STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994
ONE SYLVAN WAY
PARSIPPANY, NJ 07054
862-260-2050 FAX 862-260-2058

New Business Application Process

Thank you for inquiring about obtaining a quote from Statewide Insurance Fund. Attached are the applications that should be submitted. Along with the applications, please provide 5 years of loss runs, the latest municipal budget data sheets, and the most recent financial statement.

Property including Auto Physical Damage

Attached is the blank Statement of Values and any applicable schedules in an excel format (please view all tabs at the bottom of the excel document). **Click on the paper clip along the left pane of the forms for the attachments.**

Please enter the information accordingly and **e-mail** them back to maleuthe@sifnj.com. Please do not send your agency management schedules, as they will be returned. The Office of the Administrator's staff does not have the authority to transfer your agency management schedule to the Fund schedule; it must be done by the risk management consultant or member.

Please note the following:

Statement of Values

1. In addition to the e-mail copy, please forward the hard copy with the applicable signature to our office (original is not required).
2. Our property carrier does require the information requested on the SOV form.
3. If no street # is listed at a location, please obtain if available.

Auto Schedule

1. If a "value" is not provided, we will only provide liability coverage.
2. Please provide the entire VIN.
3. With respects to emergency response vehicles ***only*** (fire trucks, ambulance - no police vehicles), please provide the current replacement cost of these vehicles to ensure that the entity will receive the maximum financial benefit in the event of a total loss. (Members can obtain a cost estimated replace cost from the manufacturer).

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Inland Marine Schedules

1. Fine Arts must be scheduled and value(s) stated. Blanket limits are acceptable for the EDP, and Equipment schedules.

Driver's List

1. Please update to include any employee authorized to drive an entity owned vehicle.

Auto and General Liability

Attached is the application. Please remember to complete the terrorism questionnaire and the dam questionnaire, if applicable. Please remember to include the entity's most recent budget.

Crime

Please be sure to enter the total number of locations where the entity could suffer a financial loss and the number of employees who handle funds on a regular basis.

Cyber Liability

Please be sure to enter the total number of credit card transactions processed and PII records. PII records are names and address ALONG with other data such as social security number, account numbers, passwords, PIN numbers, credit or debit card numbers, or Nonpublic Personal Information as defined by HIPAA. It is anticipated that most entities capture PII for their employees, rather than the public.

Law Enforcement Liability/Public Officials/Employment Practices Liability

Please note that the EPLI application requires the signature of the Human Resources Manager and Chief of Police/Sheriff. If the entity does not have a HRM, the Business Administrator/Clerk/Town Manager may sign the application. The Chief of Police signature is required in light of the increased EPLI claims occurring throughout the country in police departments.

Pollution Liability

Please forward the balance sheet and statement of operations pages of the most recent Financial Statement/Audit. Please note that we will require an original signature on this application. It can be forwarded after the applications are emailed to our office.

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Workers Compensation

An Acord application is acceptable for the Worker's Compensation coverage. Please be sure to provide payroll, employee count data and the employee census. In addition, please complete the Public Entity Supplemental Application attached.

Please feel free to contact our office if you have any questions. You can reach Caroline Conboy at 862-260-2055 or via email at cconboy@sifnj.com or MaryAnn Leuthe at 862-260-2065, email maleuthe@sifnj.com.

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In addition to comprehensive coverage at a competitive cost, membership in

STATEWIDE INSURANCE FUND includes the following services:

Managed Care Services for workers' compensation claims

- Toll-free number for reporting of injuries – 24 hours a day / 7 days a week
- Immediate referral of the patient to the provider
- Telephonic and On-Site Case Management by experience registered nurses
- Coordinate Return-to-Work programs with providers and members

Claims Administration Services for all types of claims

- Claims adjusters dedicated to public entity claims adjusting only
- Defense Counsel specializing in Title 34 and 59
- Aggressive Investigation and Subrogation & Recovery Programs
- On-Site Training Seminars

Loss Control Services

- Safety Committee Coordination
- PEOSHA Compliance and Training
- Accident/Claim Handling Procedures
- Safety Manual Development
- On-Site Safety Seminars
- Web-base training for Preventing Sexual Harassment, Discrimination, and Wrongful Termination, Promoting Ethical Behavior and Child Safe Environments

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GENERAL INSTRUCTIONS FOR COMPLETING APPLICATIONS

1. Save the PDF Portfolio file to your computer

To save the PDF to your computer, select the "Save" icon and choose a location on your computer where you will be able to find it later. When you are ready to fill out the form, open the file and begin at step 2, below.

2. Entering data into a field

The hand icon must appear on the screen in order to enter data. Once the hand icon appears, click on the field in which you want to enter data and begin typing information. Tab to the next field. Be sure to press the enter key after you've entered data in the last field.

- **Radio buttons**

Any fields that contain a check box work like a toggle switch. Click on the check box and a check mark will appear when you click your mouse. In some cases, only one item in a group can be checked.

- **Calculated fields**

There are several fields on the forms that are calculated fields and data will automatically be filled in as the form is completed by the user.

3. Saving and printing

After completing the applications, save the file with the name of the entity. At this point, you can email the completed application to maleuthe@sifnj.com, and print the applications for the town official's signature. Please remember to submit the signature pages to Statewide. The original signature page is required for the pollution application only. All other signature pages can be emailed or faxed. (If your Adobe program only prints the form and doesn't print the information you enter, check the box "Print as Image" in the print dialogue box.)

4. Printing forms for manual completion

If you chose to submit handwritten forms, you can print out the blank applications and write the responses. Completed forms can be scanned and emailed to maleuthe@sifnj.com.

Statewide Insurance Fund
New Business Submission Checklist

Name of Entity:

_____General Information Application
_____Applicant's current adopted budget
_____Five years loss runs for all coverage valued within 120 days of proposal due date
_____Applicant's Latest approved annual audit

GENERAL LIABILITY

_____a. New Business Application (Remember to include the terrorism & dam questionnaire.)
_____b. Details on any losses in excess of $25,000

AUTOMOBILE

_____a. Schedule of Vehicles (Remember to include cost new for physical damage coverage)
_____b. List of drivers (including d/o/b and lic numbers and confirmation all possess a current valid driver's license)
_____c. Details of any losses in excess of $25,000

CRIME

_____Crime New Business Application

CYBER LIABILITY

_____Cyber New Business Application

POLLUTION LEGAL LIABILITY APPLICATION

_____Pollution New Business Application –must be signed prior to binding
If applicant has underground storage tanks - complete the UST application

PUBLIC OFFICIALS/EMPLOYMENT PRACTICES/LAW ENFORCEMENT LIABILITY COVERAGES

_____a. Professional Liability (EPLI - LEL -POL) Applications
Must be completed in full in order to quote. Must be signed prior to binding
_____b. Sewer/Water Utilities Questionnaire (Complete if entity has either or both exposures)
_____c. Constable Application (Contact our office for the application if needed)

WORKERS' COMPENSATION

_____a. Workers' Compensation Application (include # of employees by location)
_____b. Currently published experience modification, if applicable and available
_____c. Return to work policy if documented

UMBRELLA OR EXCESS LIABILITY

_____ a. Umbrella/Excess Application
(Statewide Insurance Fund must write the underlying coverage.)

CYBER SECURITY

_____ Cyber Application

Entity Name:_____ Quote Due Date:_____

RMC Information			
*Name of Agency / Brokerage:			
*Phone:	*Fax:		
*Address:			
*City:	*State:	*Zip:	
*Agent/Broker Contact:	*Last Name:	*First Name:	
*Office Phone:	*Office Phone Extension:		
*Cell Phone:	*Office Fax:		
*Email Address:			

Coverage	Check if Requested
Package Includes Auto & General Liability	
Crime	
Equipment Breakdown	
Cyber Liability	
Inland Marine	
Property and B&M	
Law Enforcement Liability	
Public Official Liability	
Employment Practices Liability	
Pollution	
Workers Comp	
Other	

Current Coverage Information (Must be Completed):

Coverage	Company Name	Expiration Date	Policy Limits	Premium	Deductible	Occurrence/ Claims Made	Retro Date
Property							
Earthquake							
Flood							
Inland Marine							
Crime							
General Liability							
Public Officials							
Law Enforcement							
Employment Practices							
Equipment Breakdown							
Automobile							
Excess/ Umbrella							

Statewide Insurance Fund
New Business
Applicant Information Section

A. APPLICANT INFORMATION

1. Legal Name of Public Entity: _____
2. Mailing Address: _____
   City:_____State:_____ Zip Code:_____ County:_____
3. Street Address (if different from above): _____
4. Phone: (_____) Fax: (_____) E-mail: _____

5. Population Served: _____ Seasonal Population: _____
6. Type of Public Entity:

☐ City/Town/Village/Township/Borough ☐ County ☐ Public School District
☐ Public Water Utility ☐ Public Sewer Utility ☐ Public Housing Authority
☐ Other (fully describe):_____

_____

B. LOSS HISTORY (include insured and uninsured losses)

1. Five years' company loss runs, valued within the past six months, must be attached for all coverages requested. (Law Enforcement requires seven years' loss runs.) You can request this data from your risk manager or insurer.

2. Has any claim been made, or is any claim now pending against the public entity or any person in his/her capacity as an official or employee of the public entity? ..... ☐ Yes ☐ No
   If yes, give details including the nature of the complaint and the current status:

   _____
   _____
   _____

3. Does any official or employee have knowledge of any losses, claims, litigation or incident which may give rise to a claim? ..... ☐ Yes ☐ No
   If yes:
   a. Give details including the nature of the incident and current status:

   _____
   _____
   _____

   b. Confirm that the incident has been reported to current carrier ..... ☐ Confirmed

C. GENERAL INFORMATION

1. Financial Information: Please provide actual amounts from all sources for the last three years:

Year	Revenue	Expenditures	Surplus (+)/Deficit (-) Provide an explanation for any significant surplus or deficit.	Accumulated Surplus

PLEASE ATTACH MOST CURRENT BUDGET.

2. Bond Information:
   a. What is the amount of outstanding bonds? _____ ☐ No Bonds Outstanding
   b. What is your latest bond rating (Moody's or Standard & Poor's)? Rating: _____. ☐ No Current Rating
   c. Has your public entity been in default on principal or interest on any bond? ☐ Yes ☐ No
      If yes, explain: _____

3. Has any insurance been canceled, declined or non-renewed in the last five years? ☐ Yes ☐ No
   If yes, explain: _____

D. RISK MANAGEMENT ANALYSIS

1. a. Does the entity have a safety/loss control program? ☐ Yes ☐ No
   b. Are there regular safety/loss control meetings conducted? ☐ Yes ☐ No
      If yes, how often?
   c. Does the entity have an accident investigation program? ☐ Yes ☐ No
   d. Are all premises periodically inspected for safety? ☐ Yes ☐ No
      Frequency?
   e. Is there a formal written program for preventative maintenance? ☐ Yes ☐ No
      Frequency?
      Buildings? ☐ Yes ☐ No
      Equipment? ☐ Yes ☐ No
3. Does your entity have a disaster recovery plan in place? ☐ Yes ☐ No
4. Does your entity have a written procedure for terrorism preparedness? ☐ Yes ☐ No
5. Does your entity have someone charged with the responsibility of risk management? ☐ Yes ☐ No
   If yes, ☐ full-time ☐ part-time
   If part-time, who performs this function? _____
6. Is the entity in compliance with the federally mandated Americans With Disabilities Act (ADA)? ☐ Yes ☐ No
7. Do you fund or supply personnel to any commission, board, authority, administrative department or other similar unit that is **independently operated** or **not directly operated by you?** ☐ Yes ☐ No
   If yes, please list all those for which you desire coverage as additional insured(s) and provide a brief description of the relationship. _____
   _____
8. What is the largest city within a twenty-five (25) mile radius of your entity?
   _____ Population: _____

E. AUTHORIZED ENTITY REPRESENTATIVE

Your designee to report claims and receive notices:
Name: _____ Title: _____

F. ENTITY'S ATTESTATION AND FRAUD WARNING

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

Signature of Authorized Public Official	Title	Date

Statewide Insurance Fund

Public Entity Application
Public Officials Liability (Claims Made) Section

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: _____ **Effective Date:** _____

A. COVERAGE REQUESTED

1. Limit of Liability: Each Wrongful Act: $_____ Annual Aggregate: $_____
2. Retroactive date of expiring policy: _____
3. Deductible requested: $_____; or
   SIR Requested: $_____

4. Land use planning and zoning coverage option? ☐ Yes ☐ No
5. Consent to Settle Coverage Option? ☐ Yes ☐ No

B. UNDERWRITING INFORMATION

1. Name of municipal attorney: _____ Name of municipal engineer: _____
2. Do you have a formal procedure in place for requests for variance to land development statutes? ☐ Yes ☐ No
   If no, explain how this is handled: _____
3. Do you have a written master plan for development? ☐ Yes ☐ No
   If yes, when was it adopted/revised? _____ (date)
   If no, explain who is responsible for land development decisions: _____
   _____
4. What kind of formal training do your newly elected/appointed officials receive on governmental and employment issues? _____
5. Do you engage in any planning and zoning activities? ☐ Yes ☐ No
   a. Do planning and zoning officials receive training regarding "open meeting" and hearing regulations? ☐ Yes ☐ No
   b. Does your municipal attorney attend all meetings of the planning and zoning board? ☐ Yes ☐ No
6. Do you own or operate a landfill that has been designated as a hazardous waste or Superfund Site by the EPA? ☐ Yes ☐ No
7. Do you own or operate any nuclear power plants? ☐ Yes ☐ No
8. Has there been continuous claims made coverage for the past five (5) years? ☐ Yes ☐ No
   If no, please explain: _____

9. Have any of the following occurred within the last five (5) years? (If any answer is yes, provide a detailed narrative on a separate sheet of paper.)
   a. Grand jury investigations or indictments of any public officials? ☐ Yes ☐ No
   b. Disputes or claims alleging the wrongful granting or refusal to grant zoning changes, building permits or similar allowances? ☐ Yes ☐ No
   c. Disputes or claims alleging wrongful approval of building designs or specifications? ☐ Yes ☐ No
   d. Disputes or claims alleging civil rights violations in regards to poor environmental quality in a neighborhood? ☐ Yes ☐ No

C. UTILITIES/AUTHORITIES

1. Does the entity administer any of the following?
   a. Gas Utility* ☐ Yes ☐ No
      If yes, complete supplementary questionnaire G.
   b. Electric Utility* ☐ Yes ☐ No
      If yes, complete supplementary questionnaire F.
   c. Water Utility ☐ Yes ☐ No
      If yes, complete supplementary questionnaire E.
   d. Sewer Utility ☐ Yes ☐ No
      If yes, complete supplementary questionnaire E.
   e. Port Authority* ☐ Yes ☐ No
      If yes, complete supplementary questionnaire N.
   f. Transit Authority* ☐ Yes ☐ No
      If yes, complete supplementary questionnaire N.
   g. Airport Authority* ☐ Yes ☐ No
      If yes, complete supplementary questionnaire N.
   h. Housing Authority* ☐ Yes ☐ No
      If yes, complete supplementary questionnaire H.
   i. Schools* ☐ Yes ☐ No

(*Note: There is no coverage for loss that results from the conduct of duties by or for such utility or authority unless specifically added to the policy.)

Supplementary questionnaires are available on our website (www.swfund.com) or through the Fund Administrator or your Risk Manager.

_____ _____

Signature of Human Resources Manager/Employment Supervisor Date

Statewide Insurance Fund

Public Entity Application
Employment Practices Liability (Claims Made) Section

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: _____ **Effective Date:** _____

A. COVERAGE REQUESTED

1. Limit of Liability: Each Wrongful Act: $_____ Annual Aggregate: $_____
2. Deductible Requested: $_____ or
   SIR Requested: $_____ ☐ With LAE Included in Retention ☐ Without LAE in Retention
   TPA Name, Address, Telephone, and Facsimile: _____
3. Extended Employment Practices Liability Endorsement Options:
   a. Third Party Coverage Endorsement? ..... ☐ Yes ☐ No
   b. Supplementary Payments—Fair Labor Standards Act (FLSA)?..... ☐ Yes ☐ No
   c. Supplementary Payments—Immigration Reform and Control Act of 1986 (IRCA)? ..... ☐ Yes ☐ No

B. EMPLOYEE INFORMATION

1. Number of Employees:
   Include any elected or appointed officials in the employee counts.

	Full-time	Part-time	Seasonal	Volunteers
No. of Employees				

   a. How many of the employees above are:
      (1) School employees? _____
      (2) Law enforcement employees (including clerical personnel)? _____
      (3) Paid fire department employees? _____
      (4) Volunteer fire department employees? _____
      Would you like terms to include the VFD/Paid Fire Department? ..... ☐ Yes ☐ No
      If no, do they have separate coverage? ..... ☐ Yes ☐ No
   b. If seasonal employees are included, how many months during the year are they utilized? _____
   c. What percentage of your workforce is unionized? ..... _____%
2. Please provide:

	1 Year Prior	2 Years Prior
Total No. of employees:		
Total No. of employees terminated:		
Total No. of employees who left voluntarily:		

3. Have there been any layoffs of employees or reductions in force? ..... ☐ Yes ☐ No
   If yes, please explain: _____

4. Do you have a formal reduction in-force policy? ☐ Yes ☐ No
   If yes, has this policy been reviewed by legal counsel? ☐ Yes ☐ No
5. Have you had a strike, slowdown or other employee disruption? ☐ Yes ☐ No
   If yes, please explain: _____
6. Are there any future layoffs or reductions in force planned? ☐ Yes ☐ No
   If yes, please explain: _____

C. POLICIES AND PROCEDURES

1. a. Do you have written guidelines, policies, or procedures that address the following?

	Written Procedures	Supervisor/ Manager Training in these areas?		Written Procedures	Supervisor/ Manager Training in these areas?
Americans With Disabilities Act	☐ Yes ☐ No	☐ Yes ☐ No	Progressive Disciplinary Program	☐ Yes ☐ No	☐ Yes ☐ No
Discrimination	☐ Yes ☐ No	☐ Yes ☐ No	Salary Administration	☐ Yes ☐ No	☐ Yes ☐ No
Disputes/Grievances/ Handling Complaints	☐ Yes ☐ No	☐ Yes ☐ No	Sexual Harassment	☐ Yes ☐ No	☐ Yes ☐ No
Employee Hiring/ Interviews	☐ Yes ☐ No	☐ Yes ☐ No	Termination	☐ Yes ☐ No	☐ Yes ☐ No
Performance Reviews	☐ Yes ☐ No	☐ Yes ☐ No	Time-Off Policies & FMLA	☐ Yes ☐ No	☐ Yes ☐ No

   b. Are the above policies and procedures contained in an employee handbook, or policies and procedures manual that is distributed to all employees? ☐ Yes ☐ No
   If yes, do you obtain written acknowledgements that employees have received the handbook/ manual? ☐ Yes ☐ No
   If no, how are policies communicated to employees? _____
   c. What is the date of the last review by legal counsel? _____
   d. How often is the handbook reviewed by legal counsel? _____
2. Are grievance procedures communicated to all personnel upon hiring? ☐ Yes ☐ No

D. UNDERWRITING INFORMATION

1. Do you have a human resources department? ☐ Yes ☐ No
   a. If yes, name and title of individual in charge of human resources: _____
   b. If no, explain how the function is handled: _____
2. Do you have someone responsible for human resources/employment issues for your law enforcement personnel? ☐ Yes ☐ No
   a. If yes, name and title of individual in charge: _____
   b. If no, explain how the function is handled: _____
3. Are formal written job descriptions in place for all positions? ☐ Yes ☐ No
4. Do you have a formal, standardized employment application? ☐ Yes ☐ No
   a. If yes, has it been reviewed by legal counsel? ☐ Yes ☐ No
   b. If no application is used, how do you recruit new employees? _____

5. Do you use a psychological test to screen applicants, to promote employees or for the purpose of continuing employment? ☐ Yes ☐ No
   a. If yes, is it administered to everyone? ☐ Yes ☐ No
   b. If no, please explain: _____
   c. Confirm results are reviewed by a person trained in this field? ☐ Confirmed ☐ Not Confirmed
6. Do you provide a written performance evaluation for all employees? ☐ Yes ☐ No
   a. If yes, how often? _____
   b. If no, explain how the employee evaluations are handled: _____
7. Do you require counsel from a human resources professional or a qualified labor relations attorney prior to termination of any employee? ☐ Yes ☐ No
8. Are you currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? ☐ Yes ☐ No
   If yes:
   a. attach a copy; and
   b. explain the actions taken by the insured to bring into compliance: _____
9. Has there been continuous claims made coverage for the past five years? ☐ Yes ☐ No
   If no, please explain: _____
   Retroactive Date on current policy? _____

E. LOSS HISTORY

In the last five years:

1. Has any person, former employee, volunteer or job applicant made a claim or alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination? ☐ Yes ☐ No
   If yes, provide a detailed narrative.
2. Have you had any disputes involving integration, segregation, discrimination or violation of civil rights including sexual harassment or the Americans With Disabilities Act (ADA)? ☐ Yes ☐ No
   If yes, provide a detailed narrative.
3. During the last five years, has any official or employee been the subject of claims by a non-employee for discrimination or sexual harassment? ☐ Yes ☐ No
   If yes, provide a detailed narrative.
4. How many Equal Employment Opportunity Commission and State Human Rights Commission claims or complaints have been filed against the entity? _____
   If any, attach a log of all such claims or complaints.

Signature of Human Resources Manager/Employment Supervisor

Signature of Police Chief/Sheriff

Date

Date

Statewide Insurance Fund

Public Entity Application
Law Enforcement Liability Section
(Standard Application)

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: _____ **Effective Date:** _____

A. COVERAGE REQUESTED

1. Limit of Liability:
   Each person: $_____ Each wrongful act: $_____ Annual aggregate: $_____
2. Coverage desired: ☐ Occurrence ☐ Claims Made Retroactive Date: _____
3. Deductible requested: $_____; or
   SIR Requested: $_____ ☐ With LAE Included in Retention ☐ Without LAE in Retention

4. Consent to Settle Coverage Option?..... ☐ Yes ☐ No
5. Name of law enforcement department(s) or agency(ies) to be covered: _____

B. EMPLOYEE CLASSIFICATION

1. Provide number of employees for each type listed: *

Type of Employee	No.	Type of Employee	No.
Sheriff/Chief/Deputy Chief		Full time/jailers/matrons	
Personnel with rank of sergeant or higher		Part time/auxiliary/reserve officers	
Full-time personnel with regular street/road duties including detectives and investigators		Court security staff	
		Crossing guards	
Patrol and Attack Police Dogs (Please provide training certificates for dogs and handlers)		Civil process servers	
		Communication/dispatchers	
Jail administrator(s) Length of time in this position: _____		All other law enforcement agency employees not listed elsewhere in this table	

*Count each employee only once.

C. DEPARTMENT POLICIES AND PROCEDURES

1. Do you have written policies and procedures governing the following law enforcement operations?

Policy Description	Date of Last Revision
Use of deadly force ☐ Yes ☐ No	
Use of non-deadly force ☐ Yes ☐ No	
Use of force reports ☐ Yes ☐ No	
Vehicle "hot pursuit" ☐ Yes ☐ No	
Motor vehicle stops and searches ☐ Yes ☐ No	
Firearms and less than lethal weapons ☐ Yes ☐ No	
Domestic violence ☐ Yes ☐ No	
Searches ☐ Yes ☐ No	
Custodial interrogation/detention ☐ Yes ☐ No	
Service of warrant ☐ Yes ☐ No	
Transportation of prisoners ☐ Yes ☐ No	
Handling individuals who are intoxicated ☐ Yes ☐ No	
Handling individuals who are suffering from mental illness or impairment, need medical attention or suffering from emotional distress ☐ Yes ☐ No	
Communicable diseases ☐ Yes ☐ No	
Medical emergency plan (inmate treatment and transport policy, etc.) ☐ Yes ☐ No	

2. Are policies and procedures reviewed annually? ☐ Yes ☐ No
   If yes, by whom: _____
3. Are policies and procedures distributed to all personnel? ☐ Yes ☐ No
4. Are policies and procedures reviewed periodically with personnel as part of formal training? ☐ Yes ☐ No
   Is evidence of this periodic review stored in employee's personnel files? ☐ Yes ☐ No
5. Do you require use of force reports to be filed? ☐ Yes ☐ No
   If yes, is there follow-up action? ☐ Yes ☐ No
   How many reports were filed in the last twelve (12) months? _____

D. EDUCATION AND TRAINING

1. Indicate which of the following background checks are required prior to hiring:
   ☐ Criminal Investigation ☐ Motor Vehicle Records ☐ Psychological Testing
   ☐ Employment History Check ☐ Reference Check
2. Which of the above are conducted by an outside vendor? _____
   a. If none, how is information gathered? _____
   b. Are background checks retained? ☐ Yes ☐ No
      If yes, how long? _____
3. Confirm that all armed street officers have received formal academy training and are in compliance with minimum state requirements: ☐ Confirmed ☐ Not Confirmed
4. Is formal training required before armed and assigned street duty? ☐ Yes ☐ No
   If no, verify officer is not armed or is accompanied by trained personnel: ☐ Confirmed
5. How often must officer re-qualify with any department issued weapon? _____

6. Explain what training part-time/reserve/auxiliary officers receive: _____

_____

7. Minimum number of hours of annual in-service training: _____

8. Do you hire additional officers during seasonal population changes? ..... ☐ Yes ☐ No ☐ N/A
   If yes, confirm they have received training in compliance with minimum state requirements: ..... ☐ Confirmed ☐ Not Confirmed

9. Do all officers receive training in vehicular operations? ..... ☐ Yes ☐ No

10. Are officers trained and qualified before using:

Baton/Asp?	☐ Yes ☐ No ☐ Not Used	Control holds?	☐ Yes ☐ No ☐ Not Used
Mace/Chemicals?	☐ Yes ☐ No ☐ Not Used	Tasers?	☐ Yes ☐ No ☐ Not Used

11. Is all training documented on a training log? ..... ☐ Yes ☐ No
    If yes, does documentation include the date of completion and re-certification? ..... ☐ Yes ☐ No

E. EMERGENCY DISPATCH

1. Indicate which of the following emergency calls are handled by your police department:
   ☐ Emergency Dispatch ☐ Emergency Medical ☐ Fire Dispatch ☐ Other Municipalities

2. If above is applicable:
   a. How are calls documented and how long are the records maintained? _____
   b. What is the average number of calls received per month? _____
   c. Are all dispatchers trained and certified? ..... ☐ Yes ☐ No
   d. If dispatching for other municipalities, provide population served: _____

F. GENERAL UNDERWRITING INFORMATION

1. Are you involved with any of the following:

Description	Is there a written contract?	Contract approved by legal counsel?
Contracting law enforcement to any other entity? ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Mutual aid or reciprocal agreements? ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Drug task force or SWAT team? ☐ Yes ☐ No If yes, no. of officers assigned to Drug task force: SWAT team:	☐ Yes ☐ No	☐ Yes ☐ No
Joint Powers Agreement with any other municipalities? ☐ Yes ☐ No If yes, describe agreement: _____ _____ Is there separate primary insurance for this agreement? ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

2. Do you require your agency to be named as an additional insured for any work contracted to others? ..... ☐ Yes ☐ No
   Who provides liability insurance for those contract services? _____

3. a. Do you authorize employee "moonlighting"? ..... ☐ Yes ☐ No
   b. Confirm no "moonlighting" in bars and taverns: ..... ☐ Confirmed ☐ Not Confirmed

4. Are you accredited by any professional organizations? ..... ☐ Yes ☐ No
   If yes, please provide certificates.
   What organization(s)? _____

5. Do you subscribe to LETN? ☐ Yes ☐ No
   If yes, please provide certificate.

6. Has there been continuous claims made coverage for the past five years? ☐ Yes ☐ No
   If no, please explain: _____

G. JAIL/HOLDING CELL/DETENTION CELL OPERATIONS

1. Do you operate (check all that apply): ☐ Jail ☐ Holding cell ☐ Detention cell ☐ No lockup facility

2. Are jail premises regularly inspected by:
   State Corrections officials? ☐ Yes ☐ No ☐ Not required Date of Inspection: _____
   Fire Inspectors? ☐ Yes ☐ No ☐ Not required Date of Inspection: _____
   Dept. of Health? ☐ Yes ☐ No ☐ Not required Date of Inspection: _____

ATTACH A COPY OF LATEST INSPECTION REPORT or SUMMARY REPORT and CORRECTIVE MEASURES TAKEN

3. Facilities:
   Date constructed: _____ Date renovated: _____
   Number of cells: _____ State certified capacity: _____
   Average number of daily inmates: _____ Average length of stay: _____
   Number of high risk inmates: _____
   a. Are there smoke detectors in the jail area? ☐ Yes ☐ No
   b. Do you have walk-throughs? ☐ Yes ☐ No
      At what intervals? _____
   c. Are random walk-throughs conducted? ☐ Yes ☐ No
   d. Are there audio/video systems? ☐ Yes ☐ No
      If yes:
      (1) Cells designated for medical/suicide watch: ☐ Audio ☐ Video ☐ None
      (2) Booking area: ☐ Audio ☐ Video ☐ None
      (3) General common areas (walkways, etc.): ☐ Audio ☐ Video ☐ None
      (4) Sally port: ☐ Audio ☐ Video ☐ None

4. Have there been any suicides or attempted suicides in the last five years? ☐ Yes ☐ No
   If yes, please explain and provide details of the corrective measures taken: _____

5. In the past three years have there been any of the following (check all that apply):
   ☐ Medical emergencies ☐ Sexual Assaults ☐ Assaults resulting in hospitalization
   ☐ Fatalities ☐ None
   If any have occurred, what corrective measures have been taken? _____

6. Are jailers required to maintain a jail log to document incidents, action taken, and identify witnesses? ☐ Yes ☐ No
   If yes, how long is log retained? _____

7. Is the facility under a court order or consent decree? ☐ Yes ☐ No
   If yes:
   a. Attach copy with any modifications; and
   b. Explain the actions taken by the insured to bring the facility into compliance.

8. Do you have a separate facility for juvenile detainees? ☐ Yes ☐ No

9. Does your facility house males and females? ☐ Yes ☐ No
   If yes, are males and females segregated? ☐ Yes ☐ No

10. Jailers:
    a. Number of jailers per shift: Day: _____ Evening: _____ Night: _____
    b. Are jailers on duty twenty-four (24) hours per day? ☐ Yes ☐ No
    c. Does dispatcher also act as jailer? ☐ Yes ☐ No
    d. Confirm that formal training is required prior to assignment for all jail officers and that formal training is in compliance with minimum state requirements ☐ Confirmed ☐ Not Confirmed
    e. Are policies and procedures reviewed periodically with jail personnel as part of formal training? ☐ Yes ☐ No

11. Do you have written policies governing jail/holding cell/detention cell operations? ☐ Yes ☐ No

Policy Description	Date of Last Revision
Intake screening of inmates/detainees ☐ Yes ☐ No	
Strip searches ☐ Yes ☐ No	
Medical treatment/sick call ☐ Yes ☐ No	
Storage and administration of medication ☐ Yes ☐ No	
Suicide ID guidelines ☐ Yes ☐ No	
Use of deadly force ☐ Yes ☐ No	
Use of non-deadly force ☐ Yes ☐ No	
Use of force reports ☐ Yes ☐ No	
Handling individuals who are intoxicated ☐ Yes ☐ No	
Handling individuals who are suffering from mental illness or impairment, need medical attention or suffering from emotional distress ☐ Yes ☐ No	
Are evacuation instructions posted through the facility ☐ Yes ☐ No	
Key control and security ☐ Yes ☐ No	
Restraints ☐ Yes ☐ No	
Visual observation of inmates/detainees ☐ Yes ☐ No	
Inmate transportation ☐ Yes ☐ No	
Discipline procedures ☐ Yes ☐ No	
Handling persons with communicable diseases ☐ Yes ☐ No	
Grievance procedure for inmate complaints ☐ Yes ☐ No	
Medical emergency plan (inmate treatment and transport policy, etc.) ☐ Yes ☐ No	

    a. Are policies and procedures distributed to all personnel? ☐ Yes ☐ No
    b. Are policies and procedures reviewed annually? ☐ Yes ☐ No
       If yes, by whom: _____
    c. Are policies and procedures reviewed periodically with personnel as part of formal training? ☐ Yes ☐ No
    d. Do you contract out medical services? ☐ Yes ☐ No
       (1) If no, what steps are taken to provide medical attention? _____
       (2) If yes, who provides service? _____
           (a) Do you require evidence of insurance? ☐ Yes ☐ No
           (b) Are you added as an additional insured? ☐ Yes ☐ No
    e. Do you require use of force reports to be filed? ☐ Yes ☐ No
       If yes, is there follow-up action? ☐ Yes ☐ No
       How many reports were filed in the last twelve (12) months? _____

Statewide Insurance Fund
Professional Lines
Supplemental

Public Entity Application
Sewer/Water Utility
Questionnaire E

Legal Name of Public Entity: _____ **Effective Date:** _____

A. **SEWER UTILITY**

1. Number of utility users: Industrial: _____ Commercial: _____ Residential: _____
2. Provide annual payroll (**less clerical**):
   Plant operation: $_____ Construction: $_____ Cleaning: $_____
3. Provide number of sewer miles: Storm: _____ Sanitary: _____
4. What type of facility is operated? ☐ Treatment Plant ☐ Lift Stations ☐ Pumps
5. If treatment plant is operated:
   a. Type of plant? ☐ Primary ☐ Secondary ☐ Tertiary
   b. What regulatory agency is responsible for monitoring (DEC, EPA, Health Department)? _____
   _____
   How often? _____
   c. How is influent input monitored for toxic or hazardous waste? _____
   _____
   d. How are chemicals labeled and where stored? _____
   e. What is done with residual by-product/sludge? _____
   _____
   f. Has plant ever been fined or received a citation? ..... ☐ Yes ☐ No
   If "yes," explain: _____
   g. Are any operations contracted? ..... ☐ Yes ☐ No
   If "yes," attach Certificate of Insurance and a copy of any hold harmless agreements.
6. How old is your system? _____ Year of last upgrade? _____
7. Is regular maintenance performed? ..... ☐ Yes ☐ No
   Are records kept for all repairs? ..... ☐ Yes ☐ No

8. Have you had any past/present incidents of sewer back-up to residential or commercial property? ☐ Yes ☐ No
   If "yes," please explain (include dates, cause and corrective action taken): _____

B. **WATER UTILITY**

1. General Information
   a. Annual payroll **(less clerical)**: $_____
   b. Number of gallons distributed annually: _____ Maximum annual capacity: _____
   c. Miles of pipe: _____ Total number of employees: _____
   d. Number of users: Residential: _____ Commercial: _____ Industrial: _____
   e. Number of: Water treatment plants: _____ Water tanks: _____ Water towers: _____
   f. Are all facilities fenced? ..... ☐ Yes ☐ No
   g. Is water provided to neighboring entities? ..... ☐ Yes ☐ No
      If "yes," describe and provide copies of contracts: _____

2. Source of water supply (lake, well, etc.): _____
   a. How old is your system? _____ Year of last upgrade? _____
   b. Composition of pipe?
      ☐ Lead _____% ☐ Cast iron _____% ☐ Asbestos _____%
      ☐ Plastic _____% ☐ Clay _____% ☐ Other _____%

3. a. Has utility completed monitoring for lead in drinking water? ..... ☐ Yes ☐ No
   b. Date completed: _____
   c. Test results:
      (1) Tap water monitoring: _____
      (2) Water quality monitoring: _____
      (3) Lead source water monitoring: _____
   d. If test results exceed the lead action level of 15 ppb, please comment on treatment techniques relating to (a) corrosion control, (b) source water, (c) public education, or (d) lead service line replacement as applicable:

4. How often is water tested? _____ By which regulatory agent? _____

5. Has system ever been cited or fined for non-compliance with required standards? ..... ☐ Yes ☐ No
   If "yes," please provide details, copy of non-compliance notice(s) and action(s) taken to correct problem(s):

6. Does entity contract any part of water operations (construction, maintenance, inspection, etc.)? ..... ☐ Yes ☐ No
   If "yes," provide certificates of insurance.

7. Does entity have a written disaster plan? ..... ☐ Yes ☐ No

8. Is there a process in place for handling customer complaints or reported problems? ..... ☐ Yes ☐ No

General Liability
Exposure Information

Fund Year _____

Name of Entity:

_____

Operation / Exposure	Do you have this exposure?	
Adoption/Foster Care Operations	Yes ☐	No ☐
Airport or Related Facility	Yes ☐	No ☐
Amusement Park	Yes ☐	No ☐
Architects	Yes ☐	No ☐
Arena / Auditorium / Convention Center	Yes ☐	No ☐
Athletic Participants	Yes ☐	No ☐
Blasting Operation	Yes ☐	No ☐
Blood Banks	Yes ☐	No ☐
Bridges over 300 ft	Yes ☐	No ☐
Campground	Yes ☐	No ☐
Cemetery	Yes ☐	No ☐
Chemical Spraying (pesticide / herbicide)	Yes ☐	No ☐
Dam / Levee / Dike	Yes ☐	No ☐
Day Care / Day Camp / Day Nursery	Yes ☐	No ☐
Dormitories	Yes ☐	No ☐
Engineers	Yes ☐	No ☐
EMT/Paramedic	Yes ☐	No ☐
Fire Department	Yes ☐	No ☐
Fireworks	Yes ☐	No ☐
Garbage / Refuse Collection	Yes ☐	No ☐
Golf Course	Yes ☐	No ☐
Habitational (Apartment, Dwelling)	Yes ☐	No ☐
Halfway House / Group Shelter / Group Home	Yes ☐	No ☐
Hospital / Nursing Home	Yes ☐	No ☐
Housing Authority / Project	Yes ☐	No ☐
Ice / Roller Rink	Yes ☐	No ☐
Independent Contractors	Yes ☐	No ☐
Industrial Development Commission	Yes ☐	No ☐
Jail / Detention Facility	Yes ☐	No ☐
Lake / Reservoir	Yes ☐	No ☐
Landfill / Dump / Incinerator / Recycling Center	Yes ☐	No ☐

Additional Comments:

General Liability
Exposure Information

Fund Year _____

Name of Entity:

_____

Operation / Exposure	Do you have this exposure?	
Law Enforcement	Yes ☐	No ☐
Library	Yes ☐	No ☐
Liquor Liability	Yes ☐	No ☐
Mechanical or Electrically Operated Amusement Device	Yes ☐	No ☐
Medical Clinic / Health Department	Yes ☐	No ☐
Medical Professionals (doctors, nurses, etc.)	Yes ☐	No ☐
Museum	Yes ☐	No ☐
Piers / Dock / Marina	Yes ☐	No ☐
Port Authority	Yes ☐	No ☐
Psychologist/Social Workers	Yes ☐	No ☐
Racing/Rodeo Exhibitions	Yes ☐	No ☐
Recreational Activities	Yes ☐	No ☐
Rifle / Shooting Range	Yes ☐	No ☐
School and Colleges	Yes ☐	No ☐
Skateboard Park / Facility	Yes ☐	No ☐
Ski Facility	Yes ☐	No ☐
Special Event (fairs, carnivals, parades, etc.)	Yes ☐	No ☐
Stadiums Greater than 10,000 seating Capacity	Yes ☐	No ☐
Streets / Roads / Highways / Bridges	Yes ☐	No ☐
Swimming Pool	Yes ☐	No ☐
Transit System	Yes ☐	No ☐
Utilities: Electric	Yes ☐	No ☐
Utilities: Gas	Yes ☐	No ☐
Utilities: Sewer	Yes ☐	No ☐
Utilities: Water	Yes ☐	No ☐
Watercraft / Boat	Yes ☐	No ☐
Waterslide	Yes ☐	No ☐
Zoo	Yes ☐	No ☐
Other Exposure	Yes ☐	No ☐

General Liability
Exposure Information

Fund Year _____

Name of Entity:

Operation / Exposure	
Please list all volunteer and paid fire department/district and volunteer rescue/first aid squads, that are included within the your general and auto liability coverage:	
Rating Information Questionnaire	Amount
Population	
Employee Count	
Total Payroll	
Net Operating Expenditures	
Road Mileage - Paved	
Road Mileage - Unpaved	
Water Utility Payroll	
Electric Utility Payroll	
Police - Full Time	
Police - Part Time	
Police - Dispatchers	
Jail Area (Cells Only - in sq ft)	
# of cells	
Juvenile Detention Center - # of rooms	
Fire Department, EMTs, Paramedics & Nurses	
Annual Calls - Non-Emergency	
Annual Calls-Emergency	
Number of Professionals (Nurses)	
Number of Paid Firemen	
Number of Volunteer Firemen	
Number of Paid EMTs-Paramedics	
Number of Volunteer EMTs-Paramedics	

General Liability
Exposure Information

Fund Year _____

Name of Entity:

_____

Lead Exposure Questionnaire	
Does the entity have any procedures for testing lead exp. levels in paint,dust,drinking water & soil at any bldgs built prior to 1980?	Yes ☐ No ☐
Please describe below.	
Have there been any adverse results arising out of the testing procedures described in D.1. above?	Yes ☐ No ☐
Please describe below.	
Please describe follow-up / abatement procedures.	

General Liability
Exposure Information

Fund Year _____

Name of Entity:

_____

Beaches/Lakes/Reservoirs/Swimming Pools		
a) Describe the approximate size of each beach/lake/reservoir/swimming pool area and indicate recreational facilities:		
b) Are there certified lifeguards on duty during scheduled swimming hours?	Yes ☐	No ☐
c) Are scheduled swimming hours posted?	Yes ☐	No ☐
d) Is the swimming pool area fenced?	Yes ☐	No ☐
e) Are there any slides?	Yes ☐	No ☐
f) Are there any diving boards?	Yes ☐	No ☐
g) Are pool regulations posted?	Yes ☐	No ☐
h) Are pool depths clearly marked?	Yes ☐	No ☐
i) Are employees trained in the use of chlorine?	Yes ☐	No ☐
j) Is chlorine in a locked facility?	Yes ☐	No ☐
k) If no swimming is allowed, are warning signs posted?	Yes ☐	No ☐

Bridges over 300 feet		
a) List all bridges over 300 feet in length.		
b) Are they maintained by the entity?	Yes ☐	No ☐
c) If not, by who?		
d) How often are the bridges inspected?		
d) Has any bridge not passed an inspection?	Yes ☐	No ☐
e) Are any bridges closed or condemned?	Yes ☐	No ☐
f) Are all bridges posted for size and weight limits?	Yes ☐	No ☐

PLEASE INCLUDE LATEST NATIONAL BRIDGE INSPECTION REPORT FOR ANY .wL5D9 h±9w олл C99¢

General Liability
Exposure Information

Fund Year _____

Name of Entity:

_____

Emergency Services		
a) Does the applicant provide any specialized training to emergency responders?	Yes ☐	No ☐
b) If yes, please describe training, how often, who provides and who participates, is it mandatory)		
c) Is there an age requirement for emergency responder drivers? If so, age____	Yes ☐	No ☐
d) Does applicant screen volunteers prior to acceptance (ie require MVR check, physical, etc.)	Yes ☐	No ☐
e) If yes, please describe requirements:		
f) Does fire department / rescue squad rent their facilit(ies)?	Yes ☐	No ☐
g) If yes, does any applicant volunteers or employees work the events?	Yes ☐	No ☐
h) Is there a written lease agreement executed for each rental?	Yes ☐	No ☐
i) Does the fire department - rescue squad have a liquor license?	Yes ☐	No ☐
j) If yes, does the fire department - rescue squad serve alcohol to members?	Yes ☐	No ☐
k) Does the fire department - rescue squad serve alcohol to anyone other than a member?	Yes ☐	No ☐

General Liability
Exposure Information

Fund Year _____

Name of Entity:

_____

Fireworks		
a) Does the applicant provide fireworks during the year?	Yes ☐	No ☐
b) If yes, how often?		
c) Does applicant contract a pyrotechnic vendor?	Yes ☐	No ☐
d) If yes, is a hold harmless favorable to the applicant executed?	Yes ☐	No ☐
e) Does applicant obtain COI from vendor?	Yes ☐	No ☐
f) Is applicant listed as an additional insured on vendor's COI?	Yes ☐	No ☐

Garbage Collection	
a) Number of residential customers:	
b) Number of commercial customers:	
c) Number of Industrial customers:	
d) Number of Rural customers:	

Independent Contractors		
a) Does the applicant use independent contractors?	Yes ☐	No ☐
b) If yes, do ALL have formal written agreements?	Yes ☐	No ☐
c) If yes, do ALL agreements include insurance requirements?	Yes ☐	No ☐

Landfill/Incinerator/Waste Reclamation Facilities		
a) List location, #acres, fenced?, age, supervised?, open/closed:		
b) Are any hazardous waste handled by any site?	Yes ☐	No ☐
c) Is the applicant aware of any prior activities, which involved hazardous waste?	Yes ☐	No ☐
d) Are there methane gas escape vents at all the landfills?	Yes ☐	No ☐
e) Does the applicant transport waste to sites that are on any Federal or State Superfund priority list?	Yes ☐	No ☐

General Liability
Exposure Information

Fund Year _____

Name of Entity:

_____

Parks/Playgrounds		
a) List names of parks and playgrounds?		
b) Are organized athletic activities offered?	Yes ☐	No ☐
c) Is all playground equipment in compliance with current regulations?	Yes ☐	No ☐
d) Are there any trampolines?	Yes ☐	No ☐

Special Events		
a) List annual special events:		
b) Are alcoholic beverages served at any of these events?	Yes ☐	No ☐
c) Are alcoholic beverages sold at any of these events?	Yes ☐	No ☐
d) If yes to b or c, is the applicant serving and/or selling?	Yes ☐	No ☐

Stadiums/Arenas/Auditoriums/Exhibition Halls		
a) Indicate Type:		
b) Indicate # of seats:		
c) Provide current year event schedule.		
d) Are any events sponsored by the applicant?	Yes ☐	No ☐
e) Is there a formal written agreement for all non-applicant sponsored events executed?	Yes ☐	No ☐
f) Does the agreement include insurance requirements?	Yes ☐	No ☐

General Liability
Exposure Information

Fund Year _____

Name of Entity:

_____

Streets and Roads		
a) Is there a prior notice ordinance in effect?	Yes ☐	No ☐
b) Is there a regular inspection program for streets, roads and sidewalks?	Yes ☐	No ☐
c) Does the applicant provide snow removal for other entities?	Yes ☐	No ☐

Transportation		
a) Does the entity provide any public or employee transportation (facilities and/or services)	Yes ☐	No ☐

b) If yes, please describe:

Utilities - Sewer / Water (complete if you own or operate)

SEWER

a) Are the sewerage disposal plants maintained by the applicant?	Yes ☐	No ☐
b) Is the applicant responsible for constructing any sewer lines?	Yes ☐	No ☐
c) Is the applicant responsible for maintaining the sewer lines?	Yes ☐	No ☐
d) Number of miles of sewer lines:		
e) Age of the oldest sewer line:		

WATER

a) What is the source of the water supply?		
b) How is the water stored? (Open Reservoir, Open Surface Tanks,Elevated Tanks, Other)		
c) Please list the locations of the water treatment plants including year built and square footage:		
d) Is the applicant responsible for constructing any water lines?	Yes ☐	No ☐
e) Is the applicant responsible for maintaining any water lines?	Yes ☐	No ☐

General Liability
Exposure Information

Fund Year _____

Name of Entity:

_____

Wharves/Piers/Docks	
a) List all (location-construction-year built-how anchored-size)	
b) Who and how often are they inspected?	

The information provided in this application and all schedules are true and correct to the best of my knowledge.

_____ _____

Signature Date

_____

Print Name and Position

¢ŜNJNJƵNJĺăϒ

Fund Year _____

Name of Entity:

_____

Terrorism Questionaire	Do you have this	
Municipalities or Cities with population greater than 250,000?	Yes	No
Emergency Services located within a city with a population greater than 250,000?	Yes	No
Port/Transit authorities or operations (including any passenger rail)?	Yes	No
Water Utilities with > 250,000 customers)	Yes	No
Airports (including any flight schools)?	Yes	No
Bridges greater than 300 feet in length or located within a city with a population greater than 250,000?	Yes	No
Cruise Lines or Commuter Ferries	Yes	No
Convention/Exhibition Centers, Sports Arenas, Stadiums, & Concert Halls with fire code cap. or seating cap. greater than 10,000 persons?	Yes	No
Dams greater than 300 feet in length with downstream populations greater than 25,000?	Yes	No
Federal and/or State Government Buildings, and/or National Landmarks?	Yes	No
Hospitals with a bed count greater than 300, or located within a city with a population greater than 250,000?	Yes	No
Internet Companies (Internet Service Providers, Web Site Designers, & Consultants)	Yes	No
Buildings greater than 25 stories in height located within a city with a population greater than 250,000?	Yes	No
Public School Districts located within a city with a population greater than 250,000?	Yes	No
Tunnels greater than 300 feet in length?	Yes	No
Universities with resident student populations greater than 10,000, or located within a city with a population greater than 250,000?	Yes	No

FOR ANY QUESTION ANSWERED "YES", YOU ARE REQUIRED TO PROVIDE ADDITIONAL DETAILS & INFORMATION ABOUT YOUR ANSWER

_____ _____

Signature Date

Print Name and Position

Statewide Insurance Fund
SEXUAL ABUSE UNDERWRITING CHECKLIST

Name of Entity: _____

1. Is there a Sexual Abuse Prevention Program in place? ☐ Yes ☐ No
2. Have written procedures encompassing rules, a code of conduct, & disciplinary measures been established for all staff and/or volunteers? ☐ Yes ☐ No
3. Is training conducted for all employees & volunteers on the program & documentation maintained on attendees? ☐ Yes ☐ No
4. Are procedures established to monitor implementation of the program? ☐ Yes ☐ No
5. Are records & documentation maintained for all incidents or allegations reported? ☐ Yes ☐ No
6. Do policies and procedures include a follow up mechanism on incidents or allegations reported including notification of proper authorities? ☐ Yes ☐ No
7. Does the program include measures on handling staff or volunteers that are named in the report of the offense? ☐ Yes ☐ No
8. Are there at least 3 reference checks performed on all employees & volunteers? ☐ Yes ☐ No
9. Are background & criminal checks performed on all employees & Volunteers? ☐ Yes ☐ No
10. Has legal counsel reviewed the policy and are there at least bi-annual reviews? ☐ Yes ☐ No
11. Has Sexual Abuse Supplemental Application been completed? ☐ Yes ☐ No
12. Have any allegations or incidents been reported or are known to have occurred? ☐ Yes ☐ No

If **Yes**, provide complete details including the action taken on the staff members involved:

_____
_____
_____
_____
_____

Additional comments:

_____
_____
_____
_____

_____ _____
Signature Date

_____
Print Name and Position

NAME OF ENTITY: _____

DAM/DIKE/LEVEE/RESERVOIR/SPILLWAY QUESTIONNAIRE

Please complete one questionnaire per dam/dike/levee/reservoir

To be completed for any barrier built to impound water that, if it broke, would release water in a flood like manner.

I. General Information

A. Structure Name: _____

B. Structure Location:

C. Type: Dam ☐ Dike ☐ Levee ☐ Reservoir ☐ Spillway ☐

C. Year Built: _____

D. General Condition & Maintenance: Excellent ☐ Good ☐ Fair ☐ Poor

E. Built under the direction of: _____

F. Purpose(s):

Agriculture	_____	Power*	_____
Flood control	_____	Water Supply	_____
Industrial	_____	Other	_____

In event of power failure, describe alternate source _____

G. Hazard Code: Low ☐ Medium ☐ High ☐

H. Safety: Safe ☐ Not Safe ☐

I. Construction: _____

J. Dimensions:

Height: _____

Base Width: _____

Top Width: _____

K. Name of Tributary Rivers:

Upstream: _____

Downstream: _____

L. Normal Pond Measurements:

# of acres: _____

Storage Capacity: _____

Is additional storage available in Flood State? _____

M. Water Leve Control Gates? _____ **Other?** _____

How are they operated? _____

By Whom? _____

II. Upstream Exposures

A. Are there any exposures to any of the following?

_____	Structures	_____	Railroads
_____	Industrial Complex	_____	Agricultural Areas
_____	Housing	_____	livestock
_____	Recreation Areas	_____	crops
_____	Bridges	_____	dwellings
_____	Lower Dams	_____	barns/sheds

If yes, to any of above please specifically describe each:

_____

_____

Statewide Insurance Fund
Dam Questionaire

NAME OF ENTITY: _____

III. Downstream Exposures

TYPE	DISTANCE	DESCRIPTION
Housing		
Other Structure		
Ind. Complex		
Pumping Station		
Lower Dams		
Recreational Areas		
Bridges		
Highways		
Railroads		
Agricultural Areas		

IV. Dam Inspection

How often? _____ **By Whom?** _____

Has risk been included in the National Program for Dam Inspection? **Yes** ◯ **No** ◯

If yes, please attach a copy of the most recent inspection report and responses to recommendations.

If no, please attach a copy of the most recent independent inspection report.

V. Loss History

Please describe any losses or pending suits which have occurred involving the dam or reservoir; include the amount of damages paid and amounts in reserve:

_____

_____

_____

VI. Please attach a copy of Emergency Procedures / Plan.

Signed/Title:_____

Date:_____

Automobile Liability Exposure Information

Name of Entity: _____

Automobile Liability Summary	**# of Vehicles of this type**
Private Passenger Cars (up to 10,000 lbs GVW) - Non Emergency	
Private Passenger Cars (up to 10,000 lbs GVW) - Emergency (e.g. Fire, Police)	
Light Trucks (up to 10,000 lbs GVW)	
Medium Weight Trucks (10,000 to 20,000 lbs GVW)	
Heavy Trucks (20,000 to 50,000 lbs GVW)	
Extra-Heavy Trucks (greater than 50,000 lbs GVW)	
Fire Trucks	
Ambulances	
Motorcycles	
Pick Up Trucks	
Truck - tractor	
Buses	
1-8 passenger	
9-20 passenger	
21-60 passenger	
61+ passenger	
Vans	
1-8 passenger	
9-14 passenger	
15+ passenger	
Total Vehicles	
Miscellaneous Powered Vehicles	
Please describe:	
Trailers, All Types	
Boats - power under 26 '	
Boats - power over 26 '	
Lists make/model - size (ft. & hp) and use:	

This Section Must Be Completed

Automobile Liability
Exposure Information

Name of Entity:

_____

tfŜI-ăŜ ōŜ ădzNŜ ú2 Ô2Y LJfŜúŜ úKŜ 9ĚŎŜf ăLJNŜI-ŘăKŜŜú ăQKŜŘdztŜ 2ţ ØŜKλŎfŜă λyŎfdzŘλy∃ ěŜI-NΣ Y I-]ŜΣ Y2ŘŜfΣ Ô2ăú ySØΣ ±Lb I□ă¢ !fă2 Ô2Y LJfŜúŜ úKŜ ăQKŜRdztŜ 2Ŧ RNλØŜNă λyŎfdzRλy∃ yI·YSΣ RNλØŜN□ă tλOŜyăŜ IΣ ōλNúK RI-úŜΣ I-yR λRŜyúλŦè ŜYŜN∃Ŝyŏè ØŜKλOfŜ 2LJŜNI-ú2Nă¢	
1. Fleet Management – Please advise of the following:	
Does the entity have a vehicle maintenance program?	☐ Yes ☐ No
Does the entity have a formal accident investigation program?	☐ Yes ☐ No
Are all accidents reviewed internally and corrective action taken?	☐ Yes ☐ No
Are drivers of 15-passenger vans specifically trained in the operation of these vehicles?	☐ Yes ☐ No ☐ N/A
2. Motor Vehicle Reports (MVR)	
Does the entity order MVR's on all new drivers?	☐ Yes ☐ No
How often are MVR's updated?	☐ Annual ☐ Other:
Do any drivers have a DUI arrest / conviction in the past 5 years?	☐ Yes ☐ No
3. Employee Use of Vehicles	
Do any employees drive their own vehicles in the Entity's business?	☐ Yes ☐ No
If yes, list employees and occupations:	
If yes, advise of insurance requirements:	
Are employees allowed to take their vehicles home?	☐ Yes ☐ No
Is personal use permitted?	☐ Yes ☐ No
If yes, list employees and occupation:	

4. If law enforcement vehicles are included in the automobile schedule, do you have the following Policies and Procedures?		
Vehicular Pursuit	☐ Yes ☐ No	
Patrol Driving & Response	☐ Yes ☐ No	
Transportation of Prisoners	☐ Yes ☐ No	
5. Does the Entity provide any type of transportation services?		☐ Yes ☐ No
Indicate Type:	☐ Elderly Transportation ☐ Other	

_____ _____

Signature Date

_____

Print Name and Position

Statewide Insurance Fund
Crime Questionnaire

Name of Entity: _____

1. Do you have a CPA Audit, at least annually, made in accordance with generally accepted auditing standards and so certified? ☐ Yes ☐ No
2. Are bank accounts reconciled monthly by someone not authorized to deposit or withdraw therefrom? ☐ Yes ☐ No
3. Is Countersignature of checks required? ☐ Yes ☐ No
4. Are incoming checks immediately stamped “For Deposit Only” to the credit of the applicant? ☐ Yes ☐ No
5. Are all deposits made in the name of the applicant? ☐ Yes ☐ No
6. Are securities subject to joint control by two or more responsible employees? ☐ Yes ☐ No
7. IF A QUESTION IS ANSWERED “NO”, EXPLAIN WHAT ALTERNATE CONTROL IS IN EFFECT

_____
_____
_____
_____
_____
_____
_____
_____
_____

8. Total Number of locations. _____
9. Number of locations where money or securities are handled. _____
10. Number of employees who handle, have custody or maintain records of money, securities or other property; department and division heads; assistant department and division heads; and peace officers (including patrolmen) _____
11. Total number of employees _____
12. Has your operation experienced any of the losses in the past year, whether reimbursed or not? ☐ Yes ☐ No

If yes, please provide details including: Date of Loss, Amount of Loss, Amount Recovered from Insurance, Amount of Loss Pending, Amount Recovered from other than Insurance, Type of Loss, and Corrective measures that have been implemented on a separate sheet.

_____
Applicant Signature Date

_____
Print Name and Title

_____
Agent Signature Date

PUBLIC ENTITIES / EDUCATIONAL FACILITIES ENVIRONMENTAL INSURANCE APPLICATION

ADDENDUM I: Water Treatment Facilities / Wastewater Treatment Facilities

ENTITY:

ONE **ADDENDUM MUST BE COMPLETED FOR EACH LOCATION**
LOCATIONS ARE NOT COVERED UNLESS SCHEDULED TO THE POLICY

Entity:

Physical Address of Storage Tanks Listed Below:

City: | State: | Zip Code:

EPA I.D. #:

1. What type of facility is this? (Check one)
   ◯ **Water Treatment Facility** ◯ **Waste Water Treatment Facility**
2. When was this facility designed and built?
3. What is the Total Population served by this facility?
4. When was this facility first permitted?
5. Is this site completely fenced and access restricted? ☐ **YES** ☐ **NO**
6. Are there any fuel storage tanks located at the site? ☐ **YES** ☐ **NO**
   If **YES**, please complete **Addendum G: Storage Tank Data Sheet.**

WATER TREATMENT

7. How many miles of pipelines is the entity responsible for?
8. Average amount of water treated per day (gallons)?
9. Maximum capacity treated water per day (gallons)?
10. Number of: _____ Water Tanks _____ Water Towers
11. Source of Water Supply for this facility:

WASTEWATER TREATMENT

12. How many miles of sewer lines is the entity responsible for?
13. Average amount of waste treated per day (gallons)?
14. Maximum capacity treated waste per day (gallons)?
15. Please complete the following for each permitted effluent discharge:

POLLUTANT	PERMITTED MAXIMUM AMOUNT	DAILY AVERAGE AMOUNT

16. Where and how is your effluent discharged?

17. What is done with the residual by-product/sludge?

RECLAIMED WATER

18. Does the facility sell or distribute any Reclaimed Water? ☐ **YES** ☐ **NO**
    If **YES**:
    a. Average gallons of water reclaimed per day: _____
    b. Percent Sold: _____ Percent reused by the entity: _____
19. Are signs posted in the area where reclaimed water is used? ☐ **YES** ☐ **NO**
20. On a separate page, describe the use and application of the reclaimed water.

WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

AGENCY NAME AND ADDRESS	COMPANY:
	UNDERWRITER:
	APPLICANT NAME:
	OFFICE PHONE: / MOBILE PHONE:
	MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) / YRS IN BUS: / SIC: / NAICS: / WEBSITE ADDRESS:
PRODUCER NAME:	
CS REPRESENTATIVE NAME:	
OFFICE PHONE (A/C, No, Ext)	E-MAIL ADDRESS:
MOBILE PHONE:	☐ SOLE PROPRIETOR ☐ CORPORATION ☐ LLC ☐ TRUST
FAX (A/C, No):	☐ PARTNERSHIP ☐ SUBCHAPTER "S" CORP ☐ JOINT VENTURE ☐ OTHER
E-MAIL ADDRESS:	CREDIT BUREAU NAME: / ID NUMBER:
CODE: SUB CODE:	FEDERAL EMPLOYER ID NUMBER / NCCI RISK ID NUMBER / OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER
AGENCY CUSTOMER ID:	

STATUS OF SUBMISSION

☐ QUOTE ☐ ISSUE POLICY

☐ BOUND (Give date and/or attach copy)

☐ ASSIGNED RISK (Attach ACORD 133)

BILLING / AUDIT INFORMATION

BILLING PLAN	PAYMENT PLAN	AUDIT
☐ AGENCY BILL	☐ ANNUAL ☐	☐ AT EXPIRATION ☐ MONTHLY
☐ DIRECT BILL	☐ SEMI-ANNUAL	☐ SEMI-ANNUAL ☐
	☐ QUARTERLY % DOWN:	☐ QUARTERLY

LOCATIONS

LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	NORMAL ANNIVERSARY RATING DATE	☐ PARTICIPATING ☐ NON-PARTICIPATING	RETRO PLAN

PART 1 - WORKERS COMPENSATION (States)	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES (N / A in WI)	AMOUNT / % (N / A in WI)	OTHER COVERAGES
	$ EACH ACCIDENT		☐ MEDICAL		☐ U.S.L. & H. ☐ MANAGED CARE OPTION
	$ DISEASE-POLICY LIMIT		☐ INDEMNITY		☐ VOLUNTARY COMP ☐
	$ DISEASE-EACH EMPLOYEE		☐		☐ FOREIGN COV ☐

DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION

SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES
$ 0.00	$ 0.00	$ 0.00

CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD				
CLAIMS INFO				

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.

STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL

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STATE RATING SHEET # 1 **OF** 1 **SHEETS** **AGENCY CUSTOMER ID:** _____

STATE RATING WORKSHEET

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE:

LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	# EMPLOYEES PART TIME	SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM

PREMIUM

STATE:	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N / A	$			$
INCREASED LIMITS		$	SCHEDULE RATING *		$
DEDUCTIBLE *		$	CCPAP		$
		$	STANDARD PREMIUM		$
EXPERIENCE OR MERIT MODIFICATION		$	PREMIUM DISCOUNT		$
		$	EXPENSE CONSTANT	N / A	$
ASSIGNED RISK SURCHARGE *		$	TAXES / ASSESSMENTS *	N / A	$
ARAP *		$			$

* N / A in Wisconsin

TOTAL ESTIMATED ANNUAL PREMIUM	MINIMUM PREMIUM	DEPOSIT PREMIUM
$	$	$

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS					☐ LOSS RUN ATTACHED	
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO: POL #:					
	CO: POL #:					
	CO: POL #:					
	CO: POL #:					
	CO: POL #:					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	
2. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	
9. ANY GROUP TRANSPORTATION PROVIDED?	
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	
11. ANY SEASONAL EMPLOYEES?	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	
15. ARE ATHLETIC TEAMS SPONSORED?	
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	
17. ANY OTHER INSURANCE WITH THIS INSURER?	
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? **(Missouri Applicants - Do not answer this question)**	
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

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 FACT 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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

Arch Insurance Company
a member of Arch Insurance Group

ARCH WEXFORD

PUBLIC ENTITY SUPPLEMENTAL APPLICATION

NAME OF APPLICANT: _____

TYPE OF PUBLIC ENTITY: ☐ CITY ☐ COUNTY ☐ TOWNSHIP ☐ OTHER _____

POPULATION: _____

TOTAL EMPLOYEES:_____NO. EMPLOYED MORE THAN FIVE YEARS: _____

CHECK ANY EXPOSURES WHICH ARE APPLICABLE:

☐ LAW ENFORCEMENT NO. FULL TIME: _____NO. PART TIME: _____

☐ DRUG UNIT ☐ S.W.A.T. TEAM ☐ BOMB DISPOSAL UNIT ☐ JAIL (NO. OF GUARDS_____)

☐ HARBOR PATROL/WATERCRAFT EXPOSURE ☐ AIRCRAFT ☐ SEARCH & RESCUE

☐ CALEA ACCREDITED

☐ FIRE DEPARTMENT NO. FULL TIME: _____NO. VOLUNTEERS: _____

☐ RESCUE UNIT ☐ HAZ-MAT TEAM ☐ EMERGENCY MANAGEMENT

DOES DEPARTMENT HANDLE CHEMICALS, INCLUDING PESTICIDES, BROUGHT IN FOR DISPOSAL? ☐ YES ☐ NO.

IF YES, PROVIDE DETAILS: _____

CHECK IF ANY OF THE FOLLOWING SERVICES ARE PROVIDED:

☐ ELECTRIC ☐ WATER ☐ SEWER ☐ SANITARY ☐ TRANSPORTATION ☐ CLINIC

THE PUBLIC ENTITY ☐ INCLUDES / ☐ EXCLUDES COVERAGE FOR ALL VOLUNTEERS

CHECK EACH ITEM THAT IS APPLICABLE:

☐ FORMAL SAFETY COMMITTEE ☐ FULL TIME LOSS CONTROL OR SAFETY COORDINATOR

☐ WRITTEN PROCEDURES MANUAL ☐ ALL EMPLOYEES READ AND SIGN PROCEDURES

☐ THE PUBLIC ENTITY PROVIDES ALTERNATIVE WORK AND RETURN TO WORK PROGRAM

☐ RISK MANAGER

☐ AIRPORT NO. OF EMPLOYEES: _____

☐ SCHEDULED AIRLINES ☐ TOWER

Arch Insurance Company
a member of Arch Insurance Group

ARCH WEXFORD

VEHICLE SUPPLEMENTAL APPLICATION

NAME OF APPLICANT: _____

NUMBER OF EMPLOYEE DRIVERS: _____

NUMBER OF OWNED OR LEASED VEHICLES:

PASSENGER CARS: _____ VANS/TRUCKS: _____ TRACTORS: _____ TRAILERS: _____

NUMBER OF OWNER/OPERATORS: _____

IS APPLICANT RESPONSIBLE FOR WORKERS COMPENSATION COVERAGE ON OWNER / OPERATOR? ☐ YES ☐ NO

IF "YES", WHAT PERCENTAGE OF THE PAYROLL REPRESENTS THESE DRIVERS? _____

IF NOT, ARE CERTIFICATES OF WORKERS COMPENSATION INSURANCE OBTAINED? _____

DOES APPLICANT PROVIDE ANY TRANSPORTATION OF EMPLOYEES TO OR FROM THE WORKPLACE? ☐ YES ☐ NO

IF "YES", DESCRIBE FREQUENCY OF TRIPS, MODE OF TRANSPORTATION AND NUMBER OF EMPLOYEES:

_____

DESCRIBE APPLICANT'S USE OF TRUCKS: _____

TYPE OF GOODS HAULED: _____

IS THERE ANY TRANSPORTATION OF HAZARDOUS MATERIALS? ☐ YES ☐ NO

IF "YES", DESCRIBE: _____

WHAT IS THE AVERAGE RADIUS OF TRAVEL? _____

PRIMARY STATES: _____

FREQUENCY OF TRIPS: _____

NUMBER OF EMPLOYEES IN EACH UNIT: _____

WHAT IS THE MAXIMUM RADIUS OF TRAVEL? _____

PRIMARY STATES: _____

FREQUENCY OF TRIPS: _____

NUMBER OF EMPLOYEES IN EACH UNIT: _____

DOES APPLICANT HOLD INTRASTATE AND / OR INTERSTATE LICENSES TO HAUL FOR OTHERS? ☐ YES ☐ NO

DOES APPLICANT BACKHAUL GOODS FOR OTHERS? ☐ YES ☐ NO

IF "YES", GIVE FREQUENCY OF TRIPS: _____

TYPE OF GOODS MOST COMMONLY BACKHAULED: _____

DESCRIBE VEHICLE MAINTENANCE PROGRAM: _____

PROVIDE, IF AVAILABLE, ANY WRITTEN PROCEDURES ON DRIVER TRAINING, DOT CERTIFICATION, MVR CHECKS, DISCIPLINARY PROGRAMS, ETC.

CHUBB®

PREMISES POLLUTION LIABILITY INSURANCE POLICY

Application

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any question, or any part thereof, does not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using the Applicant's letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated, and signed by an authorized representative of the Applicant.

Required Attachments, if available:

- Please provide copies of the Applicant's past two (2) years of audited financial statements and annual reports.
- Summary of Environmental Site Assessments/Remediation Reports (past, current, planned) (☐check here if not applicable)
- Tank Inventory Lists (☐check here if not applicable)
- Permit Schedule (☐check here if not applicable) (Air or water/wastewater/stormwater discharge permits, hazardous waste storage permits, on-site disposal permits, etc.)
- Federal, State, Local environmental regulator inspection reports (☐check here if not applicable)
- Copies of Notices of Violations for air or water/wastewater/stormwater discharge violations, solid or hazardous waste violations, etc. (☐check here if not applicable)

The coverage applied for is solely as stated in the policy and any endorsement thereto. This policy provides liability coverage on a CLAIMS-MADE AND REPORTED basis, which covers only claims first made against the insured during the policy period and reported to the insurer, in writing, during the policy period or within thirty days thereafter, unless an extended reporting period applies. This policy also provides first-party coverages on a DISCOVERED AND REPORTED basis, which covers only pollution conditions and indoor environmental conditions, as applicable, first discovered during the policy period and for which a first-party claim is reported to the insurer, in writing, during the policy period or within thirty days thereafter. Finally, this policy provides coverage for EMERGENCY RESPONSE COSTS that is limited by more specific reporting criteria and covers only EMERGENCY RESPONSE COSTS incurred, and reported to the insurer, in writing, within the specific timing requirements identified in this policy. LEGAL DEFENSE EXPENSES are subject to and SHALL ERODE the limits of liability and any applicable self-insured retention.

1. Name of Applicant: _____

Principal Contact: _____ E-mail Address: _____

Principal Contact Regarding Environmental and Health & Safety Issues: _____

Mailing Address: _____

_____

Telephone #: _____ Fax #: _____

URL: http:// _____ Date Established: _____

The Applicant is: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ LLC/LLP

☐ Other: _____

2. Please identify entities for which coverage is requested (subsidiary, predecessor, acquired, parent, affiliated, or merged entities): *(continue on a separate sheet, if necessary)*

Name of Entity	Date of Formation or Transaction

3. Details of covered locations: *(continue on a separate sheet, if necessary, or provide a statement of values)*

Company Name	Address	Standard Industrial Classification Code (SIC)	Year Operations Began	Facility Size *acres or square feet*	Known Pre-Existing Contamination Present? (Yes or No)

a. If "Yes" is indicated above with respect to Known Pre-Existing Contamination Present, please provide details on a separate sheet. Include at a minimum:

- Copies of prior Environmental Site Assessment Reports;
- Past, current, planned sampling/remediation activities, including results/reports, if applicable; etc.

4. If applicable, please identify contracting services performed by or on behalf of the Applicant beyond the boundaries of the proposed covered location(s) and provide the estimated sales/revenues associated with such activities for the current fiscal year: *(continue on a separate sheet, if necessary)*

Contracting Services or Off-Site Activities	Sales / Revenues	% of Services or Activities Sub-Contracted	Name of Sub-Contractor

5. Within the past five (5) years has the Applicant, any other party to be covered by the proposed insurance, or any foreign entity purchased this type of insurance coverage? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide detailed information regarding any such coverage and all available loss information as an attachment to this application.*

6. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) brought against, or notices of violation or intent to sue been issued to, the Applicant, any other party to be covered by the proposed insurance, or any foreign entity with respect to pollution conditions or indoor environmental conditions (such as mold, fungi, or *legionella pneumophila*) associated with any of the proposed covered locations? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide detailed information regarding any such claim, legal action, or notice with respect to any pollution condition or indoor environmental condition and all available loss information as an attachment to this application.*

7. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any pollution conditions or indoor environmental conditions (such as mold, fungi, or *legionella pneumophila*) associated with any of the proposed covered locations? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide detailed information regarding any such pollution condition or indoor environmental condition and all available loss information as an attachment to this application.*

8. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) brought against, or notices of violation or intent to sue been issued to, the Applicant, any other party to be covered by the proposed insurance, or any foreign entity for exposure to lead-based paint, asbestos, or asbestos-containing materials? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide detailed information regarding any such claim, legal action, or notice and all available loss information as an attachment to this application.*

9. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of lead-based paint or asbestos-containing material in any structures situated at any of the proposed covered locations? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide a copy of the insured's lead-based paint or asbestos management plan(s) as an attachment to this application.*

10. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any notices of violation for the discharge of air, stormwater, wastewater, or other environmental media, or the handling of waste, issued by Federal, State, or local regulatory agencies with respect to any of the proposed covered locations? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide detailed information regarding any such notices of violation as an attachment to this application.*

11. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of injury to people or damage to property during the last five (5) years on or at any of the proposed covered locations, or in connection with any projects on or for which the Applicant, any other party to be covered by the proposed insurance, or any foreign entity has performed proposed covered operations?

☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide detailed information regarding any such injury to people or damage to property and all available loss information as an attachment to this application.*

12. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of flooding on or at any of the proposed covered locations, or water leaks or other water intrusion into any structures situated at any of the proposed covered locations, during the past 5 years? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide a description of the flooding event or details of the water leaks or water intrusion and the steps taken to mitigate such events.*

13. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have a water intrusion management plan for any of the proposed covered locations? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide a copy of the insured's water intrusion management plan(s).*

14. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any claims made or pollution conditions in existence during the last five (5) years resulting from the transportation of the Applicant's, any other party to be covered by the proposed insurance, or any foreign entity's waste, materials, goods, or products or such waste, materials, goods, or products in its care, custody, or control? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide detailed information regarding any such claim(s) and/or pollution condition(s) as an attachment to this application.*

15. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any claims made with respect to pollution conditions on, at, under, or migrating from any disposal, recycling, or beneficial reuse sites to which the Applicant's, any other party to be covered by the proposed insurance, or any foreign entity's waste, recycled materials, or beneficial reuse materials, are currently being, or have historically been, taken for recycling, disposal or beneficial reuse? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide detailed information regarding any such claim(s) as an attachment to this application.*

16. At the time of signing this application, is the Applicant, any other party to be covered by the proposed insurance, or any foreign entity aware of any circumstances that may reasonably be expected to give rise to a claim against the Applicant, any other party to be covered by the proposed insurance, or any foreign entity related to pollution conditions or indoor environmental conditions (such as mold, fungi, or *legionella pneumophila*)? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide detailed information regarding any such claim(s) as an attachment to this application.*

****IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.***

Supplemental Information for Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)

Note:

PFASs include, but are not limited to, perfluorinated carboxylic acids and carboxylates (PFCAs), perfluorosoulfonic acids and sulfonates (PFSAs), perfluoroalkane sulfonamides (PFASAs), fluorotelomer substances, perfluoroalkane sulfonamide substances, perfluorooctanoic acid (PFOA), perfluorooctane sulfonic acid (PFOS), perfluorobutane sulfonic acid (PFBS), and hexafluoropropylene oxide dimer acid (HFPO-DA or GenX).

PFASs include the products or chemicals, themselves, as well as all of their associated salts, ionic states, and acid forms of molecules, along with their precursor products or chemicals, related replacement products or chemicals, and any daughter or degradation byproducts thereof or additives thereto.

17. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS) being manufactured, stored, or used at any location for which you are seeking coverage, including but not limited to any related chemicals or products, any chemicals that replaced PFAS, or any products that may have contained PFAS?

☐ YES ☐ NO

a. *If "Yes" is indicated above, please identify the products and amounts manufactured, stored, or used at each location as an attachment to this application.*

18. Does the applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any inquiries from Federal, State, or local agencies regarding the use of PFAS at any location for which you are seeking coverage? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please identify the nature of the inquiry(ies) and provide any responses provided as an attachment to this application.*

19. Does the applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any actual, potential, or proposed/threatened legal actions from any regulatory agencies or any other third parties regarding PFAS at any location for which you are seeking coverage? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide details of the actual, potential, or proposed/threatened legal action(s) as an attachment to this application.*

20. Does the applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any firefighting suppression system that uses, or has at any time used, Aqueous Film-Forming Foam (AFFF), or any similar substance that contains PFAS, at any location for which you are seeking coverage? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please identify the locations where AFFF or a similar substance is or has been used, the date(s) of such use, and the volume/quantity and chemical composition of AFFF or similar substance(s) stored or used on site as an attachment to this application.*

b. *If "Yes" is indicated above, does or at any time did the firefighting system require periodic maintenance or testing which discharged/discharges AFFF or any similar substance at any location for which you are seeking coverage?* ☐ YES ☐ NO

1. *If "Yes" is indicated above, please identify the location(s) where AFFF or a similar substance is/was discharged, and the date(s) and volume of such discharge(s), as an attachment to this application.*

21. Does the applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any fires occurring at any time at any location for which you are seeking coverage?

☐ YES ☐ NO

a. *If "Yes" is indicated above, was AFFF or a similar substance used to extinguish the fire?* ☐ *YES* ☐ *NO*

1. *If "Yes" is indicated above, please identify the location(s) where AFFF or a similar substance was used, and the date(s) when such substance was used, as an attachment to this application.*

22. Does the applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any accidental discharges of AFFF or similar substances at any location for which you are seeking coverage? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please identify the location(s) where the discharge(s) took place and the date(s) and volume of such discharge(s) as an attachment to this application.*

****IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.***

Supplemental Information for Ethylene Oxide (EtO)

23. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of Ethylene Oxide (EtO) currently or historically being manufactured, stored, or used at any location for which you are seeking coverage? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please identify the location(s) of such manufacture, storage, or use, the products and amounts manufactured, stored, or used at each location, and the approximate dates of such manufacture, storage, or use as an attachment to this application.*

24. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of Ethylene Oxide (EtO) currently or historically being used as an intermediate for the manufacture of other products at any location for which you are seeking coverage? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please identify the location(s) of such use, the products and amounts stored or used at each location, and the approximate dates of such storage or use as an attachment to this application.*

25. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of Ethylene Oxide (EtO) currently or historically being used for the sterilization of medical devices, hospital equipment, food, cosmetics, or other materials or products at any location for which you are seeking coverage? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please identify the location(s) where sterilization occurred or occurs, the products and amounts stored or used at each location, and the approximate dates of such storage or use as an attachment to this application.*

26. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any actual, potential, or proposed/threatened legal actions from any regulatory agencies or any other third parties regarding EtO at any location for which you are seeking coverage? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide details of the actual, potential, or proposed/threatened legal action as an attachment to this application.*

****IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.***

Supplemental Information for Storage Tanks

If you are not seeking coverage for pollution conditions emanating from storage tanks, please confirm that the items below are not applicable by checking here: ☐

27. Are all of the storage tanks to be covered pursuant to this insurance (hereinafter Storage Tanks) compliant with all applicable federal, state, and local laws and regulations? ☐ YES ☐ NO

a. *If "No" is indicated above", please provide a written explanation of outstanding compliance issues as an attachment to this application.*

28. Have any storage tanks been removed or closed-in-place on or at any proposed covered location?

☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide detailed information identifying such storage tanks and identify the locations where and dates when they were removed or closed-in-place. Please also provide any closure reports for such tanks as an attachment to this application.*

29. Will any of the Storage Tanks be removed, closed-in-place, or upgraded during the proposed policy term?

☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide detailed information identifying the specific storage tanks and identify the locations where and dates when they will be removed, closed-in-place, or upgraded as an attachment to this application.*

Supplemental Information for Landfills

30. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity own or operate any open or closed landfills at any location for which you are seeking coverage? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please identify the landfill name, landfill type, and wastes currently and historically accepted at each landfill as an attachment to this application.*

31. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have knowledge of any actual, potential, or proposed/threatened legal actions from any regulatory agencies or any other third parties regarding pollution conditions on, at, under, or migrating from any open or closed landfill at any location for which you are seeking coverage? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please provide details of the actual, potential, or proposed/threatened legal action as an attachment to this application.*

****IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE***

EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.

Supplemental Information for Development/Redevelopment

32. Is any proposed covered location currently undergoing development or redevelopment including, but not limited to, the addition of any structures, or the renovation, improvement, or demolishing of any existing structures? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please identify the location and development/redevelopment plans as an attachment to this application.*

33. Does the Applicant, any other party to be covered by the proposed insurance, or any foreign entity have plans to develop or redevelop any proposed covered location, including, but not limited to, by adding any additional structures, or renovating, improving, or demolishing any existing structures? ☐ YES ☐ NO

a. *If "Yes" is indicated above, please identify the location and development/redevelopment plans as an attachment to this application.*

BY SIGNING THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT(S) OF THE APPLICANT WARRANTS TO THE INSURER THAT THE APPLICANT AND THE OTHER PARTIES TO THIS INSURANCE, ALONG WITH ANY FOREIGN ENTITIES, WILL STRICTLY FOLLOW ANY WATER INTRUSION, MOLD-RELATED, FUNGI-RELATED OR LEGIONELLA PNEUMOPHILA-RELATED OPERATION AND MAINTENANCE PROCEDURES OR PROTOCOLS, INCLUDING ANY WATER INTRUSION, MOLD-RELATED, FUNGI-RELATED OR LEGIONELLA PNEUMOPHILA - RELATED DUE DILIGENCE PROCEDURES OR PROTOCOLS FOR THE ACQUISITION, LEASE OPERATION, MANAGEMENT OR MAINTENANCE OF ANY PROPERTIES, WHICH WERE PROVIDED TO THE INSURER PRIOR TO THE INCEPTION OF ANY COVERAGE APPLIED FOR HEREIN. THE APPLICANT ACKNOWLEDGES THAT THE INSURER'S AGREEMENT TO PROVIDE MOLD, FUNGI AND/OR LEGIONELLA PNEUMOPHILA COVERAGE AS PART OF THE COVERAGE APPLIED FOR PURSUANT TO THIS APPLICATION IS PREDICATED UPON THE APPLICANT'S AGREEMENT TO PROVIDE THIS WARRANTY.

BY SIGNING THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT(S) OF THE APPLICANT WARRANTS TO THE INSURER THAT THE APPLICANT AND THE OTHER PARTIES TO THIS INSURANCE, ALONG WITH ANY FOREIGN ENTITIES, WILL STRICTLY FOLLOW ANY LEAD-BASED PAINT OR ASBESTOS OPERATION AND MAINTENANCE PROCEDURES OR PROTOCOLS, WHICH WERE PROVIDED TO THE INSURER PRIOR TO THE INCEPTION OF ANY SUCH COVERAGE APPLIED FOR HEREIN. THE APPLICANT ACKNOWLEDGES THAT THE INSURER'S AGREEMENT TO PROVIDE LEAD-BASED PAINT AND/OR ASBESTOS COVERAGE AS PART OF THE COVERAGE APPLIED FOR PURSUANT TO THIS APPLICATION IS PREDICATED UPON THE APPLICANT'S AGREEMENT TO PROVIDE THIS WARRANTY.

BY SIGNING THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT(S) OF THE APPLICANT WARRANTS TO THE INSURER THAT, TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, ALL STATEMENTS MADE IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS THERETO, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE INSURER'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

THE INFORMATION REQUESTED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE INSURER UNDER ANY POLICY OF A CLAIM, FIRST-PARTY CLAIM OR POTENTIAL CLAIM.

THIS APPLICATION MUST BE SIGNED BY THE RISK MANAGER OR A SENIOR OFFICER OF THE APPLICANT, ACTING AS THE AUTHORIZED REPRESENTATIVE OF THE PERSON(S) OR ENTITY(IES) PROPOSED FOR THIS INSURANCE.

NOTICE TO COMMERCIAL INSURANCE APPLICANTS

This Notice to Commercial Insurance Applicants – State Fraud Warnings provides you with information concerning various state fraud warnings and statements. Where fraud warnings are required as part of the insurance application, this notice forms a part of your application for Commercial Insurance.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: 1) by submitting an application, or 2) by filing a claim containing a false statement as to any material fact may be violating state law.

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

NOTICE TO TENNESSEE, VIRGINIA and WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO APPLICANTS IN STATES NOT LISTED ABOVE: 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 materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Signature of Authorized Applicant	Signature of Broker/Agent
Print Name	Print Name
Title	Date
Date	Signed by Licensed Resident Agent *(Where Required By Law)*

CHUBB

Storage Tank Inventory
By Location

(Completed as part of the Application for Insurance)

Facility Name_____ **Facility Address**_____ **Facility ID #**_____

(Complete schedule with symbols below)

	1	2	3	4	5	6
Tank #						
UST/AST						
Install Date Year						
Capacity (Gallons)						
Contents						
Tank Construction Material						
Overfill/Spill Protection						
Tank Leak Detection						
AST Diking & Base Construction						
Piping Construction Material						
Piping Leak Detection						

Contents
B. Unleaded Gasoline
C. Gasohol
D.,F.,G.,H. Diesel
K. Kerosene
L. Waste Oil/ Used Oil
M. Fuel Oil
P. Generic Gasoline
Q. Pesticide
R. Ammonia compound
S. Chlorine compound
T. Haz. Substance (CERCLA)
U. Mineral Acids
V. Grades 5&6 bunker 'C' oils
W. Petroleum-base additive
X. Misc. petroleum-base
Z. Other, Identify

Tank Construction
C. Steel
E. Fiberglass
F. FRP Clad Steel
X. Concrete
Y. Polyethylene
Z. Other EPA/DEP Approved
G. Cathodic Protection Sacrificial Anode
H. Cathodic Protection - Impressed Current
I. Double Walled(DW) - Single Material
R. Double Walled (DW)- Dual Material
J. (DW)Synthetic Liner in Tank Construction
V. (DW)Pipeless UST with Secondary Containment
B. Internal Lining **STI**. STI-P3

Overfill/Spill Protection
A. Ball Check Valve
M. Spill Containment Bucket
N. Flow Shut-off
O. Tight Fill
P. Level Gauges, High Level Alarms
Q. Other EPA/DEP Approved Protection Method

Piping Construction Material
B. Steel
C. Fiberglass
F.,M. Double walled
N. Approved Synthetic Material
Z. Other EPA/DEP Approved Piping Material
D. External Protective Coating
E. C/P with sacrificial anode or impressed current

Tank Leak Detection
N. Groundwater Monitoring Wells
E. Interstitial Monitoring
O. Vapor Monitoring Wells
Q. Visual Inspections of AST Systems
Z. Other EPA/DEP Approved
D. SPCC Plan - AST
F. Interstitial Space - Double Walled Tank
M. Manual Tank Gauging - UST
S. Statistical Inventory Reconciliation (SIR)(USTs)
L. Automatic Tank Gauging System (USTs)
R. Interstitial Monitoring of AST tank bottom
T. Annual Tightness Test with Inventory (USTs)

AST Diking & Base Construction
K. Concrete, Synthetic Material, clays
S. Other EPA/DEP approved secondary containment system
Z. Dirt/Earth

Piping Leak Detection
G. Electronic Line Leak Detector with Flow Shutoff
J. Interstitial Monitoring - Piping Filter
6. External Monitoring
H. Mechanical Line Leak Detector
K. Interstitial Monitoring of double wall piping
V. Suction Pump Check Valve

UNMANNED AIRCRAFT
INSURANCE APPLICATION

Applicant's Name _____

Address _____
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Is this address located on, or adjacent to, an airport? ☐ Yes ☐ No

Effective from _____ until _____ Both at 12:01 AM standard time at the address above.

Business of Applicant _____ Number of Years in Business _____

Former Business Names _____

Applicant is: ☐ Individual(s) ☐ Partnership ☐ Corporation ☐ Holding Company ☐ Government

☐ Other (describe) _____

and is owned, controlled, or a subsidiary of _____

Is Applicant incorporated solely for ownership of the aircraft? _____

Has Applicant obtained a Certificate of Waiver or Authorization (CoA) from the FAA? ☐ Yes ☐ No

Name of last Aircraft insurance carrier (if none so state) _____ Exp. Date _____

Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), which occurred in the last five years.

Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein? ☐ Yes ☐ No If so, explain. (Note: Missouri applicants Do Not Respond)

PILOT/OPERATOR NAME(S)

All pilots/operators who will regularly control the applicant's aircraft must complete a "UAS PILOT/OPERATOR QUALIFICATIONS" form:

MAINTENANCE

Is all maintenance performed on the aircraft, and its individual components, completed in accordance to manufacturer guidelines? ☐ Yes ☐ No

Is a record of all maintenance maintained? ☐ Yes ☐ No

LIABILITY COVERAGE	Limits of Liability Requested	
	Each Person	Each Occurrence
☐ Bodily Injury Liability	$	$
☐ Property Damage Liability	X X X X X	$
☐ Single Limit Bodily Injury and Property Damage Liability	X X X X X	$
☐ Crew Medical Payments	$	$
☐ Other Liability (Specify) _____	$	$

CONTINUED ON FOLLOWING PAGES

AIRCRAFT INFORMATION (If more than one unmanned aircraft is to be covered please complete this page for each)

PHYSICAL DAMAGE COVERAGE	Amount of Insurance	Deductibles
☐ All Risk: Ground and Flight	$	IN MOTION , INGESTION, OR MOORED ☐ 5% ☐ 10% ☐ Other
☐ All Risk: Not in Flight	$	
☐ All Risk: Not in Motion	$	NOT IN MOTION $ _____

Make and Model: _____

Registration Number (if applicable): _____ Manufacturer's Serial No. _____

If aircraft has no registration number or manufacturer's serial number, please describe how aircraft can be positively identified in the event of an incident, accident, or claim:

_____

Date Purchased: _____ New or Used: _____ Price Paid: $ _____

Present Estimated Value with all attached equipment/and any modifications made since purchase: $ _____

Aircraft Type: ☐ Fixed-wing ☐ Rotor-wing ☐ Balloon ☐ Glider ☐ Single-engine ☐ Multi-engine
(CHECK ALL THAT APPLY)

Does this aircraft burn combustible fuel? ☐ Yes, type _____ ☐ No

Normal Control: ☐ Manually flown ☐ Semi-autonomous ☐ Fully autonomous

Type of launch: ☐ Traditional takeoff ☐ Hand ☐ Rail
☐ Other (please describe) _____

Type of recovery: ☐ Traditional landing ☐ Net/Line capture ☐ Parachute
☐ Other (please describe) _____

Maximum Gross Take-Off Weight (including all installed/carried equipment and payload (Specify lbs./Kg.) _____

Wingspan/Rotor Diameter (Specify cm, in, feet, or meters) _____ Maximum Endurance (in hours) _____

Maximum Operating Altitude (in feet) _____ Maximum Range (Specify feet, yards, meters, miles, or kilometers) _____

Does the aircraft have the ability to independently detect and avoid other aerial traffic? ☐ Yes ☐ No

In the event of a lost link between the ground control station and the aircraft, does the UAV contain an automated recovery program that allows for it to safely return to a predetermined point? ☐ Yes (please describe procedure below) ☐ No

_____

_____

_____

Are there redundancies built in for the aircraft's propulsion system? ☐ Yes ☐ No

Are there redundancies built in for the aircraft's flight control surfaces? ☐ Yes ☐ No

Are there redundancies built in for the aircraft's navigation/communication systems? ☐ Yes ☐ No

Aircraft Manufacturer's website: _____

Website (e.g. YouTube) where video of UAV can be viewed: _____

PURPOSE OF USE

CHECK ALL APPLICABLE USES

☐ Police	☐ Fire	☐ Search & Rescue	☐ Surveillance
☐ Photography	☐ Wildlife Observation	☐ Construction/Engineering	☐ Industrial
☐ Video/Film Production	☐ Communications	☐ Pipeline/Powerline Patrol	☐ Flight Testing/Demonstration
☐ Thermal Imagery	☐ Aerial Marketing	☐ Employee Training	☐ Crop Management
☐ Mapping	☐ Military (Non-Combat)	☐ Cargo/Freight Carrying	☐ Real Estate Sales

☐ Atmospheric/Weather Research ☐ List all other uses not indicated above (explain)

_____

CONTINUED ON FOLLOWING PAGES

If different from the Applicant's address, please provide the address of location where aircraft is/are normally stored

STREET | CITY | STATE/PROVINCE | ZIP/POSTAL CODE

Is this address located on, or adjacent to, an airport? ☐ Yes ☐ No

Describe the security measures and fire protection in place at the location where the aircraft is/are stored:

Who employs the pilot(s)/operator(s) of the aircraft to be insured? ☐ Applicant ☐ Other (explain) _____

Estimated number of hours the aircraft to be insured is/are to fly in the coming 12 months: _____ Number of flights/missions: _____

Does Applicant hangar/store, service, repair or crew other aircraft? _____ Describe _____

List all partners and owned, controlled, affiliated and subsidiary firms on separate sheet. ☐ List Attached

Has any applicant, or officer or partner thereof, or pilot/operator been convicted in or indicted in a legal action involving drugs? _____

Applicant is: ☐ Sole Owner of the aircraft ☐ Owner subject to mortgage or conditional sales contract

☐ Other - explain _____

If aircraft is mortgaged, name and address of mortgagee _____

Amount of mortgage (excluding interest and finance charges) $ _____

Will Breach of Warranty Coverage be required by mortgagee? _____

Are any other Aircraft (manned or unmanned) owned by, rented or used by or on behalf of Applicant? _____

Model Aircraft _____ Uses _____ No. of hours per year _____

OPERATING ENVIRONMENT/CHARACTERISTICS

CHECK ALL APPLICABLE EXPOSURES

☐ Urban (City centers, heavily populated areas)
☐ Suburban/Semi-Urban (numerous nearby buildings/moderate population)
☐ Industrial (Near numerous non-residential buildings)
☐ Rural (Limited, if any, exposure to people and property)
☐ Over water (rivers/ponds/small lakes)
☐ Over open water (large lakes/seas/oceans)
☐ Night operations
☐ Severe Weather
☐ IFR weather operations
☐ Other (describe)

Does any pre- and/or in-flight communication with Air Traffic Control take place for a typical mission/flight? ☐ Yes ☐ No

How many visual observers are used for a typical mission/flight? (Do not include pilot/operator) _____

Maximum distance aircraft is anticipated to fly from ground control station (Specify feet, yards, meters, miles, or kilometers) _____

Maximum anticipated altitude (AGL) for typical mission/flight (Specify feet or meters) _____

Longest anticipated duration of any single-flight (in hours) _____

List all countries where missions/flights are anticipated to take place _____

For applicants anticipating missions/flights within the U.S., please list specific states where operations are expected: _____

FRAUD WARNINGS

(last updated 1/13)

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

CONTINUED ON FOLLOWING PAGES

FRAUD WARNINGS CONTINUED

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

CONTINUED ON FOLLOWING PAGE

FRAUD WARNINGS CONTINUED

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 § 3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

X _____ _____

Applicant's Signature Today's Date

COWBELL CYBER RISK INSURANCE APPLICATION
PRIME 250

NOTICE: This application is for claims-made and reported coverage. With respect to Insuring Agreement C. This policy provides coverage on a claims made and reported basis and apply only to claims first made against the Insured during the policy period or the optimal extension period (if applicable) and reported to the Insurer in accordance with the terms of this policy. Amounts incurred as First Party Expense and First Party Loss under this policy with reduce and may exhaust the limit of liability and are subject to deductibles.

If a policy is issued, this application will attach to and become part of the policy. therefore, it is important that all questions are answered truthfully and accurately.

General Information

Name of Insured

Web Domain(s):

Address:

Industry:

Revenue (expected over the 12 months):

1. Security Assessment - (check appropriate box)

1. Does the organization assign a person responsible for information security? ☐ [Yes] ☐ [No]

2. Does the organization hold mandatory cybersecurity training with all employees at least annually? ☐ [Yes] ☐ [No]

3. Does the organization encrypt all external communications containing sensitive information? ☐ [Yes] ☐ [No]

4. Does the organization encrypt sensitive information stored on the cloud? ☐ [Yes] ☐ [No]

5.a. How often does the organization perform backups of business-critical data?

☐ [Weekly]
☐ [Monthly]
☐ [Quarterly]
☐ [Every 6 Months]
☐ [Never]

If your organization performs backups, please select all that apply

Backups are:

☐ [Encrypted] ☐ [Tested] ☐ [Separate either offline or in a designated cloud service] ☐ [Other]

(Other: Please specify)

5.b. How often does the organization apply updates to critical IT-systems and applications ("security patching")?

- [ ] [Weekly]
- [ ] [Monthly]
- [ ] [Quarterly]
- [ ] [Every 6 Months]
- [ ] [Never]

6. Do you enforce Multi-Factor Authentication (MFA) for all employees, contractors, and partners on the following? [ ] [Yes] [ ] [No]

If yes, please select all that apply

[ ] [Email] [ ] [Cloud Deployments] [ ] [Mission-Critical Systems] [ ] [Other]

(Other: Please specify)

7. Does the organization have an incident response plan - tested and in-effect - setting forth specific action items and responsibilities for relevant parties in the event of a cyber incident or data breach matter? [ ] [Yes] [ ] [No]

2. Past Activities - (check appropriate box)

1. Has the organization filed any claims due to a cyber event in last five years? If yes, attach loss detail herewith. [ ] [Yes] [ ] [No]

2. Has the organization ever been a party to any of the following:
   a. Civil or criminal action or administrative proceeding alleging violation of any federal, state, local or common law? [ ] [Yes] [ ] [No]

   b. Is there currently any pending litigation, administrative proceeding or claim against the named applicant, organization and/or any of the prospective insureds? [ ] [Yes] [ ] [No]

3. During the last three years, has the organization suffered loss of business income as a result of unscheduled system downtime? [ ] [Yes] [ ] [No]

4. During the last three years, has the organization suffered a security breach requiring customer or third-party notification according to state or federal regulations? [ ] [Yes] [ ] [No]

3. Optional: Cyber Crime (applicable only for I.B.5.) - (check appropriate box)

1. Does the organization verify vendor/supplier bank accounts before adding to their accounts payable systems? [ ] [Yes] [ ] [No]

2. Does the organization authenticate funds transfer requests (e.g. by calling a customer to verify the request at a predetermined phone number)? [ ] [Yes] [ ] [No]

3. Does the organization prevent unauthorized employees from initiating wire transfers? [ ] [Yes] [ ] [No]

4. Optional: System Failure Contingent Business Interruption Loss (applicable only for I.B.4.) - (check appropriate box)

1. Are all internet-accessible systems (e.g. web-, email-servers) segregated from the organization's trusted network (e.g. within a demilitarized zone (DMZ) or at a third-party service provider)? ☐ [Yes] ☐ [No]

2. Do agreements with third-party service providers require levels of security commensurate with the organization's information security standard? ☐ [Yes] ☐ [No]

5. Optional Endorsement: Full System Failure - (check appropriate box)

1. How often does the organization perform backups of business-critical data?

☐ [Weekly]
☐ [Monthly]
☐ [Quarterly]
☐ [Every 6 Months]
☐ [Never]

If your organization performs backups, please select all that apply

Backups are:

☐ [Encrypted] ☐ [Tested] ☐ [Separate either offline or in a designated cloud service] ☐ [Other]

(Other: Please specify)

2. Are all internet-accessible systems (e.g. web-, email-servers) segregated from the organization's trusted network (e.g. within a demilitarized zone (DMZ) or at a third-party service provider)? ☐ [Yes] ☐ [No]

3. Has the organization tested a full failover of the most critical servers? ☐ [Yes] ☐ [No]

Notice to Applicant - Please Read Carefully

For the purpose of this Application, the undersigned authorized officer of the organization named in Section I. of this Application declares that, to the best of the organization's knowledge, the statements herein are true, accurate and complete. The insurer is authorized to make any inquiry in connection with this Application. Signing this Application does not bind the insurer to issue, or the applicant to purchase, any insurance policy issued in connection with this Application. The information contained in and submitted with this Application is on file with the insurer. The insurer will have relied upon this Application and its attachments in issuing the Policy. If the information in this Application materially changes prior to the effective date of the Policy, the applicant will promptly notify the insurer, who may modify or withdraw the quotation. The undersigned declares that the individuals and entities proposed for this insurance have been notified that the limit of liability is reduced by amounts incurred as "Defense Expenses" (as defined in the Policy), and such expenses will be subject to the deductible amount. Misrepresentation of any material fact in this Application may be grounds for the rescission of this Policy.

Fraud Warnings

General Fraud Warning
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (Not applicable in AL, AK, AZ, AR, CA, CO, DE, DC, FL, ID, IN, HI, KS, KY, LA, ME, MD, MN, NH, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, UT,, TN, TX, UT, VA, VT, WA and, WV)

Alabama Fraud Warning
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska Fraud Warning
A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona Fraud Warning
For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas Fraud Warning
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California Fraud Warning
For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Warning
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware Fraud Warning
Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District Of Columbia Fraud Warning
WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Warning
Any person who, knowingly and with intent to injure, defraud, or deceive an insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Idaho Fraud Warning
Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana Fraud Warning
A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Hawaii Fraud Warning
For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

Kansas Fraud Warning
We will not pay for any loss or damage if you or any other insured in relation to an insurance application, rating, claim or coverage under this policy knowingly and with intent to defraud: 1. Presents, causes to be presented or prepares with the knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any material fact; or 2. Conceals information concerning any material fact for the purpose of misleading.

Kentucky Fraud Warning
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Louisiana Fraud Warning
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Warning
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland Fraud Warning
Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota Fraud Warning
A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

New Hampshire Fraud Warning
Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey Fraud Warning
Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Warning
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Fraud Warning
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Warning
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Warning
WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Warning
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that: A. The misinformation is material to the content of the policy; B. We relied upon the misinformation; and C. The information was either: 1. Material to the risk assumed by us; or 2. Provided fraudulently.
For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

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

Puerto Rico Fraud Warning
Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island Fraud Warning
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee Fraud Warning
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas Fraud Warning
Workers Compensation: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Utah Fraud Warning
Workers Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont Fraud Warning
Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia Fraud Warning
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington Fraud Warning
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia Fraud Warning
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Warning

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST THE INSURERS, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

Signature

Date (MM/DD/YYYY)

Name of Authorized Representative

Title

Insured Name

Email

STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994
30A Vreeland Road , P.O. Box 678
Florham Park, New Jersey 07932-0678
973-549-7997 Fax 973-966-8663

Re: Fire Companies, First Aid Squads and other Non-Profit Organizations

In previous years we have corresponded concerning the insurance coverage for entities outside of the municipalities who are members of the Fund. There is a close association between the fire companies, first aid squads and other non-profit organizations and sometimes it is not clear who is responsible for the insurance coverage. In certain situations, the fire companies or first aid squads are separate entities but the vehicles are purchased by the town, titled and registered to the town, and therefore listed on the town's insurance schedule. In other instances, the towns purchase the vehicles, but the title and registration are in the name of the department.

Workers Compensation

The statute specifically allows a municipality to provide coverage for a separate fire company or first aid squad. Please note this coverage is not automatic and any member that does not currently provide the coverage under the Statewide Insurance Fund would need to specifically request the coverage. The addition of the coverage is subject to underwriting review and approval.

Emergency volunteers are the only volunteers who are eligible for workers compensation coverage through the entity. This is governed by the statute. N.J.S.A. 34:15-74 states a municipality is required to provide workers compensation insurance for volunteer firemen and volunteer first aid squad members, working under the supervision of any municipal governing body. However, a volunteer fire company or rescue squad may elect to obtain its own insurance coverage (N.J.S.A. 34:15-74.1)

Vehicle Coverage

The eligibility for coverage for vehicles is also dictated by statute. N.J.S.A. 40A:10-3 states a municipality is required to provide insurance coverage to "operators of all motor vehicles, equipment and apparatus owned by or under its controls, or owned by or under the control of any of its departments, boards, agencies or commissions.

However, in accordance with N.J.S.A. 40A:10-2, for vehicles not owned by the municipality, the municipality **can** provide the following insurance to a volunteer or incorporated fire department or rescue squad, by paying the entire premium or a portion thereof:

a. Covering their motor vehicle, equipment and apparatus against loss or damage however caused;
b. Against all liability arising from the ownership, use or operation of their motor vehicles, equipment and apparatus; or,
c. Both

Additional All Lines (General Liability, Property, Crime, Professional Liability, Cyber, etc)

With respect to the All Lines Coverage the criteria to be considered eligible to be insured with the municipality's insurance is as follows:

STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994
30A Vreeland Road , P.O. Box 678
Florham Park, New Jersey 07932-0678
973-549-7997 Fax 973-966-8663

1. The entity must be a governmental agency or subdivision, department, municipal body, board or commission, or not for profit corporation which is owned and controlled by the municipality **and is part of the municipality's operating budget.** Granting funding or a stipend for operations is not considered part of their operating budget.
2. As an agency of the municipality, the entity is subject to the provisions of the Local Public Contract Law;
3. The entity was created by an act of the governing body of the member municipality or
4. The entity is subject to the provisions of the Local Fiscal Affairs Law, Local Budget Law and any full time paid employees of the entity are eligible for membership in the Public Employees Retirement System.

For example, ABC town's rescue squad is an independent non-profit organization and they have 20 volunteers and own 3 vehicles that are titled and registered to the squad. The volunteers are eligible to be insured for workers compensation with the town and the vehicles are eligible to be insured on the town's automobile coverage. General liability, building coverage, directors and officers, etc. would need to be purchased separately by the squad.

Operations such as outside sport or recreational league programs would not be eligible for all lines coverage unless they meet the criteria above.

To apply for coverage, please verify the following:

1. Please submit the attached form for each entity.
2. Confirm that all property/automobiles listed on the SOV are registered to the municipality or entity that is eligible to participate in the municipality's insurance.

How towns choose to deal with the exposures relating to these types of entities can change on a regular basis and often they are not aware of the consequences relating to insurance. Therefore, we recommend that you address this issue on an annual basis. For those emergency services entities that are not included, we recommend that the following information be confirmed:

1. For any fire department in which the Council approves the issuance of blue light permits, but where the fire department is separately insured, please obtain a certificate of as evidence of insurance.

2. For any fire department, rescue or ambulance squad in which the automobiles are registered to the municipality but the department and squad are separately insured, a certificate of insurance should be provided to the municipality as evidence of insurance.

3. Insurance coverage for 1 & 2 above should include but not be limited to automobile liability, non-owned and hire automobile liability, general liability, errors and omission (Professional liability) and Directors and Officers including employment practices liability.

If you have any questions or concerns about coverage for a specific entity, feel free to call our office.

Statewide Insurance Fund

Supplemental Application for Municipal Organizations

Member Name:_____

Please complete this page for each organization that is to be included as an insured.

Name of Organization	**Address**	**Contact Person**	**Telephone #**

What best describes the organization?

- Fire Suppression Only ☐
- Rescue/EMS or Ambulance Squad ☐
- Fire and Rescue ☐
- Club Organization, Association ☐
- Other ☐

If Other, Please Describe: _____

This organization is:

- Municipal Department ☐
- Municipally Controlled ☐
- Independent Non Profit ☐
- Shared Service ☐
- Taxing Entity ☐

Please Indicate Type of Coverage Requesting:

- Workers Compensation ☐
- Property ☐
- Automobile Physical Damage ☐
- General Liability ☐
- Automobile Liability ☐
- Professional Lines ☐

List Other Insurance Coverage in Place:

Carrier	**Coverage Type**	**Effective Date**	**Policy Number**

Completing this form does not convey coverage. Newly submitted entities must be approved in writing by Statewide Insurance Fund

Completed By:_____ **Date:**_____

Position:_____ **Page:** _____ **of**_____