

MRM PROPERTY & LIABILITY TRUST

PUBLIC ENTITY GENERAL INFORMATION

ALL REQUIRED APPLICATIONS/SUPPLEMENTS MUST BE COMPLETED IN FULL

ENTITY: PMAA Member _____ PSATS Member _____

Entity Name: _____ FEIN: _____

Entity Mailing Address: _____

Entity Physical Address: _____

Primary Contact: _____ Title: _____

Phone #: _____ Fax #: _____

Email Address: _____ County: _____

Entity Population: _____ Number of Full Time Employees: _____

Loss Control Contact: _____ Phone: _____

KEY DATES

Effective Date: _____ Date Submitted: _____

Agency Need by Date: _____ Bid Meeting Date: _____

SUBMITTING AGENCY

Agency: _____ Agent's License No.: _____

Producer: _____ Email Address: _____

Mailing Address: _____

Phone: _____ Fax #: _____

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

Any person who knowingly and with intent to defraud any insurance company or another 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 facts material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, insurance benefits may also be denied.)

The undersigned declares that to the best of his/her knowledge, the information set forth in this application is true and complete.

SIGNATURE OF AUTHORIZED OFFICER TITLE DATE

SIGNATURE OF AGENT OR BROKER TITLE DATE

RISK MANAGEMENT

- | | | | | | |
|------------------------------|-----------------------------|--------------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Safety/loss control program | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Regular property inspection & maintenance program |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Regular safety/loss control meetings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Procedures to prevent & report sexual harassment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Accident investigation program | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Programs to be in compliance with Americans with Disabilities Act (ADA) |

PREMIUM AND LOSS HISTORY

A. Provide insurance company loss runs, currently valued and showing all paid and reserved losses including loss expense for the past five (5) years.

1. Have there been any losses paid or reserved over \$25,000 in the past 5 years? (Regardless if covered by insurance)

Yes No If yes, see page 3 to provide a complete description.

2. Does the applicant have any knowledge of any incident(s), accident(s) or occurrence(s) which may result in a claim?

Yes No If yes, attach a separate sheet with a complete description.

B. Has any company canceled or declined to renew any of these coverages? (not applicable in Missouri)

Yes No If yes, attach a separate sheet with a complete description.

C. Expiring Policy Information

<u>Line</u>	<u>Premium</u>	<u>Carrier</u>	<u>Policy Limit</u>	<u>OCC/CM</u>	<u>Deductible</u>
General Liability	\$		\$		
Public Officials' Liability	\$		\$		
Employment Practices Liability	\$		\$		
Law Enforcement Liability	\$		\$		
Auto Liability	\$		\$		
Auto Physical Damage	\$		\$		
Property	\$		\$		
Inland Marine	\$		\$		
Crime	\$		\$		
Excess/Umbrella Liability	\$		\$		
Equipment Breakdown	\$		\$		
Other:	\$		\$		

D. LOSS EXPERIENCE (please complete table below by entering total loss incurred, paid and reserve, and total claims for each coverage; attach currently valued company loss runs; & attach complete description & status of any individual claims over \$25,000)

\$ LINE # CLAIMS	YEAR CURRENT	YEAR 1 ST PRIOR	YEAR 2 ND PRIOR	YEAR 3 RD PRIOR	YEAR 4 TH PRIOR
CGL					
# Claims					
AL					
# Claims					
APD					
# Claims					
PROP					
# Claims					
IM					
# Claims					
CRIME					
# Claims					
EXCESS					
# Claims					
OTHER					
# Claims					
TOTAL \$					
TOTAL #					

Please provide a brief description of any losses over \$25,000, including corrective actions taken, if applicable.

CLASSIFICATION OF RISK

- Governmental Subdivision (City, Town, Borough, County, etc.)
- Public Utility (Water, Sewer, Electric or Gas)
- Other, description _____

Indicate if you fund or supply personnel to any Commission, Board, Authority, or similar unit that is independently operated or not directly operated by you for which you would like coverage as an Additional Insured:

<u>Name of Other Entity</u>	<u>Relationship and Description of Operation</u>
-----------------------------	--

Please attach most recent budget. Budget is adopted tentative fiscal year _____

Indicate if any budget deficits have occurred in the past three years: Yes No

COVERAGES REQUESTED:

- | | |
|---|--|
| <input type="checkbox"/> Commercial General Liability | <input type="checkbox"/> Commercial Excess Liability |
| <input type="checkbox"/> Automobile Liability | <input type="checkbox"/> Commercial Crime |
| <input type="checkbox"/> Automobile Physical Damage | <input type="checkbox"/> Property |
| Other _____ | |

COMMERCIAL GENERAL LIABILITY SECTION

I. Coverages and Limits Requested

Occurrence Claims-Made Retroactive Date (max. 5 yrs): _____

Limit of Insurance: \$ _____ Option: \$ _____

Deductible: \$ _____ Ded. \$ _____

Employee Benefits Liability (\$1,000 deductible applies): Standard coverage

Failure to Supply: (Complete Utility Questionnaire)

Employers' Liability (Stop-Gap) Limit \$ _____
(Available only in NV, ND, OH, WA, WV, WY)

Cemetery Professional Liability Limit: \$ _____

Additional Insureds – attach detailed description of each operation and indicate the interest of the Insured to such organization or individuals.

II. Independent Contractor Operations

Does the Entity use independent contractors? Yes No If Yes, complete the following:

<u>TYPE OF WORK</u>	<u>CERTIFICATES OF INSURANCE SECURED?</u>		<u>CONTRACTOR'S LIMIT OF LIABILITY?</u>	<u>ENTITY NAMED AS ADDITIONAL INSURED?</u>	
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does the Entity have legal counsel review all contracts prior to execution? Yes No

III. Streets/Roads/Highways/Bridges

1. Number of paved mileage: _____ Number of unpaved mileage: _____ Number of miles maintained for others: _____

2. Annual payroll (less clerical): Maintenance/repair: \$ _____ New construction: \$ _____

3. Does the Entity have the following:

- Yes No Regular inspection and maintenance program
- Yes No Regular inspection for missing signs
- Yes No Written records of maintenance performed
- Yes No Barricades & warning signs at road worksites
- Yes No Regular inspection for road sign visibility

4. Number of bridges: _____ Are any bridges closed, condemned or do not meet inspection standards? Yes No

If Yes, list bridge name & location: _____ Are bridges posted for size and weight limits? Yes No

5. Does the Entity contract any portion of street, road or bridge operations? Yes No

IV. Emergency Services (NOTE: Complete this section only if General Liability coverage is provided for the Fire Department or EMS by the Municipality)

1. Fire Department Personnel Regular # _____ Volunteer # _____
 A. Do the training/certification procedures in place comply with state regulation requirements? Yes No

If not provide details on why not: _____

B. Radius of operations: _____

C. Are mutual aid agreements in place with neighboring communities? Yes No

2. EMTs/Paramedics/EMTAs Paid # _____ Volunteer # _____ Subcontracted # _____
 A. Do the training/certification procedures in place comply with state regulation requirements? Yes No

If not provide details on why not: _____

B. Radius of operations: _____

3. Dispatch

A. Does your department handle your own dispatch? Yes No

B. Are incoming calls to dispatch recorded? Yes No

C. How long are tapes retained? _____

D. Are training/certification procedures in place? Yes No

OTHER GENERAL LIABILITY EXPOSURES

Supplemental Questionnaires required

Exposure/Operation	Exposure Yes	Exposure No	Subcontracted to Others?	Supplemental Questionnaires (SQ) located at www.hdhgroup.com
Airport or Related Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excluded under our program
Animal Pound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	No SQ needed
Blasting Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 1
Cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 3
Dam/ Lake/ Reservoir (Provide Inspection Reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 7
Habitational (apartment, dwellings, housing authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 15
Landfill/Dump/Refuse Site/Incinerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 13
Limited Pollution				
a. Herbicide/Pesticide Spraying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 4
b. Paint spraying (including street/road/curb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	No SQ needed
Medical & Ancillary Care Facilities				
a. Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excluded under our program
b. Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excluded under our program
c. Medical Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excluded under our program
d. Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excluded under our program
Public Facilities				
a. Convention/Civic Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 5
b. Library	<input type="checkbox"/>	<input type="checkbox"/>	N/A	No SQ needed
c. Museum	<input type="checkbox"/>	<input type="checkbox"/>	N/A	No SQ needed
d. Stadium/Bleacher/ Grandstands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 23
Recreational Activities				
a. Campground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 2
b. Day Camp, Day Nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 8
c. Ice or Roller Rink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 21
d. Golf Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 12
e. Park and Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 16
f. Port/Harbor/ Terminal District/Marina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 14
g. Racetrack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excluded under our program
h. Skateboard Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 20
i. Ski Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excluded under our program
j. Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 16
k. Water Slide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 25
l. Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 26
Rifle Ranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 17
Social Services				
a. County or Group Home, Halfway house, Woman Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 6
b. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 14
Special Events				
a. Carnival, Fair, Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 22
b. Concession Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	No SQ needed
c. Fireworks and other Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 10
d. Mechanical Amusement Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excluded under our program
Utilities				
a. Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 9
b. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 11
c. Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 19
d. Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete SQ 24

Additional General Liability Exposures:

Please indicate if any of the following are employed by the Entity: Yes No
 _____ Lawyer _____ Architect _____ Engineer

Is Pennsylvania Act of 1935, Public Law 477 Pennsylvania Heart and Lung Act requested: Yes No
 (Aggregate Limit is \$40,000)

COMMERCIAL AUTO SECTION

Please attach a completed Auto Schedule or Accord Application and forward a copy of the most current drivers list which indicates emergency vehicle operators.

I. LIMITS

Limit of Liability: \$	UM Limit: \$35,000; UIM Limit \$35,000---Higher limits available upon request		
PIP/No Fault:	<input type="checkbox"/> Basic (\$5,000 Medical)		
Added First Party Benefits:			
Medical Expense Benefits:	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Work Loss Benefits:	<input type="checkbox"/> \$1,000/\$5,000	<input type="checkbox"/> \$1,000/\$15,000	<input type="checkbox"/> \$2,500/\$25,000 <input type="checkbox"/> \$2,500/\$50,000
Funeral Expense Benefits:	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,500	
Accidental Death Benefits:	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
Extraordinary Medical Expense Benefits:	<input type="checkbox"/> \$1,000,000		

II. UNDERWRITING INFORMATION

A. Are all owned or leased vehicles covered under this program? Yes No **If no, provide details.**

B. Any location with a concentration of stored vehicles where total values exceed \$500,000? Yes No

LOCATION	UNIT NUMBER(S) FROM VEHICLE SCHEDULE	TOTAL VALUE(S)
		\$
		\$

C. Advise if the Entity has the following:
 Mutual aid agreements Yes No Accident investigation program Yes No
 Driver training program Yes No Autos hired by Entity Yes No

D. How are vehicles stored overnight?
 Garaged Fenced Lot Lighted lot Other _____

E. Does the Entity own or operate any vehicles designed exclusively for hauling explosives, flammables or hazardous materials? Yes No If yes, provide details _____

F. Do any employees drive their own vehicles in the Entity's business? Yes No
 If yes, list employee and Occupation: _____
 Are COIs obtained from these employees? Yes No

G. Are employees allowed to take vehicles home? Yes No
 Is personal use permitted? Yes No
 List employees and occupation: _____

H. Does the entity provide any type of transportation services? Yes No
 Indicate type: Elderly transportation Other _____

- I. Does the entity conduct periodic MVR checks? Yes No Frequency: Annually Bi-annually Other
 What action is taken on drivers with adverse driving records? _____
- J. Describe Driver selection currently in place _____
- K. Are regular inspections conducted? Yes No
- L. Is there a scheduled preventive vehicle maintenance program in place? Yes No

PROPERTY AND ALLIED LINES SECTION

Please attach a completed Electronic Excel worksheet/schedule, Statement of Values or an ACORD app. It must include Address, Protection Class, Construction, Age, Square Footage, Number of Stories, and Occupancy for each structure. For any Buildings over 30 years of age, please include year of updates for Roof, Plumbing, Electrical, Heating, etc. Values must be at least 90% for Blanket-R/C and 100% for Blanket-Agreed Value Coverage.

I. COVERAGES REQUESTED

- A. Basic Special Earthquake Flood
- B. Blanket Specific Agreed Amount* Coins % _____ *If Agreed Valued, limits must be to 100%
- C. ACV RC Deductible: \$ _____
- D. Inflation Guard: _____% Protection/Class _____
- E. Extra Expense limit: \$ _____
- F. Flood limit \$ _____ Location: _____ Deductible: \$50,000 Minimum deductible applies
- G. Earthquake limit \$ _____ Location: _____ Deductible: \$50,000 Minimum deductible applies

Please indicate totals for building and contents for each construction category.

CONSTRUCTION	BUILDING VALUES	CONTENTS VALUES	TOTAL VALUES
Frame			
Portable Buildings			
Joisted Masonry			
Non-Combustible			
Masonry Non-Combustible			
Modified Fire Resistive			
Property in the Open *			
TOTAL			

*** Includes but is not limited to: signs, lights, fences, playground equipment, poles, bleachers, antennas, satellite dishes, covered walkways, etc.**

II. UNDERWRITING INFORMATION

- A. Any vacant buildings? Yes No If yes, provide details on the following: Future plan for occupancy, frequency of maintenance and insured visits to the premises: _____
- B. Any buildings currently under construction? Yes No
 If yes, provide a completed builder's risk supplement
- t.
- C. Advise of date of latest property valuation: _____

III. EQUIPMENT BREAKDOWN

A. Is coverage desired? Yes No Limit: \$ _____

IV. 360 COVERAGE ENHANCEMENTS

COVERAGE	INCLUDED LIMIT OF INSURANCE	REQUESTED LIMIT OF INSURANCE	DEDUCTIBLE
Accounts Receivable	\$ 100,000	\$	\$
Communication Equipment	\$100,000 (On and Off Premises)	\$	\$
Computer Equipment	\$100,000 (On and Off Premises)	\$	\$
Extra Expense and Business Income	\$100,000	\$	\$
Fine Arts	\$50,000	\$	\$
Money , Securities and Stamps	Inside Premise \$5,000 Outside Premise \$5,000	Inside Premise \$ Outside Premise \$	\$ \$
Property In Transit	\$50,000	\$	\$
Valuable Papers and Records	\$100,000	\$	\$

INLAND MARINE SECTION

Attach an itemized schedule including values, locations, serial numbers and departmental use. Without a schedule, a \$1,500 Limit per item applies.

Are there any locations with a concentration of stored equipment where total values exceed \$500,000? Yes No

If yes, please identify location(s). _____

CATEGORY OF EQUIPMENT	TOTAL VALUE(S)	DEDUCTIBLE	RC/ACV
Contractors Equipment	\$	\$	
Scheduled Articles	\$	\$	
VFD Emergency Equipment	\$	\$	
Hired & Leased Equipment (Short-Term)	\$	\$	
Miscellaneous Unscheduled (Maximum Limit per item of \$	\$	\$	

CRIME SECTION

- I. COVERAGE DESIRED:**
- | | Limit | Deductible |
|---|--------------|-------------------|
| A. Forgery or Alteration (Form B) | \$ _____ | \$ _____ |
| B. Theft, Disappearance & Destruction | | |
| Inside the Premises | \$ _____ | \$ _____ |
| Outside the Premises | \$ _____ | \$ _____ |
| Increased Limits for Specific Period | | |
| From: _____ | To: _____ | |
| C. Public Employee Dishonesty: | \$ _____ | \$ _____ |
| <input type="checkbox"/> Coverage Form O-Per Loss | | |
| <input type="checkbox"/> Include Faithful Performance of Duty | | |
| D. Robbery & Safe Burglary | | |
| Loss Inside the Premises | \$ _____ | \$ _____ |
| Outside the Premises | \$ _____ | \$ _____ |
| E. Computer Fraud | \$ _____ | \$ _____ |
| F. Excess Indemnity: | | |

Name/Position/Title	Number of Employees in Position

Number of Employees: Class A (handles money): _____ Class B (all other): _____

II. SECURITY PROVISIONS

- A. Is Countersignature required on all checks \$1,000 and greater? Yes No # of Signatures _____
- B. Is an annual audit conducted by a CPA or equivalent independent of the insured? Yes No
- C. Are bank statements reconciled at least monthly? Yes No
- D. Are bank statements reconciled by someone other than the person authorized to deposit and/or withdraw funds? Yes No
- E. Are the employee(s) responsible for handling cash/securities/checks required to take annual vacations of at least 5 consecutive business days? Yes No
- F. Are employee Background Checks conducted? Yes No
- G. Employee references checked? Yes No

COMMERCIAL EXCESS LIABILITY SECTION - (only available over MRM P&L Trust Underlying Policies)

Limit: \$ _____ (Maximum limit available is \$5,000,000)

Limit option(s): \$ _____

Coverage to apply over:

General Liability Auto Liability

PLEASE COMPLETE ALL APPLICABLE SUPPLEMENTAL QUESTIONNAIRES AS LISTED ON PAGE 5 OF THIS APPLICATION. THESE SUPPLEMENTAL APPLICATIONS ARE ATTACHED OR CAN BE PRINTED FROM THE HDH WEBSITE AT: WWW.HDHGROUP.COM – FORMS/APPLICATIONS.

NOTE: APPLICATIONS FOR PUBLIC OFFICIALS/EMPLOYMENT PRACTICES AND LAW ENFORCEMENT CAN BE OBTAINED BY CONTACTING LAURIE SCHAFFER AT 412-992-2835 OR LAURIE@HDHGROUP.COM.

Legal Name of Public Entity: _____

Effective Date:_____

BLASTING (S.Q. 1)

1. Describe all blasting operations:_____

2. Is Blaster Certified? Yes No Number of years Experience _____

3. Is blasting contracted out? Yes No **Attach Certificate of Insurance**

4. Indicate the following:

a. Number of shots per year_____

b. Safety precautions _____

c. Site monitoring: _____

d. Transportation and storage of explosives_____

Legal Name of Public Entity _____

Effective Date: _____

CAMPGROUNDS (S.Q. 2)

1. **Size:** Number of Acres _____ Number of Campsites _____

2. Indicate recreational facilities and activities available on premises:

Swimming Fishing Boating Hiking Playgrounds Other

3. Describe the maintenance program of all recreational facilities: _____

4. Is equipment rental made available by the entity? Yes No

Describe equipment rented: _____

5. Retail store on premises? Yes No

List type of products sold (i.e. groceries, gas, etc.): _____

6. Are propane tanks filled and services on the premises? Yes No

If so, describe safety measures: _____

Legal Name of Public Entity: _____

Effective Date: _____

CEMETERY (S.Q. 3)

1. Describe operations performed by entity: _____

2. Who is responsible for maintenance, site preparation and burial? _____

3. How many plots in cemetery? _____

4. How many new plots expected for next 12 months? _____

5. Does the entity have a policy regarding disinterment? Yes No

If so, describe policy: _____

Legal Name of Public Entity: _____

Effective Date: _____

CHEMICAL SPRAYING – PESTICIDE/HERBICIDE (S.Q. 4)

1. Indicate the type and frequency of spraying operations: _____

2. Are employees licensed? Yes No

3. List the chemicals sprayed: _____

4. Advise where chemicals are stored: _____

Legal Name of Public Entity: _____

Effective Date: _____

CONVENTION/CIVIC CENTER/EXHIBITION BUILDING/ARENA (S.Q. 5)

1. Total occupancy capacity: _____ Square footage: _____
2. Describe facility: _____
3. Number of days in use annually: _____
4. List description of events held at facility: _____

5. Does entity have an Emergency Evacuation Plan? Yes No

Legal Name of Public Entity: _____

Effective Date: _____

COUNTY HOME/GROUP HOME/CHILDREN'S HOME (S.Q. 6)

1. Facility is operated as: County Home Group Home Children's Home
 Other: _____
2. Is home licensed? Yes No
3. Number of residents: _____ Total capacity: _____
4. Number of staff: Day _____ Evening _____ Night _____
5. Any residents bedridden? Yes No Number: _____
6. Life Safety Features (check those that apply):
 Fire Extinguishers Standpipe & Hose Smoke Detention Alarm System
 Fire Detection Alarm System Sprinkler Alarm System Smoke Detectors
7. Number of Stories: _____ Date of last inspection: _____

Attach copy of the most recent inspection report.

Legal Name of Public Entity: _____

Effective Date: _____

DAMS AND RESERVOIRS (S.Q. 7)

(Note: If the entity operates more than one dam or reservoir, a separate questionnaire must be completed for each structure)

1. Dam Reservoir Hazard Code: _____
2. Name of Structure: _____
- a. Location: _____
- b. Year Built: _____ Under the direction of: _____
- c. Name of tributary rivers: _____
- d. Purpose: Flood Control Irrigation Water Supply Industrial Power*
*If 'Power', describe alternate source in event of power failure: _____
- e. Construction: Concrete Earthen Steel Sheered Timber Other _____
- f. Dimensions: Height _____ Top Width _____ Base Width _____
- g. Normal pond measures: Number of acres _____ Acre feet _____
Storage capacity (Gallons) _____ Additional storage available in flood state?
 Yes No If Yes, describe: _____

3. Upstream exposure? Yes No Describe, including distance (housing, Industrial complexes, etc.): _____

4. Downstream exposures (indicate if exposure is present, including distance):
- | | | | |
|---------------------------|--|----------------|--------------|
| a. Housing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |
| b. Other Structures | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |
| c. Industrial Complexes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |
| d. Public Utilities/type? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |
| e. Pumping Stations | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |
| f. Lower Dams | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |
| g. Bridge(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |
| h. Highway(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |
| i. Railroad(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |
| j. Agricultural, type? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |
| k. Recreational, type? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |
| l. School(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |
| m. Hospital(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |
| n. Camp | <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance _____ | Number _____ |

Maximum number of people flood could affect: _____

5. Does the entity have an emergency notification plan? Yes No
Describe: _____

6. Who inspects the dam? _____

7. How often? _____

Date of last inspection on file _____; **Please include most recent Inspection Report**

Status of any recommendations made: _____

Legal Name of Public Entity: _____

Effective Date: _____

ELECTRIC UTILITY – (S.Q. 9)

1. Annual payroll (less clerical):

Maintenance \$ _____ New Construction \$ _____ Power Plant \$ _____

2. Number of users: Industrial _____ Commercial _____ Residential _____

3. Main location: _____ Number of substations: _____

4. Are all locations fenced lighted alarm other

Describe controls at substation including signage: _____

5. Describe surrounding area: rural metro distance of nearest residence _____

6. Any PCB transformers? Yes No Number _____

Describe replacement schedule: _____

7. Who is responsible for inspecting operations? _____

8. How frequently is inspection done? _____

9. Who monitors and checks regulation flow? _____

10. Number of miles of distribution line? Underground _____ Overhead _____

11. Describe pole and line maintenance (i.e. how often, by whom, documentation) _____

12. Does entity generate electricity? Yes No

Advise the source of power: Fossil fuel Hydro-electric Nuclear

Total daily capacity _____ Peak daily demand _____

Number of miles of transmission lines _____

Contingency plans in place for emergency situations? Yes No

13. What is power source? _____

14. Alternate power source? _____

15. Describe consumer complaint procedure _____

16. Is electricity provided to neighboring entities? Yes No

If yes, describe and provide copies of contracts. _____

17. Has operation ever been cited or fined for noncompliance with required standards? Yes No

If yes, please provide details, copy of non-compliance with required standards? Yes No

18. Does entity contract any part of their operations (construction, maintenance, inspection, etc.)? Yes No

If any exposure is contracted, please complete "Independent Contractor" section of the MRM Property & Liability Trust Application.

Legal Name of Public Entity: _____

Effective Date: _____

FIREWORKS (S.Q. 10)

1. List the types of events and scheduled dates: _____

2. Are displays conducted by licensed pyrotechnicians? Yes No

If no, describe experience of pyrotechnicians: _____

3. How many firework launchers? _____ How long is display? _____

4. Describe facility where fireworks are displayed (i.e.: river, park, open field): _____

5. Will there be emergency vehicles on premises? Yes No Number: _____

6. Distance of fireworks: from crowd to nearest structure _____

Legal Name of Public Entity: _____

Effective Date: _____

GAS UTILITY – (S.Q.11)

1. Annual payroll (less clerical): \$ _____
2. Number of users: _____ Industrial _____ Commercial _____ Residential
3. Gas is produced purchased and resold purchased from
4. Who is responsible for leakage survey? _____
Frequency of survey: _____ Date of last survey _____
5. Describe procedure of leakage survey: _____
Describe repair procedure: _____
6. Year original system installed _____
Date of last corrosion survey? _____
7. Describe main service replacement program: _____
 - a. Are new lines hydrostatic or pressure tested? Yes No
 - b. Are records on file? Yes No
8. Who is responsible for odorization? _____
Are records maintained: Yes No Are monthly odorant level checks made? Yes No
Describe type of odorization system used: _____
9. Does gas system have high and low pressure warning devices? Yes No
Are devices constantly maintained? Yes No
Pressure records kept? Yes No
10. Who installs main extensions? _____
11. Who Installs services? _____
Turn-on and turn-off procedures? _____
12. Are regulating stations adequately fenced, housed or otherwise secured? Yes No
13. Are there any liquefied natural gas (LNG) operations? Yes No
Type of container used to hold gas: _____
14. Does Gas Company follow an established procedure at time customer meter is turned on? Yes No
15. Are meters removed or locked when gas is turned off? Yes No
16. Does Gas Company maintain a customer complaint log? Yes No
Are leak complaints worked on same day received? Yes No
17. Has operation ever been cited or fined for non-compliance with required standards? Yes No
If yes, please provide details, copy of non-compliance with required standards? Yes No
18. Does entity contract any part of their operations (construction, maintenance, inspection, etc.)? Yes No

If any exposure is contracted, please complete "Independent Contractor" section on Trident Application.

Legal Name of Public Entity: _____

Effective Date: _____

GOLF COURSES (S.Q. 12)

1. Are Premises maintained by the public entity? Yes No

If no, indicate entity and attach a copy of Certificate of Insurance obtained from them

2. Are food and beverages sold? Yes No

Annual sales: Food \$_____ Non-alcoholic \$_____ Alcoholic \$_____

3. Is there any cooking done on premises? Yes No If yes, to what

extent? _____

4. Any tournaments held at facility? Yes No Number in attendance _____

Legal Name of Public Entity: _____

Effective Date: _____

LANDFILL/ DUMP/ REFUSE SITE/ INCINERATOR (S.Q. 13)

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

<u>Location/Name/Type of Facility</u>	<u># of Acres</u>	<u>Age</u>	<u>Active?</u>	<u>EPA #</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

2. Landfill(s) is(are) located in the following areas:

Commercial Residential Industrial Rural

3. Describe classes of waste accepted at each facility _____

Any handling of hazardous waste (past or present)? Yes No If yes,

describe: _____

4. Describe security provisions: _____

5. Does entity contract any part of operations (construction, maintenance, inspection,

Etc.)? Yes No If yes, what portion _____

6. Has entity ever been cited or fined for non-compliance with required standards?

Yes No If Yes, please provide details, describe action(s) taken to correct

Problem(s): _____

Legal Name of Public Entity: _____

Effective Date: _____

PORT / TRANSIT / AIRPORT AUTHORITIES – (S.Q.14)

PORT AUTHORITY

River Ocean Lake Railroad Other

1. Describe the amenities made available to the boat owners/renters _____

2. Is operation contracted out? Yes No

If yes, attach copy of Certificate of Insurance obtained.

3. Indicate items stored in each building: _____

4. Any traveling lifts, cranes, hoists or similar pieces of equipment? Yes No

Describe training and experience of operator: _____

B. TRANSIT AUTHORITY

1. Number of employees: _____

2. Revenues: _____

3. Type of vehicles: _____

4. Number of passengers served annually: _____

Type of service provided: _____

Days and hours of operation: _____

Number of bus stops – signed only: _____

5. Automobile liability carrier: _____

6. Who maintains the vehicles? _____

C. AIRPORT AUTHORITY

1. Is this airport owned? Yes No Operated? Yes No Or leased to a third party? Yes No

2. Number of daily commercial passenger flights: _____

3. Is there a fixed-base operator? Yes No

4. Is there a tower? Yes No

5. Is airport AA controlled? Yes No

6. Who writes airport premises liability policy? _____

7. Limits: _____

Legal Name of Public Entity: _____

Effective Date: _____

PUBLIC HOUSING AUTHORITY (S.Q. 15)

1. Total number of units owned or managed: _____
2. # of conventional units: _____ # of Section 8 and 23 units: _____
3. Number of stories per unit: _____ Advise on number of buildings over four stories and indicate height for each: _____
4. Type of security and/or fire protection: _____
5. Do buildings have smoke detectors? Yes No
Type: battery-powered hardwired (into building electrical system)
6. Type and number of residents in the development:
 Low Income Elderly Handicapped Other: _____
7. Any playground equipment on premises? Yes No
Describe the type of equipment and surface beneath equipment: _____

8. Describe recreational or extracurricular programs sponsored by the entity and the facilities:

9. Day care facilities? Yes No
10. Is a pool located on the premises? Yes No
 Yes No Is it fenced? Yes No Rules posted?
 Yes No Self-closing gates? Yes No Life safety equipment provided?
 Yes No Depth markers properly placed? Yes No Any diving boards?
11. Lead Abatement Information (complete for each location built prior to 1978):
 - a. Have these buildings been tested for the presence of lead? Yes No
 - b. Are there any known lead-related claims, past or present? Yes No
If yes, provide complete details: _____
 - c. Does the insured have a certificate of completion for lead abatement Yes No
If yes, attach a copy and complete the following questions:

d. What method of lead abatement was used?

Paint Encapsulation Component replacement Abrasive removal

Enclosure Chemical Removal Hand removal/scraping

Soil: _____

Water: _____

e. Is annual retesting done at this location? Yes No (Attach the latest certificate)

f. Is this authority in compliance with the Housing and Community Development Act?

Yes No If no, describe the measures being taken to bring buildings into compliance:

Legal Name of Public Entity: _____

Effective Date: _____

RECREATIONAL ACTIVITIES (S.Q. 16)

MANAGEMENT:

- 1. Does the entity have a regular inspection/maintenance program for facilities and equipment? (Parks, playgrounds, equipment, buildings, etc.) Yes No
- 2. How often? Weekly Monthly Other _____
- 3. Are all regular inspections and corrective actions documented? Yes No

ORGANIZED ACTIVITIES: *Please attach detailed description of each activity and any brochures, schedules, etc.*

<u>Activity</u> i.e. summer camp, etc.	<u>Number of Participants</u>		<u>Entity Sponsored</u>	<u>3rd Party Sponsored</u>
	<u>Youth</u>	<u>Adult</u>	<u>Supervised</u>	<u>Supervised? COI to Entity</u>

- 1. Does Entity secure Waiver and Release and/or Consent forms from all participants? Yes No
- 2. Do any participants provide their own insurance? Yes No

PARKS/PLAYGROUNDS:

- 1. Is there any playground equipment on entity’s premises? Yes No
- 2. Describe surface beneath equipment _____

WATERFRONT ACTIVITIES (Swimming pools, Beaches, Lakes, Reservoirs, etc.)
(Please answer the following for each location)

- 1. Type of exposure: Pool Pond Wharf Pier
- 2. Identify all activities: Boating Swimming Fishing Water Skiing
 Jet Skiing Ice Skiing/Skating Other _____
- 3. Swimming Area
 - a. Is swimming area roped or marked? Yes No
 - b. Lifeguards provided? Yes No Number of guards _____
 - c. Are lifeguards certified? Yes No Hours on duty _____
 - d. Is diving permitted? Yes No If Yes, height of diving board _____

4. Additional Location(s): _____

a. Type of exposure: Pool Pond Wharf Pier

b. Identify all activities: Boating Swimming Fishing Water Skiing
Jet Skiing Ice Skiing/Skating Other _____

c. Swimming Area

a. Is swimming area roped or marked? Yes No

b. Lifeguards provided? Yes No Number of guards _____

c. Are lifeguards certified? Yes No Hours on duty _____

d. Is diving permitted? Yes No

Legal Name of Public Entity: _____

Effective Date: _____

RIFLE RANGES (S.Q. 17)

1. Type (check all that apply): Indoor Outdoor Police Only Open to Public
2. Hours of operation: _____ to _____
Number of days per week: _____
3. Describe security measures required (i.e. eye/ear protection, etc.): _____

4. What is the distance to the nearest building? _____
5. Is ammunition sold? Yes No
6. Are "No Smoking" signs posted? Yes No

Legal Name of Public Entity: _____

Effective Date: _____

SEWER UTILITY (S.Q. 19)

Sanitary Sewer Sewage Disposal Plant Storm Sewers Treatment Plant
Lift Station Pumps

1. Annual payroll (less clerical): Plant Operator: \$_____ Construction: \$_____ Cleaning: \$_____

2. Number of users: Industrial _____ Commercial _____ Residential _____

3. Number of Sewer miles: Storm _____ Sanitary _____

4. How old is your system? _____ Year of last upgrade? _____

5. How often is system inspected? _____ By Whom? _____

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

If yes, provide details, copy of non-compliance notice(s) and action(s) taken to correct problem(s).

7. Are you in compliance with regulatory requirements for maintenance and replacement of lines?

Yes No If no, provide details. _____

Legal Name of Public Entity: _____

Effective Date: _____

SKATE PARKS (S.Q. 20)

- Type of Facility:**
- Half-Pipe vertical drop of tallest half-pipe _____
 - Bowls vertical drop of deepest bowl _____
 - Ramps, Rails, Steps Roller Hockey
 - Flat Surface (i.e.-old tennis court, etc.)

Facility Design:

1. Yes No The facility design included input from the prospective users of the skate park prior to final acceptance of the design.
2. Yes No The facility was designed by a landscape architect with experience in designing skateboard facilities and skate parks.
3. Yes No There is separation between walkways, rest areas, or spectator areas and the skating areas.
4. Yes No Adequate drainage has been provided for half-pipes, bowls and other areas of the skating surface to eliminate water from the skating area.

Facility Supervision:

5. Yes No Signage is posted to the effect that “skaters are advised that wearing head protection and elbow and knee pads may lessen the chance of sustaining serious injury”.
6. Yes No Posted signage does not state or imply that head protection and elbow and knee pads are mandatory safety gear for users of the skate facility.
7. Yes No Posted signage does not state or imply that the facility is supervised by public Entity staff.
8. Yes No The facility is supervised by public entity staff.
9. Yes No There is a pay phone on premises which can be used to summon emergency medical assistance or public safety officers.
10. Yes No Posted signage includes a telephone number to report problems with skate park facility maintenance.
11. Yes No There is a fee charged for skaters to use the skate park.

Skate Parks Supplemental (S.Q. 20)

Pate Two

- 12. Yes No The skate park is lighted for use after dusk.
- 13. Yes No For unlighted parks: Posted signage indicates that the skate park is open for use during daylight hours only.
- 14. Yes No The law enforcement department patrols all park areas, including the skate park area.
- 15. Yes No The facility is thoroughly inspected during the pre-season preparation activities; documentation is retained of the inspection and corrective action taken.
- 16. Yes No The facility is inspected weekly by public entity staff; documentation of the weekly inspections and corrective action(s) is retained.
- 17. Yes No Other park maintenance staff, including those handling turf maintenance or trash collections, note problems and turn in work orders to correct maintenance problems at the skate park.

Legal Name of Public Entity: _____

Effective Date: _____

SPECIAL EVENTS (CARNIVALS, FAIRS, PARADES, ETC.) – (S.Q. 22)

Please complete a separate questionnaire for each event (attach any brochures, schedules of events, etc.)

1. Descriptions of event(s): _____

2. Date/Duration of Event(s): _____

3. Location & Ownership of premises used for the event(s): _____

4. Anticipated Crowd Attendance: _____

5. **Estimated** maximum attendance at any one time: _____

6. Are any bleachers used? Yes No Capacity (# of persons) _____

7. Describe Entity's responsibility for event (i.e. Entity provides premises, provides funds, provides personnel, etc.): _____

8. List each Sponsor/Co-Sponsor and their respective responsibilities for each event or activity:

If any exposure is contracted, complete "Independent Contractor" section of the MRM Property and Liability Trust application.

9. Are independent contractors used to provide services? Yes No

If Yes, what services? _____

10. Describe security/crowd control/safety precautions: _____

Certificates of Insurance are required from all sponsors indicating the Entity as an Additional Insured and showing adequate limits of insurance.

NOTE: The following exclusions are contained with the MRM Property & Liability Trust Policy: Amusement devices, Fireworks, Liquor Liability, Racing.

Legal Name of Public Entity: _____

Effective Date: _____

STADIUMS / BLEACHERS / GRANDSTANDS (S.Q. 23)
(Capacity in excess of 5,000)

- | | <u>Stadiums</u> | <u>Bleachers</u> | <u>Grandstands</u> | |
|----|---|------------------|--------------------|----------|
| 1. | What are total receipts for: | \$ _____ | \$ _____ | \$ _____ |
| 2. | Describe construction: _____ | | | |
| 3. | Seating Capacity: _____ | | | |
| 4. | Describe activities held at each premises: _____ | | | |
| | _____ | | | |
| 5. | Indicate crowd control management: _____ | | | |
| | _____ | | | |
| 6. | Are exits accessible, well marked and kept unlocked from the inside? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Legal Name of Public Entity: _____

Effective Date: _____

WATER UTILITY (S.Q. 24)

1. Annual Payroll (less clerical) \$_____ Total Number of Employees_____
2. Numbers of users: Residential_____ Commercial_____ Industrial_____
3. Are facilities fenced? Yes No
4. Is water provided to neighboring entities? Yes No
If yes, describe and provide copies of contracts:_____
5. How old is your system?_____ Is your system continuously upgraded? Yes No
Frequency: Annually Bi-Annually Other _____
6. Does entity have an EPA compliance program in place? Yes No
If Yes, who audits compliance?_____
7. Has system ever been cited or fined for non-compliance with required standards?
 Yes No If Yes, please provide details, copy of non-compliance notice(s) and action(s)
taken to correct problem(s):_____
8. Does Entity contract any part of water operations (construction, maintenance, inspection,
Etc.)? Yes No
If Yes, does Entity require sub-contractors to carry limits of insurance equal to Entity's limits
of liability? Yes No Are Certificates of Insurance obtained verifying coverage?
 Yes No
9. Are you in compliance with regulatory requirements for maintenance and replacement of
lines? Yes No If no, provide details _____

Legal Name of Public Entity: _____

Effective Date: _____

WATERSLIDE (S.Q. 25)

1. Dimensions: Height of Tower_____ Length_____

Depth of Bedway_____ Depth of Landing Pool_____

2. Height of end of slide (measured from surface of landing pool): _____

Access to slide: Ladder Stairs

3. **Estimated** annual attendance: _____

4. Indicate age, height, and size limitation that entity enforces:_____

5. Are limitations clearly posted and strictly enforced? Yes No

6. Is waterslide ever leased to private parties? Yes No

If yes, provide details:_____

7. Indicate the number of lifeguards assigned solely to the waterslide: _

Where are they stationed?_____

Are they certified: Yes No

Do they have lifesaving equipment Yes No
(i.e. whistles, bullhorns, walkie-talkies, etc.)?

Color photographs are required for coverage consideration

Legal Name of Public Entity: _____

Effective Date: _____

ZOO (S.Q. 26)

1. What types of animals are kept? (i.e. man-eaters, farm, birds, reptiles, snakes, etc)?

2. Is petting allowed? Yes No

3. Are visitors allowed to feed the animals? Yes No

4. Explain security and controls for #2 or #3? _____

5. Is a charge being made for #2 or #3? Yes No

If yes, what are the annual receipts? \$ _____

6. Is this operation sponsored by the insured? Yes No

7. If this operation is contracted by the insured, are "Certificates of Insurance" obtained?
 Yes No

Limits of liability the insured requires from the contractor: _____