



# Public Entity Package - New Business Application

## Section I - Entity Information

<b>Effective Date:</b>		<b>Need By Date:</b>		<b>Bid Date:</b>	
<b>NAME OF ENTITY:</b>				Federal ID Number (FEIN):	
Address:					
County:		City:		State:	
Entity Web Address:				Population:	
<b>ENTITY CONTACT:</b>		Title:			
Last Name:		First Name:			
Office Phone:			Office Fax:		

## Section II - Agency & Agent Information - (\*Need copies of Agency & Producer Licenses)

<b>Agency Name:</b>					
Address:					
City:		State:		Zip:	
<b>Producer Contact:</b>		Last Name:		First Name:	
Office Phone:			Office Phone Extension:		
Cell Phone:			Office Fax:		
Email Address:					
*Agency License Number:			*Producer License Number:		
How did you hear about us?					

## Section III - Coverages Requested

Line of Business (Check Box if Requested)			
<input type="checkbox"/>	General Liability	<input type="checkbox"/>	Inland Marine
<input type="checkbox"/>	Auto	<input type="checkbox"/>	Crime
<input type="checkbox"/>	Umbrella / Excess Liability <i>Submit ACORD Application</i>	<input type="checkbox"/>	Police Professional Liability (separate application)
<input type="checkbox"/>	Property	<input type="checkbox"/>	Public Officials Liability (separate application)
<input type="checkbox"/>	Equipment Breakdown	<input type="checkbox"/>	* <i>Workers Compensation (Not available in All States)</i>

**Note:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any facts material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, or OR; in ME and VA, insurance benefits may also be denied.)

\_\_\_\_\_  
Signature of Authorized Official                      Title                      Printed Name                      Date

\_\_\_\_\_  
Signature of Agent or Broker                      Title                      Printed Name                      Date

## Section IV - Expiring Policy Information

Coverage	Premium	Carrier	Policy Limit	Occ/CM?	Deductible
General Liability	\$		\$		\$
Auto Liability	\$		\$		\$
Auto Physical Damage	\$		\$		\$
Umbrella / Excess	\$		\$		\$
Property	\$		\$		\$
Equip Breakdown	\$		\$		\$
Inland Marine	\$		\$		\$
Crime	\$		\$		\$
Public Officials & EPLI	\$		\$		\$
Police Professiona Liability	\$		\$		\$
Has any company canceled or declined to renew any of these coverages?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:					
Have there been any losses paid or reserved over \$25,000 in the past 5 years?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:					
Does the Entity have any knowledge of any incident(s), accident(s), or occurrence(s) which may result in a claim?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:					
<b><i>Please attach 5 years currently valued insurance company loss runs for each line.</i></b>					

## Section V - Financial Information

<b>Please attach a complete copy of the Entity's most current Audited Budget &amp; Financial Statements.</b>	
Have any budget deficits occurred in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	

## Section VI - Independent Contractors

Does the Entity use Independent Contractors? <i>If Yes, please complete the following for each operation</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a Hold Harmless provision included in each contract?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Operation	Certificates of Insurance Secured?	Contractor's Limit of Liability?	Entity named as an Additional Insured?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section VII - Risk Management

Check ALL that apply:	
<input type="checkbox"/> Full-time Risk Manager	<input type="checkbox"/> Training Program(s) for new employees
<input type="checkbox"/> Full-time Vehicle Fleet Manager	<input type="checkbox"/> Property/Premises inspection & maintenance program
<input type="checkbox"/> Safety / Loss Control program	<input type="checkbox"/> Parks & Playgrounds inspection, maintenance & upkeep program
<input type="checkbox"/> Regular Safety / Loss Control Meetings	<input type="checkbox"/> Vehicle & Equipment (autos, mobile equipment, etc.) inspection, maintenance & record keeping program
<input type="checkbox"/> Accident Investigation program	<input type="checkbox"/> Disaster Management & Recovery program

# General Liability – Limits & Common Operations

TYPE:	Limits		Deductible
Each Occurrence / General Aggregate	\$	\$	\$
Damage To Premises Rented to You (sublimit)	\$		
Medical Expenses (sublimit)	\$		
Employee Benefits	\$		\$
Failure to Supply (sublimit)	\$		
Additional Insureds – Attach a detailed name and description of each and describe relationship to the Entity.			
<b>EXCLUDED OPERATIONS</b>			
<i>Airport or Related Facilities, Amusement Parks, Mechanical Amusement Devices, Port Authorities, Racetracks, Schools &amp; Ski Facilities.</i>			
<b>COMMON OPERATIONS</b>			
(If any Independent Contractors are used, please complete page 2 of the application).			
<b>Employee Benefits Liability (Claims Made)</b>			
<b>Number of Employees:</b>			
<b>EMT / Fire Department / Paramedic</b>			
<b>Position Held</b>	<b>Full Time</b>	<b>Part Time</b>	<b># Volunteer</b>
EMT / Paramedic			
Fire Department			
<b>EMT/Fire Department</b>			
Are mutual aid agreements in place with neighboring communities?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all positions fully trained and certified according to minimum state requirements?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fire department have established policies and procedures manual?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the medical response unit have established policies and procedures manual?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your department handle your own dispatch?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Entity dispatch for other entities?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are incoming calls to dispatch recorded & maintained?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Limited Pollution (a sublimit and deductible may apply)</b>			
Herbicide / Pesticide Spraying	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming Pool Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paint Spraying	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are employees licensed (if applicable) or trained for the specific operation listed above?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Parks and Playgrounds</b>			
Number of Parks and/or Playgrounds:			
Describe inspection program:			
Is proper cushioning material used at all playgrounds?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Public Utilities (Electric, Gas, Sewer and Water)</b>			
<b>General - ALL Utilities</b>			
Have any of the utilities been cited for non-compliance with federal or state requirements?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, please attach details of the incident and actions taken to correct.</b>			
Is there a documented emergency response plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you document inspections, preventative maintenance and repairs?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Capital Improvement plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ELECTRIC or GAS UTILITY – Call Company for supplement.</b>			
<b>SEWER &amp; WATER Utilities (Questions below are applicable to both)</b>		<b>SEWER</b>	<b>WATER</b>
Has the Entity ever had a capacity problem?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, please attach description and actions taken to correct problem.</b>			
Number of miles of system:		#	#
Is there a Supervisory Control & Data Acquisition (SCADA) system in use?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a performance standard for responding to consumer complaints?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SEWER UTILITY - Operations performed by Entity:</b>		<input type="checkbox"/> Sewer Lines Distribution	
Is backup power available for those operations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total payroll: \$	Commercial %:	Residential %:	
<b>WATER UTILITY - Operations performed by Entity:</b>		<input type="checkbox"/> Distribution	
Is backup power available for those operations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total payroll: \$	Commercial %:	Residential %:	
Have you had any losses from major interruptions (24 hours or longer) in the past 36 months? If Yes, please describe:			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Sanitation / Garbage Collection / Recycling Operations – Check ALL that apply**

Sanitation     Garbage Collection     Recycling Operations

Operated by the Public Entity or subcontracted?     Entity     Subcontracted

**If subcontracted, complete Page 2 of the application**

**Street / Roads / Highway / Bridges**

Mileage of paved roads: \_\_\_\_\_ Mileage of unpaved roads: \_\_\_\_\_  
 Do you have a performance standard for responding to consumer complaints?     Yes     No  
 What is the average turnaround time for repairs? \_\_\_\_\_  
 Are the following performed by the Entity?: (Check ALL that apply):  
 Written records of maintenance performed     Regular inspection for street/road signs  
 Street/sidewalk inspections (Preventative maintenance documented)     Barricades and warning signs used  
 Number of bridges: \_\_\_\_\_ Are there any closed or condemned bridges?     Yes     No  
 Are bridges posted for size and weight limits?     Yes     No

**ADDITIONAL OPERATIONS**

*Please check all of the operational exposures of the Public Entity.*

OPERATION	EXPOSURE?	SUBCONTRACTED TO OTHERS	COMMENTS
<b>Blasting Operations</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #1
<b>Cemetery</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #2
<b>Dam / Levee / Dike</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #3
<b>Habitational (apartment, housing authority)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not applicable
<b>Health / Mental Health Department</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not applicable
<b>Joint Ventures, Projects, Activities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach description. List operations, individuals or organizations involved and their relationship to the Entity.
<b>Landfill / Dump / Refuse Site / Incinerator</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #5
<b>Medical Clinic</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	PLEASE ATTACH DESCRIPTION
<b>Public Facilities:</b>			
• Auditorium, Arena, Convention Center and Stadium. (Bleachers / Grandstands)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #6
• Library	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not applicable
• Museum	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not applicable
<b>Recreational &amp; Special Event Activities:</b>			
• Campground	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	PLEASE ATTACH DESCRIPTION
• Day Care / Day Camp	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #4
• Fireworks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #7c
• Golf Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #9
• Ice or Roller Rink	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #7b
• Rifle/Shooting Range	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #7f
• Skateboard Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #10
• Special Events - fairs, carnivals, festivals, and parades	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #11
• Swimming Pool / Water Slide	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #7e
• Waterfront Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Supplement #7d
• Watercraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of boats over 75ft:
<b>Social Services:</b>			
County or Group Home, Halfway House, Women's Shelter and Transportation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	PLEASE ATTACH DESCRIPTION
<b>Transit System</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	PLEASE ATTACH DESCRIPTION

# Automobile

**Please attach an Excel spreadsheet schedule of vehicles (download at [www.stoneoak.com](http://www.stoneoak.com)) including year, make, model, cost new, VIN #'s and department. Also attach a schedule of drivers including name, driver's license #, birthdate, and department.**

## Automobile Liability

	Liability Limit	PIP Limit	Medical Payments Limit	UM/UIM Limit	Liability Deductible
Option 1	\$	\$	\$	\$	\$
Option 2	\$	\$	\$	\$	\$
Symbols					

## Automobile Physical Damage

	Comprehensive Deductible	Collision Deductible	Hired Car Physical Damage	
Option 1	\$	\$	Cost of Hire	\$
Option 2	\$	\$	Comprehensive Deductible:	\$
Symbols			Collision Deductible:	\$

**PLEASE LIST ALL GARAGES OR LOCATIONS WITH CONCENTRATION OF AUTOS OVER \$500,000**

## Garagekeepers Legal Liability

**Please provide Location(s), # vehicles, coverage(s) and deductible(s) desired:**

## Underwriting Assessment

Does Entity check MVRs prior to hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a current MVR (within 12 months) on file for all drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ANY DRIVERS WITH THE FOLLOWING IN THE PAST 3 YEARS?</b>	
a) DUI / DWI within the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Reckless driving/ vehicular homicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) 2 or more moving violations or suspended/ expired license within the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Entity have a driver training and qualification program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Entity have the following Policies and Procedures? (Check ALL that apply)	
<input type="checkbox"/> Vehicular Pursuit	<input type="checkbox"/> Patrol Driving and Response
<input type="checkbox"/> Transportation of Prisoners	<input type="checkbox"/> Training & Operation of 15 Passenger Vans
Emergency Vehicle drivers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Are drivers trained in the operation of these vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Do drivers take annual defensive driver training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Entity hire or borrow vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe (total number of employees, type of use – occasional or full time, purpose, etc.):	
Does the Entity allow the use of personal vehicles for Entity business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, are Certificates of Insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees allowed to take vehicles home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe (total number of employees, type of use – occasional or full time, purpose, etc.):	

# Umbrella Excess Liability

Limits of Liability:	
Option 1: \$	
Option 2: \$	<b>Submit ACORD Application</b>
Underlying Coverage(s) – Check ALL that apply:	
<input type="checkbox"/> Automobile Liability	<input type="checkbox"/> General Liability

## Property / Equipment Breakdown

**Please attach a signed Excel spreadsheet property schedule (download at [americanpublicrisk.com](http://americanpublicrisk.com)) with location numbers, address (including zip code), protection class, private protection (i.e. sprinklered; smoke detection), square footage, construction, age and occupancy. Values shown must be at 100% Coinsurance.**

Coverage	Limits	Deductible	Coins %
<input type="checkbox"/> Building	\$	\$	
<input type="checkbox"/> Contents	\$	\$	
<input type="checkbox"/> Equipment Breakdown	\$	\$	
<input type="checkbox"/> Business Income / Extra Expense	\$	\$	
<input type="checkbox"/> Earthquake	\$	\$	N/A
<input type="checkbox"/> Flood	\$	\$	
<input type="checkbox"/> Windstorm / Hail	\$	\$	
<b>Underwriting Assessment</b>			
Any vacant buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any buildings currently under construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all cooking areas equipped with an automatic fire extinguishing system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>For ALL buildings 25 years old or greater have the following been updated within the past 10 years?</b>			
Electrical systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	HVAC systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roofs been replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Inland Marine

**Attach an itemized schedule of desired inland marine coverages by location, indicating the limit of coverage, deductible, and complete description of the property.**

Coverage	Limits	Deductible
Accounts Receivable	\$	\$
Computer Equipment	\$	\$
Contractor's Equipment	\$	\$
Fine Arts	\$	\$
Leased, Rented or Borrowed Equipment	\$	\$
Miscellaneous Property Floater (Scheduled)	\$	\$
Miscellaneous Property Floater (Unscheduled)	\$	\$
Radio Towers (need description if over 100 feet)	\$	\$
Valuable Papers	\$	\$
Other (describe):	\$	\$

## Crime

Insuring Agreement(s) Requested	Limit	Deductible
Employee Theft Coverage – Per Loss Coverage *	\$	\$
Employee Theft Coverage – Per Employee Coverage *	\$	\$
Forgery or Alteration	\$	\$
Inside the Premises – Theft of Money and Securities	\$	\$
Inside the Premises – Robbery or Safe Burglary of Other Property	\$	\$
Outside the Premises	\$	\$
Computer Fraud	\$	\$
Funds Transfer Fraud	\$	\$
Money Orders and Counterfeit Paper Currency	\$	\$
<b>* IS COVERAGE EXTENDED TO PROVIDE FAITHFUL PERFORMANCE OF DUTY?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Underwriting Assessment (please check ALL that apply)</b>		
<input type="checkbox"/> Annual audit conducted	<input type="checkbox"/> Internal audit program	
<input type="checkbox"/> Monthly bank reconciliations performed	<input type="checkbox"/> Employee background checks conducted	
<input type="checkbox"/> Two signatures secured on checks	<input type="checkbox"/> Employee references checked	
Number of Class A Employees (handles money):	Number of Class B (all other):	

# Supplemental Questionnaires

<b>1. Blasting Operations</b>		
Number of blasts per year:		
Describe operations:		
Describe qualifications (license, certification, etc.) and safety precautions taken (barriers, storage of explosives):		
<b>2. Cemetery</b>		
Describe operations:		
Number of plots in cemetery:		
Number of new plots expected in next 12 months:		
Does the Entity require a burial contract?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Entity have a policy regarding disinterment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe:		
<b>3. Dam / Levee / Dike</b> <i>NOTES: If the Entity operates more than one dam, levee, or dike, complete a separate supplement for each structure. Attach the most recent copy of dam inspection / engineering report for each structure.</i>		
Type of structure: <input type="checkbox"/> Dam <input type="checkbox"/> Levee <input type="checkbox"/> Dike	Hazard Code:	
Name of Structure:	Year built:	
Inspections performed by:	How often?:	
Purpose:	Construction:	
Dimensions:	Acres	Capacity
	Acre Feet	Height
How is the water level controlled?		
How are gates operated?		
Does the Entity have an Emergency Notification Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe downstream exposures in detail (include distance from structure):		
Downstream Exposures:	Distance in miles:	
Any operations, maintenance or services provided by subcontractors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe:		
<b>4. Day Camp, Day Care and/or Pre School</b>		
Type of Facility:	<input type="checkbox"/> Day Camp	<input type="checkbox"/> Day Care (Nursery) <input type="checkbox"/> Pre School
Name & Location of facility:		
Length of time in operation:	Square Footage:	Licensed capacity:
Number of days per week:	Hours open per day:	Present enrollment:
Is the operation licensed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the operation in compliance with all applicable laws or regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there ever been any incidents of sexual or physical abuse arising out of any activities or operations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the premises that are utilized for Day Care / Pre School originally built or later modified for that particular purpose?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility have the following?: (Check ALL that apply)		
<input type="checkbox"/> Emergency Evacuation Plan	<input type="checkbox"/> Regularly inspected fire / smoke detection systems	
<input type="checkbox"/> Two separate exits on each floor	<input type="checkbox"/> First Aid equipment	
Someone on premises during business hours, trained in administering first aide?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does playground equipment meet Consumer Product Safety Commission (CPSC) standards?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>General Information</b>		
<b>Number of Children</b>	<b>Number of Full Time staff members</b>	<b>Number of Volunteers</b>
Ages 0-3 years		
Ages 3-7 years		
Ages Over 7 years		
Developmentally disabled		
Is there a pre-employment background check for all employees and volunteers?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the police records checked?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are personal references checked?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**5. Landfill / Dump / Refuse Site / Incinerator - Complete the following location information for each facility**

Location #:				
Type of Facility	Active	If active, is site covered	If covered, current usage	Security Provisions
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Adequate Lighting <input type="checkbox"/> Fence <input type="checkbox"/> Dogs <input type="checkbox"/> Security <input type="checkbox"/> Locked gates
Does the facility handle any hazardous chemical or industrial waste disposal?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all facilities meet current EPA operating standards?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, list facilities and describe:				
Have you ever been cited or fined for non-compliance with federal or state required standards?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details, copy of non-compliance notice(s) action(s) taken to correct problem(s)				

**6. Public Facilities (Auditorium, Arena, Bleacher, Etc.)**

**Please indicate if the Entity has any of the following: (Check ALL that apply)**

<input type="checkbox"/> Arena	<input type="checkbox"/> Convention Center	<input type="checkbox"/> Museum
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Grandstands	<input type="checkbox"/> Other:
<input type="checkbox"/> Bleachers	<input type="checkbox"/> Library	

**Please complete a separate supplement for each building with 20,000 square feet or more, or capacity of 2,500 or more. Please send a list of scheduled events, if any, anticipated for the next 12 months.**

Location:			
Total Square Footage:		Maximum Capacity:	
Number of Days in Use:		Total Receipts:	\$
Full description of operation performed by:			
Entity:			
Contractors:			
Description/List of Events (attach list if necessary):			

***If Independent Contractors are used, please complete page 2 of the Application***

Do you have a standard contract absolving you from liability for injury to spectators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you purchase a separate accident and health policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a standard contract liability absolving you from liability for injury to participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you purchase a separate accident and health policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are regular inspections conducted and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are complaints and follow-up procedures documented in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an Emergency Evacuation Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquor sales \$	Food Sales \$
Are adequate safety / first aide procedures in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this structure meet NFPA Life Safety Codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all pyrotechnic displays approved by the Fire Marshall?	<input type="checkbox"/> Yes <input type="checkbox"/> No



**7. Recreational Activities**

Does the Entity have a regular inspection / maintenance program for all facilities and equipment (parks, playgrounds, equipment, buildings, etc.)?  Yes  No

Are all regular inspections and corrective actions documented?  Yes  No

Have there ever been any incidents of sexual or physical abuse arising out of any recreational activities or operations?  Yes  No

**(a) Organized Activities**

Activity (Example: Baseball, Football)	Number of participants		Supervision		Are waiver, release and/or consent forms secured for all participants?	*Are transportation services provided?
	Youth	Adult	Entity	Other		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do any participants provide their own insurance?  Yes  No

**(b) Ice Skating**

Location:

Are warning signs posted?  Yes  No

Is there a procedure in place for checking ice thickness?  Yes  No

**(c) Fireworks**

Full description of operations performed by:

Is any part contracted out?  Yes  No

If Yes so, provide details

Type of Event	Licensed Pyrotechnicians?	Equipment?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Department <input type="checkbox"/> Police
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Department <input type="checkbox"/> Police

**(d) Water Activities**

Exposures: (Check ALL that apply and indicate the number)

<input type="checkbox"/> Ocean / Bay: #	<input type="checkbox"/> Pool: #	<input type="checkbox"/> Other (specify): #
<input type="checkbox"/> Pond / Lake / Reservoir: #	<input type="checkbox"/> River / Stream: #	

Activities (Check ALL that apply)

<input type="checkbox"/> Boating	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Water Skiing
<input type="checkbox"/> Dock / Boat Launch	<input type="checkbox"/> Jet Skiing	<input type="checkbox"/> Other, Please describe:
<input type="checkbox"/> Fishing	<input type="checkbox"/> Swimming	

**If Swimming is allowed, check ALL that apply:**

Is swimming area marked?  Yes  No

Is swimming area checked for underwater obstructions, etc?  Yes  No

Are certified lifeguards provided?  Yes  No

Is Diving permitted?  Yes  No

Are maintenance activities and repairs documented?  Yes  No

**(e) Waterslide – Color photographs are required**

Is there a splash-down area?  Yes  No

Details				No. of Certified Lifeguards	Lifeguard Position
1	feet	inches	<input type="checkbox"/> ladder <input type="checkbox"/> stairs		<input type="checkbox"/> top <input type="checkbox"/> bottom
2	feet	inches	<input type="checkbox"/> ladder <input type="checkbox"/> stairs		<input type="checkbox"/> top <input type="checkbox"/> bottom

Are age, height, and size limitations clearly posted and strictly enforced?  Yes  No

**(f) Rifle / Shooting Range**

Type:	<input type="checkbox"/> Open to Public	<input type="checkbox"/> Police Only	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor
Hours of Operation:	Days per week:			
Is a firearms instructor or range master required to be present during all shooting activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is ammunition sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
And if so, is the ammunition storage facility adequately protected against unauthorized entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are "NO SMOKING" signs prominently displayed in the ammunition and powder storage areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Eye / Ear Protection Recommended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**8. Golf Course**

1. Are premises maintained by the Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Any alcoholic beverages sold or served?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Skate Park Facility (complete a separate supplement for each)**

Name and Location:					
<b>Type of Facility – Equipment Type</b>					
Half-Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vertical drop of tallest half-pipe	feet	inches	
Bowls	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vertical drop of deepest bowl	feet	inches	
<b>Facility Uses - Check all boxes that apply to the skate facility</b>					
<input type="checkbox"/> Bicycles	<input type="checkbox"/> Inline Skate	<input type="checkbox"/> Scooters	<input type="checkbox"/> Skateboard	<input type="checkbox"/> Motorized Equipment	
<b>Facility Design Facility Safety, Maintenance and Security Measures</b>					
The facility was designed by a landscape architect with experience in designing skateboard facilities and skate parks.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
All items located around the skate park (trash cans, benches, etc.) are secured to the ground so they can not be moved onto the skating surface.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the Entity manufacture or install any portion of the facility?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is signage posted at all entrances of the skate park?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a pay phone or emergency call box on premises that can be used to summon emergency medical assistance or public safety officers?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is documentation of all inspection and repairs retained?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are facilities inspected at least weekly?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does staff mandate and enforce usage of personal protective equipment?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is facility locked when staff is not present?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security measures (Check ALL that apply)					
<input type="checkbox"/> Fencing	<input type="checkbox"/> Lighting	<input type="checkbox"/> Police Patrol	<input type="checkbox"/> Other:		

**10. Special Events - Fairs, Carnivals, Festivals, Parades, Etc.**

<b>Event 1 - Description:</b>					
Dates & Hours of Operation:			Event Location:		
This event is operated by: <input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor					
Does the Entity erect or operate any amusement rides?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is alcohol served at any event?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details (Entity provides, sponsor provides COI's, etc.):					
<b>Event 2 Description:</b>					
Dates & Hours of Operation:			Event Location:		
This event is operated by: <input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor					
Does the Entity erect or operate any amusement rides?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is alcohol served at any event?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details (Entity provides, sponsor provides COI's, etc.):					
<b>Event 3 Description:</b>					
Dates & Hours of Operation:			Event Location:		
This event is operated by: <input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor					
Does the Entity erect or operate any amusement rides?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is alcohol served at any event?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details (Entity provides, sponsor provides COI's, etc.):					