ☐ No Law Enforcement Line of Duty Accidental Death benefit is available with a limit of \$50,000 per occurrence per officer. Is this coverage desired?
3. What is the minimum education requirement for hiring officers?
☐ High School ☐ College ☐ Other: _____
4. Identify mandatory screening checks required prior to hiring: ☐ Criminal background ☐ Motor Vehicle Records
☐ Psychological testing ☐ Other: _____
5. Describe training that is required of officers prior to assignment: _____
6. Describe continuing in-service education and training programs: _____
7. ☐ Yes ☐ No Are policies and procedures distributed to all school security / law enforcement personnel?
8. ☐ Yes ☐ No Are policies and procedures reviewed periodically with personnel as part of training?
9. ☐ Yes ☐ No Are policies and procedures reviewed by the entity's legal counsel?
10. ☐ Yes ☐ No Does the entity contract school security / law enforcement services to any other public or private school or entity?

SCHOOL SECURITY ONLY

1. ☐ Yes ☐ No Are firearms and/or ammunition stored on school property? If "Yes", describe where they are stored and what controls are in place.

2. Indicate the number of personnel.
 School security, armed: _____ (full-time) _____ (part-time)
 School security, unarmed: _____ (full-time & part-time)
 Service Animal: _____
 (Please complete Service Animal section on the **General Supplemental Application**)

School Security Comments: _____

MUNICIPAL LAW ENFORCEMENT ONLY

1. Indicate the number of personnel.
 Officers, armed, full-arrest authority: _____ (full-time) _____ (part-time)
 Officers, unarmed, limited authority: _____ (full-time & part-time)
 Administrative: _____ (full-time & part-time)
 Service Animal: _____
 (Please complete Service Animal section on the **General Supplemental Application**)
2. ☐ Yes ☐ No Is the entity accredited by a professional organization?
 If "Yes", identify organization: _____
3. Describe law enforcement training that is required of officers with powers of arrest: _____
4. Where do officers practice/qualify for use with their firearms? _____
5. Does the entity have written policies governing the following?

<input type="checkbox"/> Yes <input type="checkbox"/> No Use of deadly force	<input type="checkbox"/> Yes <input type="checkbox"/> No Handling of intoxicated persons
<input type="checkbox"/> Yes <input type="checkbox"/> No Use of non-lethal force	<input type="checkbox"/> Yes <input type="checkbox"/> No Outside employment (moonlighting)
<input type="checkbox"/> Yes <input type="checkbox"/> No Vehicle "hot pursuit"	<input type="checkbox"/> Yes <input type="checkbox"/> No Armed while off duty
<input type="checkbox"/> Yes <input type="checkbox"/> No Domestic violence	<input type="checkbox"/> Yes <input type="checkbox"/> No Use of volunteers
6. What outside employment (moonlighting) is authorized for the entity's staff? _____
7. ☐ Yes ☐ No Does the entity belong to any multi-jurisdictional law enforcement organization such as a drug task force?
 If "Yes", describe involvement: _____
8. ☐ Yes ☐ No Does the entity participate in a multi-jurisdictional penal institution?
 If "Yes", describe involvement: _____

Indicate which detention facilities are operated by the entity.

Facility	# of Cells	Age of Facility	Accredited*	Total Square Feet	Inmate Capacity	Average Daily Inmates	Average Length of Stay
Jails			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Holding Facilities			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Juvenile Detention Centers			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Detox Centers			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No				

* Accredited by the American Correctional Association

9. ☐ Yes ☐ No Are any facilities operating under a court order or in violation of any local, state or federal codes or standards?
 If "Yes", describe: _____
10. Are any of the following procedures used in any detention facility?

<input type="checkbox"/> Yes <input type="checkbox"/> No Visual oversight	<input type="checkbox"/> Yes <input type="checkbox"/> No Suicide Prevention Measures
<input type="checkbox"/> Yes <input type="checkbox"/> No Medical Intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No Separation of Juvenile / Adult

Law Enforcement Comments: _____

**PUBLIC OFFICIALS & MANAGEMENT LIABILITY,
EMPLOYMENT PRACTICES LIABILITY,
CYBER LIABILITY & PRIVACY CRISIS MANAGEMENT
SUPPLEMENT**

PLEASE COMPLETE ONLY THOSE SECTIONS THAT ARE APPLICABLE.

Legal Name of Entity: _____

PUBLIC OFFICIALS & MANAGEMENT LIABILITY

☐ N/A

The Public Officials and Management Liability coverage form is available on an Occurrence or Claims Made (with a specific Claims Made retroactive date) coverage basis. Each coverage form includes:

Coverage A provides Wrongful Acts, Employment Practices and Employee Benefits administration errors and omissions.
\$1,000,000 Each Wrongful Act or Offense
\$3,000,000 Annual Aggregate

Coverage B provides a limited defense cost reimbursement for Injunctive Relief actions.
\$5,000 Each Action

Employment Practices Liability may be excluded on an optional basis.

1. What is the entity's current coverage?
☐ Occurrence
☐ Claims Made If Claims Made, what is the current retroactive date? _____

2. Deductible requested?
☐ None (default) ☐ \$10,000 ☐ \$25,000
☐ \$5,000 ☐ \$15,000 ☐ \$50,000

Note: Deductible applies to Loss and Loss Expense (applies to Loss Only in New York). Underwriters may require higher or lower deductibles than requested.

3. Select a category (check one):
☐ Private Entity
☐ Public Entity such as a City, Town, Township, Village or Borough
☐ Other public entity: _____

4. **In addition to the following questions, please attach a copy of the entity's current budget.**

\$_____ What are the entity's total budgeted expenditures?
\$_____ How much are excluded operations?
\$_____ How much of the budgeted operations are insured elsewhere?
\$_____ How much are allocated to capital expenditures?
\$_____ What are the debt payments?
\$_____ What expenditures are considered inter-fund transfers?

5. ☐ Yes ☐ No Does the entity have a written Policies and Procedures Manual?
6. ☐ Yes ☐ No Are public officials and employees trained in these policies and procedures?
7. ☐ Yes ☐ No Are procedures established to meet "open meeting" requirements?
8. ☐ Yes ☐ No Are established policies and procedures reviewed by legal counsel?
9. ☐ Yes ☐ No Does the entity establish and maintain zoning regulations?
10. ☐ Yes ☐ No Does the entity administer building codes?
11. ☐ Yes ☐ No Does the entity have a formalized zoning or building codes appeal process?

12. ☐ Yes ☐ No Are there any prior acts or outstanding disputes involving any of the following?

If "Yes", check all that apply:

- ☐ Civil rights violations
- ☐ Refusal of service
- ☐ Inadequacy of service
- ☐ Land use planning or development
- ☐ Public use of property, wrongful takings, or condemnation proceedings
- ☐ Approval of building plans or building specifications
- ☐ Any other incidents, accidents, or occurrences

- ☐ Yes ☐ No Are any of the above not yet a claim?

If "Yes", describe circumstances: _____

- ☐ Yes ☐ No Have any of these events been reported to a current or previous carrier?

If "Yes", explain: _____

13. ☐ Yes ☐ No Does the entity want to include Employment Practices Liability coverage?

If "Yes", please complete the **Employment Practices Liability** section below.

If "No", how are Employment Practices addressed?

- ☐ Insured Elsewhere ☐ Self-Insured

14. ☐ Yes ☐ No Does the entity want to include Cyber Liability & Privacy Crisis Management Expense coverage?

If "Yes", please complete the **Cyber Liability & Privacy Crisis Management Expense** section below.

Public Officials and Management Liability Comments: _____

EMPLOYMENT PRACTICES LIABILITY

1. ☐ Yes ☐ No Does the entity have an Employee Handbook?
2. ☐ Yes ☐ No Do all employees and volunteers receive a copy of the handbook?
3. ☐ Yes ☐ No Does the handbook establish "employment at will"?
4. ☐ Yes ☐ No Does the handbook specifically include volunteers?
5. ☐ Yes ☐ No Does the entity's legal counsel periodically review the handbook?
6. ☐ Yes ☐ No Are employment policy changes communicated to employees?
7. ☐ Yes ☐ No Are any of the entity's employees unionized?
8. ☐ Yes ☐ No Does the entity perform criminal background checks on all new hires?
9. ☐ Yes ☐ No Does the entity apply specific hiring guidelines?
10. ☐ Yes ☐ No Does the entity apply specific termination guidelines?
11. ☐ Yes ☐ No Are there specifically defined disciplinary actions?
12. ☐ Yes ☐ No Are there specific employment grievance procedures?
13. ☐ Yes ☐ No Are there specific guidelines concerning Sexual Abuse and Harassment?
14. ☐ Yes ☐ No Are termination actions subject to external oversight?
15. What is the estimated employee turnover rate annually? Municipal Operations: _____% School Operations: _____%
16. How many involuntary employee terminations annually? Municipal Operations: _____% School Operations: _____%

17. ☐ Yes ☐ No Are any EEOC or comparable state agency hearings outstanding?

If "Yes", describe any outstanding employment disputes that are not yet a claim:

18. ☐ Yes ☐ No Does the entity have any knowledge of any incidents, accidents, or occurrences which may result in a claim?

If "Yes", explain:

Identify if any of the above events have been reported to a current or previous carrier:

CYBER LIABILITY & PRIVACY CRISIS MANAGEMENT EXPENSE

Cyber Liability protects you when claims are made against you for monetary damages arising out of an electronic information security event.

\$1,000,000 Each Electronic Information Security Event, subject to

\$3,000,000 Annual Aggregate (Public Officials and Management Liability or Educators Legal Liability, as applicable)

Privacy Crisis Management Expense reimburses for expenses you incur as a result of a privacy crisis management event first discovered during the policy period. This first party coverage is intended to provide professional expertise in the identification and mitigation of a privacy breach while satisfying Federal and State statutory requirements.

- ☐ \$50,000 Each Privacy Event / \$50,000 Aggregate automatically included
☐ \$100,000 Each Privacy Event / \$100,000 Aggregate
☐ \$250,000 Each Privacy Event / \$250,000 Aggregate
☐ \$500,000 Each Privacy Event / \$500,000 Aggregate

Cyber Extortion Expense reimburses for expenses you incur as a result of a cyber extortion threat first made against you during the policy period. A \$20,000 limit applies to Each Cyber Extortion Threat, subject to the Privacy Crisis Management Expense Aggregate.

1. ☐ Yes ☐ No Is Firewall technology used at all internet points of presence to prevent unauthorized access to internal networks?
2. ☐ Yes ☐ No Do you use antivirus software on all desktops, portable computers and mission critical servers?
3. ☐ Yes ☐ No Are antivirus applications updated in accordance with the software provider's requirements?
How often? _____

QUESTIONS 4 and 5 BELOW MUST BE ANSWERED IF \$500,000 LIMIT IS REQUESTED.

4. ☐ Yes ☐ No Are your employee, customer, and other physical and electronic records maintained in a secure environment with limited access?
5. ☐ Yes ☐ No Has your organization suffered a computer attack, such as a hacking attack, breach of personal information, denial of service attack, virus or malware infection or ransomware attack, in the last 12 months? If Yes, please explain: _____

QUESTIONS 6 and 7 BELOW MUST BE ANSWERED FOR:

- EDUCATIONAL ENTITIES,
- MUNICIPALITIES WITH A POPULATION GREATER THAN 20,000
- SPECIAL DISTRICTS WITH MORE THAN 20,000 CUSTOMERS OR HOOK-UPS, OR
- ANY EMERGENCY SERVICE OPERATION WITH 50 OR MORE FULL TIME EQUIVALENTS.

6. ☐ Yes ☐ No Do you have a written information security and privacy policy?
7. ☐ Yes ☐ No Do you backup your computer data and store it off site?

Cyber Liability and Privacy Crisis Management Expense Comments: _____
