



PART OF THE BROWN & BROWN TEAM

# ***PUBLIC ENTITY (TOWNSHIP) PROGRAM***

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

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



## Township Supplemental Application

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

### General Information

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

### Property Section

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

### General Liability Section

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

Copy of current budget required  Included

Miles of Streets / Roads the Township is responsible for servicing and/or maintaining:

None / Not Applicable

### Skateboard Facility Section

Is a written set of rules governing the use of the facility clearly posted at each entrance?  Yes  No

**Do the governing rules include the following:**

Wearing of helmets, elbow & kneepads, and wrist supports?  Yes  No

N/A Children under age 7 must be accompanied by an adult?  Yes  No

No food or drink allowed in the skate area?  Yes  No

Is a written notice posted warning of the hazards and dangers associated with the use of the skateboard facility?  Yes  No

Is a written notice posted stating that the skateboard facility is only to be used by persons operating skateboards?  Yes  No

Are the ramps and pipes no more than 6 feet high?  Yes  No

Was the skateboard facility professionally designed and constructed?  Yes  No

None / Not Applicable

### Swimming Pool Section

Is pool in compliance with Virginia Graeme Baker Pool and Safety Act?  Yes  No

Do all diving boards, platforms, starting blocks, ladders and steps have slip resistant surfaces?  Yes  No

Number of springboards:

Height of all diving boards:

Depths of water beneath diving and springboards:

Is there a designated children's section roped off?  Yes  No

Is first aid equipment provided and easily accessible?  Yes  No

Is the pool equipped with a shepherd's hook and life rings?  Yes  No

Are eating, smoking, or drinking allowed in the pool area?  Yes  No

Are glass containers permitted in the pool area?  Yes  No

Is the pool equipped with an automatic ph/chlorine monitor/feeder?  Yes  No

Where are pool chemicals stored and describe how access might be gained to these chemicals.

Is there a wave simulator?  Yes  No

Is there a waterslide?  Yes  No

Are swimmers required to demonstrate the ability to swim across the pool prior to being permitted on the waterslide?  Yes  No

Was waterslide installed in compliance with Consumer Product Safety and state regulations?  Yes  No

Is waterslide supervised by lifeguards at the top and the bottom?  Yes  No

Only one person permitted on the waterslide at one time?  Yes  No

N/A Is sliding feet-first the only type of sliding that is permitted?  Yes  No

Pool area where sliders enter the water roped off and free of other swimmers?  Yes  No

Explain any "No" responses:

What is the height of each water slide?

How deep is the water beneath the slide(s)?

What is the minimum age permitted to use the slide?

None / Not Applicable

### Special Events Section

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

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

Will Alcohol be served at any described events?  Yes  No

Who will be serving the alcohol?

N/A

Will servers be TIPS Trained?  Yes  No

Estimated annual receipts for all alcohol sales?

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

Which Events?

Minimum Age/Size?

Are children separated by age/size?  Yes  No

Who will be supervising?

N/A

Does the entity rent or own the inflatables?  Rent  Own

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

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

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

Are events co-sponsored?  Yes  No Which Events?

Any events sponsored independently?  Yes  No Which Events?

N/A Is there a written contract in place?  Yes  No

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

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

None / Not Applicable

### Spraying Activity Section

What type of spraying activities are they performing?

Where are all excess chemicals being stored?

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

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

Is Public Notification Provided?  Yes  No

### Auto Section

<b>Yes</b>	<b>No</b>				
<input type="checkbox"/>	<input type="checkbox"/>	Does the entity have a Fleet Safety Program?			
		If yes: Which of the following are addressed by the Fleet Safety Program?			
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Does the insured participate in a Medicaid Transportation program?			
		If yes: Which vehicles will be utilized for this practice?			
		What is the maximum distance for any one trip?			
		What is the average distance for any one trip?			
		What are the expected receipts for this operation?			
		<b>Yes</b>	<b>No</b>		
		<input type="checkbox"/>	<input type="checkbox"/>	May one vehicle transport more than one individual at the same time?	
		<input type="checkbox"/>	<input type="checkbox"/>	Have all drivers been approved by the transport company and disclosed to EMC?	
		<input type="checkbox"/>	<input type="checkbox"/>	Will the entity be granted discretion to cancel a scheduled trip due to actual or forecasted severe weather?	
		<input type="checkbox"/>	<input type="checkbox"/>	Will non-medical stops be permitted (ex. stopping to get groceries)	

### Crime Section

Number of Employees who handle money or securities: \_\_\_\_\_

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

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

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

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

Total Deficit/Surplus: \$

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

Coverage Requested       Claims Made       Occurrence

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

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

Restrictive Endorsement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Board Members and Organization <u>Only</u> as Insured?
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### CyberSolutions Section

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

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

### Township Drone Section

List and describe all Drones needing coverage

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

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

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

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

	Operator 1	Operator 2	Operator 3	Operator 4
Operator Name				
Date of Birth				
Does operator have a valid Pilot License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Pilot License?	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Does Operator have a Section 333 Exemption?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Operator have a Part 107 Remote Pilot Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total hours flown in the past 12 months?				

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

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

Primary Location(s) where drones will be operated:

Where will drone(s) be stored?

Coverage Requested  Blanket  Schedule

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

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

Coinsurance Requested  80%  90%  100%  No Coinsurance



## Law Section

What is the largest city within 25 miles?

Population:

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

Coverage Requested

Claims Made    Occurrence

Staffing

# of Full-Time Officers:

# of Police Dogs:

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

Limits Requested

\$500,000 / \$500,000    \$1,000,000 / \$1,000,000

\$500,000 / \$1,000,000    \$1,000,000 / \$2,000,000

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

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

None / Not Applicable

### Shooting Range Section

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

None / Not Applicable

### Jail Section

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

**Claims Made Prior Acts Section**

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

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

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

**Prior Acts Disclosure**

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

**Declaration and Attestation**

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

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

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

**Applicable in Indiana**

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

**Applicable in Kentucky**

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

**Applicable in Ohio**

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

Applicant \_\_\_\_\_

Date

Signed \_\_\_\_\_

Authorized Entity Representative

Title

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