

# 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: \_\_\_\_\_

### 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?**

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 <sup>ST</sup> PRIOR	YEAR 2 <sup>ND</sup> PRIOR	YEAR 3 <sup>RD</sup> PRIOR	YEAR 4 <sup>TH</sup> 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.

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**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>
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**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)

Cemetery Professional Liability

**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**

- Number of paved mileage: \_\_\_\_\_ Number of unpaved mileage: \_\_\_\_\_ Number of miles maintained for others: \_\_\_\_\_
- Annual payroll (less clerical): Maintenance/repair: \$\_\_\_\_\_ New construction: \$\_\_\_\_\_
- 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
- 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
- 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)**

- Fire Department Personnel  Regular # \_\_\_\_\_  Volunteer # \_\_\_\_\_
  - Do the training/certification procedures in place comply with state regulation requirements?  Yes  No  
If not provide details on why not: \_\_\_\_\_
  - Radius of operations: \_\_\_\_\_
  - Are mutual aid agreements in place with neighboring communities?  Yes  No
- EMTs/Paramedics/EMTAs  Paid # \_\_\_\_\_  Volunteer # \_\_\_\_\_  Subcontracted # \_\_\_\_\_
  - Do the training/certification procedures in place comply with state regulation requirements?  Yes  No  
If not provide details on why not: \_\_\_\_\_
  - Radius of operations: \_\_\_\_\_
- Dispatch
  - Does your department handle your own dispatch?  Yes  No
  - Are incoming calls to dispatch recorded?  Yes  No
  - How long are tapes retained? \_\_\_\_\_
  - 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 <a href="http://www.hdhgroup.com">www.hdhgroup.com</a>
<b>Airport or Related Facilities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Excluded under our program</b>
<b>Animal Pound</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>No SQ needed</b>
<b>Blasting Operation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 1</b>
<b>Cemetery (Operated by Entity)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 3</b>
<b>Dam/ Lake/ Reservoir (Provide Inspection Reports)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 7</b>
<b>Habitational (apartment, dwellings, housing authority)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 15</b>
<b>Landfill/Dump/Refuse Site/Incinerator</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 13</b>
<b>Limited Pollution</b>				
a. Herbicide/Pesticide Spraying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 4</b>
b. Paint spraying (including street/road/curb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>No SQ needed</b>
<b>Medical &amp; Ancillary Care Facilities</b>				
a. Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Excluded under our program</b>
b. Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Excluded under our program</b>
c. Medical Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Excluded under our program</b>
d. Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Excluded under our program</b>
<b>Public Facilities</b>				
a. Convention/Civic Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 5</b>
b. Library	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<b>No SQ needed</b>
c. Museum	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<b>No SQ needed</b>
d. Stadium/Bleacher/ Grandstands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 23</b>
<b>Recreational Activities</b>				
a. Campground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 2</b>
b. Day Camp, Day Nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 8</b>
c. Ice or Roller Rink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 21</b>
d. Golf Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 12</b>
e. Park and Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 16</b>
f. Port/Harbor/ Terminal District/Marina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 14</b>
g. Racetrack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Excluded under our program</b>
h. Skateboard Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 20</b>
i. Ski Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Excluded under our program</b>
j. Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 16</b>
k. Water Slide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 25</b>
l. Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 26</b>
<b>Rifle Ranges</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 17</b>
<b>Social Services</b>				
a. County or Group Home, Halfway house, Woman Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 6</b>
b. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 14</b>
<b>Special Events</b>				
a. Carnival, Fair, Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 22</b>
b. Concession Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>No SQ needed</b>
c. Fireworks and other Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 10</b>
d. Mechanical Amusement Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Excluded under our program</b>
<b>Utilities</b>				
a. Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 9</b>
b. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 11</b>
c. Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 19</b>
d. Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 24</b>

**Additional General Liability Exposures:**

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

**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: \$ _____ ; UIM Limit \$ _____ ; <b>(Maximum limit is \$100,000)*</b>
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

**\*Note – Preferred UM/UIM limits are \$35,000.**

**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 \$2,000,000?  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: \_\_\_\_\_

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. Are regular inspections conducted? Yes No By Whom: \_\_\_\_\_

K. 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
- C. Advise of date of latest property valuation: \_\_\_\_\_ **(Provide copy of most recent Appraisal)**

**III. EQUIPMENT BREAKDOWN**

A. Is coverage desired? Yes No (Limit is equal to Blanket Building and Personal Property Limits)

**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.

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:**
- |   | <b>Limit</b> | <b>Deductible</b> |
|---|--------------|-------------------|
| 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 employee Background Checks conducted?  Yes  No
- F. Employee references checked?  Yes  No

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

Limit: \$ \_\_\_\_\_ (Maximum limit available is \$15,000,000)

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](http://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](mailto:LAURIE@HDHGROUP.COM).**

Updated 5/15//2009

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>3<sup>rd</sup> 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: \_\_\_\_\_

**SKATING RINKS (S.Q. 21)**

1. Type of rink:           Ice           Roller  
Location:               Indoor       Outdoor
2. Hours and days of operation:\_\_\_\_\_
3. Are facilities rented for private parties or fund-raising activities?   Yes   No  
List activities for this policy term:\_\_\_\_\_
4. Is skating equipment rental offered by entity?                               Yes   No
5. Does facility have a cooking area:   Yes   No
6. Annual sales/receipts: Admission \$\_\_\_\_\_ Food \$\_\_\_\_\_
7. Are warning signs and rules posted?   Yes   No
8. Is rink lighted?   Yes   No
9. Describe procedures for checking ice thickness:\_\_\_\_\_
10. Are hockey games or exhibitions held?                                       Yes   No

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: \_\_\_\_\_