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PART OF THE BROWN & BROWN TEAM

# ***PUBLIC ENTITY PROGRAM***

## ***ITEMS NEEDED WITH SUBMISSION:***

- 1.) Public Entity Information, Submitting  
Agency, Proposed Effective Date,  
Bid Date and Pricing Guidelines*
- 2.) Completed Acord Applications for  
each line of coverage needed*
- 3.) Completed Supplemental Applications  
for each line of coverage needed*
- 4.) Current and 3 prior year loss runs*

## PUBLIC ENTITY PROSPECT PROGRAM

### I. APPLICATION INFORMATION

- A. Name Insured \_\_\_\_\_
- B. Address \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Population (include resident students) \_\_\_\_\_
- C. Contact for inspection \_\_\_\_\_ email: \_\_\_\_\_

### II. SUBMITTING AGENCY INFORMATION

- A. Agency Name \_\_\_\_\_
- B. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- C. Phone \_\_\_\_\_ Facsimile No \_\_\_\_\_
- D. Agent/Broker \_\_\_\_\_ Email: \_\_\_\_\_

### III. PROPOSED EFFECTIVE DATE \_\_\_\_\_ BID DATE \_\_\_\_\_

### IV. COVERAGE   CARRIER   PREMIUM   X-DATE   NOTES

Genl Liab \_\_\_\_\_

E & O \_\_\_\_\_

Law \_\_\_\_\_

Auto \_\_\_\_\_

Prop \_\_\_\_\_

I M \_\_\_\_\_

B & M \_\_\_\_\_

Umbr \_\_\_\_\_

Other \_\_\_\_\_



## Municipality Supplemental Application

<b>Account Name</b>			
<b>Effective Date</b>			<b>Date Completed</b>

### General Information

<b>Population:</b>	<b>Inspection Information</b>
	Contact Name:
	Contact Phone:

### Property Section

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Any buildings with a roof over 20 years old?
		If yes: Which Building(s):
		Roof Type(s):
		Frequency of roof inspection(s):
		Expected replacement year:

### Auto Section

<b>Yes</b>	<b>No</b>																	
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity have a Fleet Safety Program?																
		If yes: Which of the following are addressed by the Fleet Safety Program?																
		<table border="1"> <tr> <td><b>Yes</b></td> <td><b>No</b></td> <td><b>Yes</b></td> <td><b>No</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
		Does the insured participate in a Medicaid Transportation program?																
		If yes: Which vehicles will be utilized for this practice?																
		What is the maximum distance for any one trip?																
		What is the average distance for any one trip?																
		What are the expected receipts for this operation? \$																
		<table border="1"> <tr> <td><b>Yes</b></td> <td><b>No</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<b>Yes</b>	<b>No</b>																	
<input type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/>	<input type="checkbox"/>																	

## General Liability Section

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity have buildings or premises made available to the general public for functions or gatherings such as weddings, dances, athletic events, fairs, other, etc.?
		If yes:      Which Building(s):
<input type="checkbox"/>	<input type="checkbox"/>	Are there any stadiums, bleachers or grandstands that would hold more than 5,000 attendees?
<input type="checkbox"/>	<input type="checkbox"/>	Will the Fire Department or EMT's be covered under this policy?
		<input type="checkbox"/> N/A      Total Number of EMT's:
<input type="checkbox"/>	<input type="checkbox"/>	Independent of the Fire Department, does the entity operate a for-profit rescue unit or ambulance service?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own, manage, or operate a telecommunication company or utility?
		<input type="checkbox"/> N/A      Telecommunications Payroll (excluding payroll): \$
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own, manage, or operate a gas utility? <b>(if yes, please contact underwriting for Gas Utility Questionnaire)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own, manage, or operate an airport? <b>(if yes, please contact underwriting for Airport Questionnaire)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own or maintain a dam, reservoir, levee, or sewage lagoon? <b>(if yes, please contact underwriting for Dam, Reservoir, Levee, Sewage Lagoon Questionnaire)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own or maintain a closed landfill – please note, an open landfill does not qualify for EMC. <b>(if yes, please contact underwriting for landfill Questionnaire)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity operate a zoo or an amusement park?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own, manage, or operate any ski slopes, ski lifts, toboggan slopes, or sledding slopes?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own, manage, or operate any tourist attractions such as caves or other special attractions?
		If yes:      Describe:
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own, manage, or operate any hospital, nursing home, or retirement facilities?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own, manage, or operate any housing projects?
<input type="checkbox"/>	<input type="checkbox"/>	Are Certificates of Insurance, with a minimum of \$500,000 Liability always required on maintenance or repair performed by subcontractors?
<input type="checkbox"/>	<input type="checkbox"/>	Are paths or areas set aside specifically for ATV or motorbike operation?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own, manage, or operate any ziplining activities?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own, manage, or operate any rock climbing activities?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own, manage or operate any cliff diving activities?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity operate a climbing wall?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own, manage or operate a golf course?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own any ice skating rinks?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity own any sandpits, or beaches where swimming is permitted?

☐ None / Not Applicable

## Employee Benefits Section

Number of Employees:

Claims Made or Occurrence?

☐ Claims Made

☐ Occurrence

Retro Date (If Claims Made):

☐ None / Not Applicable

## Spraying Activity Section

What type of spraying activities are they performing?

Where are all excess chemicals being stored?

What training or certification is required of those performing the spraying?

What safety precautions are taken to minimize the risk of a claim?

Is Public Notification Provided?

☐ Yes

☐ No

☐ None / Not Applicable

### Swimming Pool Section

Is pool in compliance with Virginia Graeme Baker Pool and Safety Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all diving boards, platforms, starting blocks, ladders and steps have slip resistant surfaces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of springboards:	Height of all diving boards:	
Depths of water beneath diving and springboards:		
Is there a designated children's section roped off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is first aid equipment provided and easily accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the pool equipped with a shepherds hook and life rings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are eating, smoking, or drinking allowed in the pool area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are glass containers permitted in the pool area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the pool equipped with an automatic ph/chlorine monitor/feeder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where are pool chemicals stored and describe how access might be gained to these chemicals.		
Is there a wave simulator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a waterslide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> N/A	Are swimmers required to demonstrate the ability to swim across the pool prior to being permitted on the waterslide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was waterslide installed in compliance with Consumer Product Safety and state regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is waterslide supervised by lifeguards at the top and the bottom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Only one person permitted on the waterslide at one time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is sliding feet-first the only type of sliding that is permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pool area where sliders enter the water roped off and free of other swimmers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain any "No" responses:	
	What is the height of each water slide?	
How deep is the water beneath the slide(s)?		
What is the minimum age permitted to use the slide?		

☐ None / Not Applicable

### Skateboard Facility Section

Is a written set of rules governing the use of the facility clearly posted at each entrance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the governing rules include the following:		
<input type="checkbox"/> N/A	Wearing of helmets, elbow & kneepads, and wrist supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Children under age 7 must be accompanied by an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	No food or drink allowed in the skate area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a written notice posted warning of the hazards and dangers associated with the use of the skateboard facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a written notice posted stating that the skateboard facility is only to be used by persons operating skateboards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the ramps and pipes no more than 6 feet high?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the skateboard facility professionally designed and constructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

☐ None / Not Applicable

## Water Utility Section

Annual Payroll (excluding Clerical): \$		
Age of system:	Year of last upgrade:	Year next upgrade scheduled:
How often do you monitor for leaks?	What method is used?	
If leaks are detected, are they repaired promptly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are records kept of unaccounted-for-water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a water emergency plan in place to notify consumers about water emergencies or boil water advisories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are subcontractors utilized for maintenance, testing, inspection or construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are certificates of insurance required evidencing equal or greater liability limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> N/A	Is the entity named as an additional insured or provided a hold harmless agreement?	
Subcontractor Costs:		
Do you have a computer monitored system (i.e. SCADA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "No", how is water pressure monitored?		
How are chemicals stored and secured?		
Any contaminated well sites or water sources in the last five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please describe:		
Have you ever been cited or fined for non-compliance with required standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please describe:		
Is Failure to Supply coverage requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Residential Accounts:	Number of non-Residential Accounts:	
Describe Quality Testing Controls you use (how often, and by whom):		
Are testing records maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For how long?		
Describe (or attach) a copy of your contingency plan to supply water to customers in the event of an inability to adequately supply water service:		

☐ None / Not Applicable

## Quarry Operation Section

Quarry Operation Payroll (excluding clerical): \$		
Any explosives or blasting performed by the <u>Insured</u> ? (Does not qualify for EMC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any explosives or blasting performed by a contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the contractor bonded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is entity insured and an AI on the contractors' policy and has the contractor agreed to hold the entity harmless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there structures, roads, railroad tracks or utilities within 300' of the blasting site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe how the explosives will be protected at the jobsite:		
What is the anticipated length of the blasting operations?		
Who will be responsible for locating and marking underground utilities?		

☐ None / Not Applicable

## Electric Utility Section

Electric Utility Payroll (excluding clerical): \$

Owned by the government entity? (must be "Yes" in order to qualify for coverage) ☐ Yes ☐ No

### Provide approximate number of customers classifications

Domestic / Residential:

Mercantile / Retail:

Municipal / School:

Industrial / Commercial:

Unmetered:

List any customers accounting for more than 5% of average output:

Do only licensed electricians perform repairs to the Electric Utility? ☐ Yes ☐ No

To what extent are the entity's employees responsible for maintaining and repairing the Electric Utility?

Does the entity generate their own power and operate the power generating plant?

☐ No (Hazard is pass-through only)

☐ Yes (120 days prior to the need by date submission will be required to allow time to pre-inspect the risk, please contact your underwriter for additional Electric Utility Questionnaire)

☐ None / Not Applicable

## Special Events Section

Event Name	Date(s) or Duration	Description of Activities	Est. Daily Attendance

- Please list and describe any additional events on an additional sheet; provide flyers or website if available

Will Alcohol be served at any described events? ☐ Yes ☐ No

Who will be serving the alcohol?

☐ N/A

Will servers be TIPS Trained? ☐ Yes ☐ No

Estimated annual receipts for all alcohol sales?

Will any described events feature inflatable rides or jump houses? ☐ Yes ☐ No

Which Events?

Minimum Age/Size?

Are children separated by age/size? ☐ Yes ☐ No

Who will be supervising?

☐ N/A

Does the entity rent or own the inflatables? ☐ Rent ☐ Own

- If owned, they cannot be rented or loaned to others

If rented, is the rental company responsible for setup and teardown? ☐ Yes ☐ No

Does rental company provide a certificate showing the entity an AI? ☐ Yes ☐ No

Are events co-sponsored? ☐ Yes ☐ No Which Events?

Any events sponsored independently? ☐ Yes ☐ No Which Events?

☐ N/A

Is there a written contract in place? ☐ Yes ☐ No

Does the contract require the co-sponsor to hold the insured harmless and provide additional insured status to the entity? ☐ Yes ☐ No

NOTE: Any activities including vehicular racing contests, demolition derbies, mechanical or amusement rides, or fireworks will be excluded from coverage.

## Linebacker (Employment Practices and Errors & Omissions) Section

Total Expenditures for current fiscal year (other than for projects financed by bonds): \$

Total Income for current fiscal year (other than borrowed funds.): \$

Total Deficit/Surplus: \$

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is entity involved in any disputes regarding integration, segregation, discrimination or civil rights?
<input type="checkbox"/>	<input type="checkbox"/>	Has there been any riot or civil commotion in the past three years?
<input type="checkbox"/>	<input type="checkbox"/>	Have there been any assault and battery claims made against the entity or any of its officials or employees within the past three years?
<input type="checkbox"/>	<input type="checkbox"/>	Has any bond proposal been defeated by the voters within the past three years?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A Was a modified proposal resubmitted or is it expected to be resubmitted?
<input type="checkbox"/>	<input type="checkbox"/>	Does applicant do any data processing or computer software development for others?
<input type="checkbox"/>	<input type="checkbox"/>	Has the entity had any disputes, claims or complaints involving appraisals or building permits, design or code enforcement?
<input type="checkbox"/>	<input type="checkbox"/>	Has the entity had any disputes, claims, or complaints involving open or closed landfills in the past five years?
<input type="checkbox"/>	<input type="checkbox"/>	Has the entity had any disputes, claims or complaints involving wrongful taking, zoning or land use rights?
<input type="checkbox"/>	<input type="checkbox"/>	Does entity employ, retain, or consult with an attorney on matters involving zoning law changes, exercising right of eminent domain, antitrust, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	Does entity employ a human resources coordinator?
<input type="checkbox"/>	<input type="checkbox"/>	Is a written employment manual including all personnel policies and procedures distributed to all employees?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A Does employee manual include a reservation of rights to change/modify/terminate policies?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A Is the manual reviewed by counsel experienced and qualified in employment law?
<input type="checkbox"/>	<input type="checkbox"/>	Does entity have a written policy with respect to sexual and non-sexual harassment?
<input type="checkbox"/>	<input type="checkbox"/>	Does entity have a formal written procedure for employee disputes/complaints?
<input type="checkbox"/>	<input type="checkbox"/>	Does entity have a written progressive disciplinary procedure?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity have any complaints filed with the EEOC within the past three years?
<input type="checkbox"/>	<input type="checkbox"/>	Has any official or employee been involuntarily dismissed from employment within the past three years?
<input type="checkbox"/>	<input type="checkbox"/>	Has there been any strike, slowdown or other disruption of applicant's employees within the past three years?

Coverage Requested ☐ Claims Made ☐ Occurrence

Limits Requested

<input type="checkbox"/>	\$100,000 Each Loss / \$1,000,000 Aggregate
<input type="checkbox"/>	\$250,000 Each Loss / \$1,000,000 Aggregate
<input type="checkbox"/>	\$500,000 Each Loss / \$1,000,000 Aggregate
<input type="checkbox"/>	\$1,000,000 Each Loss / \$1,000,000 Aggregate
<input type="checkbox"/>	\$1,000,000 Each Loss / \$2,000,000 Aggregate

Optional Coverages

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Loss of Salary/Fringe Benefits (subject to availability)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Limited Professional E&O Endorsement (subject to availability)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Land Use Endorsement

Restrictive Endorsement ☐ Yes ☐ No Board Members and Organization Only as Insured?



## Crime Section

Number of Employees who handle money or securities:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is Acord 141 completed in its entirety? (Required)
<input type="checkbox"/>	<input type="checkbox"/>	Are Passwords used to access the computer system?
		How often are passwords changed?
		<input type="checkbox"/> N/A
		Does the system lock after repeated unsuccessful sign-on attempts? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
		Does the entity change passwords after an employee leaves? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<input type="checkbox"/>	<input type="checkbox"/>	Does software automatically lock after periods of inactivity?
<input type="checkbox"/>	<input type="checkbox"/>	Is Computer Fraud being requested?
		Do Computers have up-to-date virus checking software? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
		Are firewall software programs used in your computer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
		Is a written computer policy strictly enforced? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
		Are computer monitors located in a manner that limits unauthorized viewers from seeing the screens? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
		<input type="checkbox"/> N/A
		Do you transfer funds or other assets by computer, telephone, or other wire method? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
		Is a password required to access the transfer system? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
		Name(s) and Position(s) of those authorized to make transfers:
		Is requested Computer Fraud limit over \$100,000? (f yes, please contact underwriting for Computer Fraud Questionnaire) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>

## CyberSolutions Section

Limits Requested	\$50,000	\$100,000	\$250,000	\$500,000	\$1,000,000	No Coverage Requested
Data Compromise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has the entity suffered a breach of personal information in the last 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity conduct background screens for prospective employees?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a posted document retention/destruction policy in place?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity centrally maintain regularly updated computer security measures on all computers?
<input type="checkbox"/>	<input type="checkbox"/>	Are the entities employee, customer and other physical records maintained in a separate and secure environment with limited access?
<input type="checkbox"/>	<input type="checkbox"/>	Is access to personal information restricted by job position?
<input type="checkbox"/>	<input type="checkbox"/>	Is there an employee responsible for the security and privacy of information?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity have a comprehensive Information Security and Privacy Policy?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity provide regular security training/information to all people who have access to personally identifying information, whether in paper or electronic format?
<input type="checkbox"/>	<input type="checkbox"/>	Are all users issued unique ID's and passwords when connecting to or accessing the internal network?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity back up computer data and store it off site?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity use encryption techniques for secure communications and the transfer of confidential information?
<input type="checkbox"/>	<input type="checkbox"/>	Is the entity responsible for collecting taxes?

## Law Section

What is the largest city within 25 miles?

Population:

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity have a seasonal change in population over 25%?	
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity contact law enforcement services with any other public or private entity?	Entity:
<input type="checkbox"/>	<input type="checkbox"/>	Do the entity own or operate any watercraft?	How many?:
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity distribute a policies and procedures manual to each officer?	
<input type="checkbox"/>	<input type="checkbox"/>	Are policies and procedures periodically reviewed as part of a formal training?	
<input type="checkbox"/>	<input type="checkbox"/>	Are citizen ride alongs allowed?	
<input type="checkbox"/>	<input type="checkbox"/>	Is authorized employee moonlighting allowed?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	Is moonlighting allowed in bars or taverns? (if yes, moonlighting coverage will not apply)
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity have written procedures for any of the following? (check all that apply)	
		<input type="checkbox"/> Hot Pursuit	<input type="checkbox"/> De-escalation
		<input type="checkbox"/> Ride Along Programs	<input type="checkbox"/> Domestic Violence
		<input type="checkbox"/> Handling Intoxicated Individuals	<input type="checkbox"/> Sexual Harassment
		<input type="checkbox"/> Deadly Force	<input type="checkbox"/> Motor Vehicle Stop and Searches
		<input type="checkbox"/> Non-Deadly Force	<input type="checkbox"/> Communicable Disease
<input type="checkbox"/>	<input type="checkbox"/>	Does your department handle its own dispatch?	
<input type="checkbox"/>	<input type="checkbox"/>	Does your department dispatch for other entities?	Entity:
<input type="checkbox"/>	<input type="checkbox"/>	Does your department dispatch for: (check all that apply)	<input type="checkbox"/> Emergency Medical <input type="checkbox"/> Fire <input type="checkbox"/> Police
<input type="checkbox"/>	<input type="checkbox"/>	Do all officers meet minimum training requirements, including firearms recertification established by the state?	
<input type="checkbox"/>	<input type="checkbox"/>	Are any of the following included as part of the hiring process? (check all that apply)	
		<input type="checkbox"/> Written Examination	<input type="checkbox"/> MVR
		<input type="checkbox"/> Background check	<input type="checkbox"/> Certified Physical Exams
		<input type="checkbox"/> Screening by interview board	<input type="checkbox"/> Diversity & Cultural Awareness
		<input type="checkbox"/> Unconscious bias & de-escalation	<input type="checkbox"/> Other:
<input type="checkbox"/>	<input type="checkbox"/>	Do officers receive training in the following? (check all that apply)	
		<input type="checkbox"/> Stress Management	<input type="checkbox"/> Use of Chemical Weapons
		<input type="checkbox"/> Domestic Conflicts	<input type="checkbox"/> Use of Firearms
		<input type="checkbox"/> Hostage Negotiations	<input type="checkbox"/> Use of Tazers
<input type="checkbox"/>	<input type="checkbox"/>	Does the department maintain a Mounted Patrol, SWAT, Harbor Patrol, or Community Relations?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the department received accreditation from CALEA?	

Coverage Requested

☐ Claims Made

☐ Occurrence

Staffing

# of Full-Time Officers:

# of Police Dogs:

# of Part-Time Officers (up to 32 hours per week & including reserve, seasonal, auxiliary):

Limits Requested

☐ \$500,000 / \$500,000

☐ \$1,000,000 / \$1,000,000

☐ \$500,000 / \$1,000,000

☐ \$1,000,000 / \$2,000,000

Deductible: ☐ \$2,500    ☐ \$5,000    ☐ \$10,000

Medical payments: ☐ \$5,000    ☐ \$10,000

☐ None / Not Applicable

### Shooting Range Section

Shooting Range is:	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor with fence	<input type="checkbox"/> Outdoor with no fence
Distance to nearest building:	Is the shooting range locked?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the usage of land around the facility:			
Describe personal protective equipment required (i.e. eye/ear protection):			
Is ammunition stored on premise?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> N/A	How much ammunition is stored on premise?		
	Are "No Smoking" signs posted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Types of firearms allowed:			
Are individuals outside of the department permitted to use the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> N/A	Who else uses the facility?		
	Are waivers and hold harmless agreements required for outside users?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the supervision of the firing line:			
Please provide the following: <input type="checkbox"/> Sketch of the facility and <input type="checkbox"/> Copy of Guidelines or Rules issued for the use of the range.			

☐ None / Not Applicable

### Jail Section

Average daily population:	Number of Cells / Beds:	/
Average length of stay:	Maximum Capacity:	
Type of monitoring system used:		
Age of jail facility:	Year Renovated:	
Any suicides or attempted suicides in the facility in the past five years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the below practices included in policies and procedures? (check all that apply)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Walk through every 30 minutes	<input type="checkbox"/> Medical Screening	
<input type="checkbox"/> Intake Screening	<input type="checkbox"/> Strip search	
<input type="checkbox"/> Suicide Prevention	<input type="checkbox"/> Juvenile/Adult/Women prisoners	
Does the department employ or contract with any of the following? (check all that apply)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse	
<input type="checkbox"/> Dentist	<input type="checkbox"/> Psychologist	
Do all of the above carry their own professional liability insurance?		<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

## Municipality Drone Section

List and describe all Drones needing coverage

	<u>Drone 1</u>	<u>Drone 2</u>	<u>Drone 3</u>
Year			
Manufacturer / Model			
Serial Number or FAA Registration Number			
Fixed or Rotary Wing?			
Maximum Weight			
Maximum Speed			
Cost New	\$	\$	\$
Department(s) using			
Coverages Desired	<input type="checkbox"/> Liability <input type="checkbox"/> Physical Damage	<input type="checkbox"/> Liability <input type="checkbox"/> Physical Damage	<input type="checkbox"/> Liability <input type="checkbox"/> Physical Damage

List and describe any Drone Equipment or Ground Equipment for which coverage is desired

Cameras or other Equipment	Serial Number	Make / Model	Cost New
			\$
			\$
			\$
			\$
			\$
			\$

Drone Operator Information (provide any additional Drone Operator information on a separate sheet)

	Operator 1	Operator 2	Operator 3	Operator 4
Operator Name				
Date of Birth				
Does operator have a valid Pilot License?	<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
Type of Pilot License?	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Does Operator have a Section 333 Exemption?	<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 Operator have a Part 107 Remote Pilot Certificate?	<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
Total hours flown in the past 12 months?				

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Are all owned drones weighing more than 0.55 pounds registered with the FAA?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity plan to allow others to use the drone?
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity plan to use, borrow, rent, or lease drones belonging to others?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A   Will a charge be assessed to others for their use of the drone?
<input type="checkbox"/>	<input type="checkbox"/>	Are any listed drones used for racing?
<input type="checkbox"/>	<input type="checkbox"/>	Has the entity requested special permission from the FAA to deviate from any of the operational requirements contained in the Small Unmanned Aircraft Systems Rule (Part 107)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A   Has special permission been approved by the FAA?
<input type="checkbox"/>	<input type="checkbox"/>	Explain deviations from the Rule:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does drone have "auto land" or "return to home" capability?
<input type="checkbox"/>	<input type="checkbox"/>	Is drone designated to carry cargo?
<input type="checkbox"/>	<input type="checkbox"/>	Will anyone other than named pilots operate the drone?
<input type="checkbox"/>	<input type="checkbox"/>	Will any uncertified operators be supervised by someone with a Remote Pilot Certificate?
<input type="checkbox"/>	<input type="checkbox"/>	Have there been any previous losses to a drone, whether or not it was claimed or covered by insurance?
<input type="checkbox"/>	<input type="checkbox"/>	Will all drone flights be conducted within a visual line of site?
<input type="checkbox"/>	<input type="checkbox"/>	Will any drone flights be computer guided?
<input type="checkbox"/>	<input type="checkbox"/>	Will all drone flights take place during daylight hours only?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a repair and maintenance program in place for the drones?
<input type="checkbox"/>	<input type="checkbox"/>	Do operators/pilots utilize a pre-flight checklist prior to flying?
<input type="checkbox"/>	<input type="checkbox"/>	Are established guidelines on types of weather that should be avoided when flying drones?

Primary Location(s) where drones will be operated:

Where will drone(s) be stored?

Coverage Requested ☐ Blanket ☐ Schedule

PD Deductible Requested ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

GL Deductible Requested ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

Coinurance Requested ☐ 80% ☐ 90% ☐ 100% ☐ No Coinurance

### Claims Made Prior Acts Section

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does Applicant know of any claim that has been made and/or is now pending which was not covered by the previous insurer(s) but could be covered under the scope of this insurance?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have any knowledge of an occurrence, which might result in a future claim under the scope of this insurance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None Have you notified the previous insurer(s) in writing with details of all known claims as well as incidences which might lead to future claims within the scope of this insurance?

Previous Carrier Information (for previous coverage written on a Claims Made form)

	Linebacker (EPLI / E&O)	Employee Benefits	Abuse / Molestation	Law Enforcement
Name of Prior Carrier				
Policy Limits				
Prior Coverage Effective Dates				
First year in Claims Made				
Proposed Retro Date				

### Prior Acts Disclosure

The undersigned authorized officials of the applicant's governing body declare that to the best of their knowledge the statements set forth herein are true. The undersigned agrees that if the information supplied on this questionnaire changes between the date of this questionnaire and the effective date of the insurance, the undersigned will immediately notify the company of such changes, and the company may withdraw or modify and outstanding quotations and/or authorization or agreement to bind any insurance.

### Declaration and Attestation

The policy will be subject to a deductible, which can be consumed by either losses, defense costs paid by the Company, or costs paid by the applicant, but subject to the Company's knowledge and consent. The amount of the deductible will vary in accordance with the table of premiums and deductibles filed on behalf of the Company with the Insurance Department.

The authorized signer of this application represents or warrants to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. The authorized signer also represents or warrants that any fact, circumstance or situation indicating the probability of a claim or action now known to any entity official or employee has been declared, and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind the insurance company to offer nor the authorized signer to accept insurance, but it is agreed this application and any attachments thereto shall be the basis of the insurance and will be incorporated by reference and made a part of the policy should a policy be issued.

This application provides the Company with certain indicators as to underwriting acceptability. It does not provide information on policy coverages nor does it alter the terms of the policy.

#### **Applicable in Indiana**

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 the person to criminal and civil penalties.

#### **Applicable in 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.

#### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she 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.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_  
Authorized Entity Representative

Agent/Agency Name \_\_\_\_\_