Governmental Entity
Questionnaire

Liberty Mutual INSURANCE

1. NAME OF ENTITY
2. MAILING ADDRESS
3. WEBSITE
4. EFFECTIVE DATE
5. QUOTE DUE DATE
6. AGENCY/BROKER
7. PRODUCER/CONTACT

In addition to this supplement the following items are necessary for a complete submission: 1) Completed ACORD® applications for all lines of business desired. 2) Complete all general sections of the supplemental application and those coverage sections for which a quote is desired. 3) Current Budget 4) 5 full years of currently valued loss runs (within 60 days)

GOVERNMENTAL ENTITY GENERAL INFORMATION

1. **Type Entity:**
   ☐ City ☐ Village ☐ Town ☐ Township
   ☐ County ☐ Fire District ☐ Water District ☐ Sewer District ☐ Other
2. Entity population: Entity Net Operating Expenditures:
3. Total number of employees: **a.** # Law Enforcement: **b.** # Fire Fighters:
4. Person responsible for risk management/safety: Email:
5. Person responsible for claims: Email:
6. For each group specified indicate below if the following written employment policy includes:

Group	Application	Criminal Background/ Sexual Registry Checks	MVR	Drug Testing	Employee Reference Checks	Pre-Placement Physicals
All Employees	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Law Enforcement	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Transit Drivers	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Volunteers	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Independent Contractors	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

7. Do you have a social media use policy? ☐ Y ☐ N
8. Does the entity have a formalized safety / risk management program? ☐ Y ☐ N
   a) Is the risk manager full-time (FT) or part-time (PT)? ☐ FT ☐ PT
   b) If yes, does the program include:
      i) Written safety or loss prevention manual? ☐ Y ☐ N
      ii) Training program for general safety, drivers and equipment operators? ☐ Y ☐ N
      iii) New employee orientation / training? ☐ Y ☐ N
      iv) Property or equipment inspection and maintenance program? ☐ Y ☐ N
      v) Formal accident investigation program? ☐ Y ☐ N
      vi) Prompt reporting of claims to insurance carrier within 48 hours of the incident occurrence? ☐ Y ☐ N
9. Does the entity have a formal mutual aid agreement with any other entity? ☐ Y ☐ N
   a. A contract exists outlining liability in the event of a lawsuit? ☐ Y ☐ N
   b. If "yes", give details and indicate services involved, equipment provided and the community(ies) served:

GOVERNMENTAL ENTITY EXPOSURE CHECKLIST

Please check the operational exposures which exist for the governmental entity. Coverage may not be available for all operations. ** Requires completion of additional information in the supplemental application appendix.

1.	Airport and Related Facilities** #	☐ Y	☐ N	**23.**	Nurse/Jail Nurse #	☐ Y	☐ N
2.	Ambulance/Emergency Medical Services	☐ Y	☐ N	**24.**	Nursing Home/Assisted Living $	☐ Y	☐ N
3.	Bleachers, Grandstands or Stadiums $	☐ Y	☐ N	**25.**	Owned Aircraft (including drones)**	☐ Y	☐ N
4.	Bridges#	☐ Y	☐ N	**26.**	Parades #	☐ Y	☐ N
5.	Camps**- annual camper days	☐ Y	☐ N	**27.**	Parks & Recreation**	☐ Y	☐ N
6.	Carnivals, Fairs	☐ Y	☐ N	**28.**	Port Authority, Docks, Piers**	☐ Y	☐ N
7.	Cemeteries If yes, # acres	☐ Y	☐ N	**29.**	Railroad operations (incl. sidetrack agreements)**	☐ Y	☐ N
8.	Dams, Dikes, Levees, Reservoirs** #	☐ Y	☐ N	**30.**	Rifle/Shooting Range (public use)** $	☐ Y	☐ N
9.	Daycare Center ** # stdnts	☐ Y	☐ N	**31.**	Rental Dwellings **#	☐ Y	☐ N
10.	Emergency Shelters** sq ft	☐ Y	☐ N	**32.**	Sanitation, Garbage Collection field payroll $	☐ Y	☐ N
11.	Fire Department** sq ft	☐ Y	☐ N	**33.**	Skate Park** #	☐ Y	☐ N
12.	Fireworks** # of events	☐ Y	☐ N	**34.**	Special Events**#	☐ Y	☐ N
13.	Golf Course** $	☐ Y	☐ N	**35.**	Swimming Pool, Beach** #	☐ Y	☐ N
14.	Hospital, Medical Clinic sq ft	☐ Y	☐ N	**36.**	Transit Systems	☐ Y	☐ N
15.	Housing Authority** #	☐ Y	☐ N	**37.**	Utility - Electric ** payroll	☐ Y	☐ N
16.	Ice or Roller Skating Rinks**	☐ Y	☐ N	**38.**	Utility - Gas** payroll	☐ Y	☐ N
17.	Jail, Holding Cell or Detention Center** sq ft	☐ Y	☐ N	**39.**	Utility - Water** payroll	☐ Y	☐ N
18.	Landfill** acres	☐ Y	☐ N	**40.**	Vacant Property (other than seasonal)** acres	☐ Y	☐ N
19.	Law Enforcement	☐ Y	☐ N	**41.**	Wastewater Plant payroll	☐ Y	☐ N
20.	Leased Buildings or Space **	☐ Y	☐ N	**42.**	Watercraft/Boats #	☐ Y	☐ N
21.	Liquor Liability Events** $	☐ Y	☐ N	**43.**	Waterslides #	☐ Y	☐ N
22.	Museum (sq ft)	☐ Y	☐ N	**44.**	Zoo** #	☐ Y	☐ N

STREETS AND ROADS

1. Miles of roads owned:
2. Miles of roads maintained for others:
3. Number of railroad crossings:
  a. Controlled
  b. Uncontrolled

4. Who performs the following functions:	**Entity**	**Contractor**
a. Street cleaning	☐	☐
b. Grass cutting, tree pruning/removal, fertilizing	☐	☐
c. Gravel spreading	☐	☐
d. Installation and maintaining guard rails, markers, street sign	☐	☐
e. Paving and resurfacing roads	☐	☐
f. Snow removal	☐	☐
g. Installation and maintenance of traffic lights	☐	☐
h. Installation and maintaining street light and poles	☐	☐
i. New road construction	☐	☐
j. Ongoing inspection of traffic lights, signs and roads	☐	☐

BRIDGES Check if N/A ☐

1. Number of bridges owned/maintained by entity:
   - **a.** Railway
   - **b.** Street
   - **c.** Highway
   - **d.** Pedestrian
   - **e.** Toll bridge
2. Describe all bridges 50 feet or greater in length (classification, length, number of lanes):

3. Have any of the bridges been coded by the National Bridge Inventory as 1, 2 or 3? ☐ Y ☐ N
   If yes, how many are #1 #2 #3
4. How often are the bridges inspected?
5. Who conducts the inspection?
6. Who performs bridge construction, repair and maintenance?

SUBCONTRACTED SERVICES /MAINTENANCE / REPAIR /

1. Describe what services are performed by independent or subcontractors
2. Do you require subcontractors to carry liability limits of insurance that are equal to or greater than your limits of insurance? ☐ Y ☐ N ☐ N/A
   If no, what limits of insurance are required? $
3. Are the subcontractors' liability policies with an AM Best rated company of A- or better? ☐ Y ☐ N
4. Do you require hold harmless and indemnification agreements from subcontractors? ☐ Y ☐ N
5. Do you require subcontractors to name you as an additional insured on the subcontractor's liability policy? ☐ Y ☐ N
6. Do you require it include completed operations coverage? ☐ Y ☐ N
7. Are all contracts reviewed by your attorney before signing? ☐ Y ☐ N

GENERAL LIABILITY (Complete if a quote is being requested):

1. If potentially hazardous chemicals are used such as pool chemicals or pesticides, what are the chemicals, how are they used and stored?
2. Do you have an environmental impairment policy? ☐ Y ☐ N
   If yes, what are the liability limits?$
3. Facilities Use Agreements:
   - **a.** Do groups other than the public entity use the building or facilities for functions? ☐ Y ☐ N
     If yes, provide details of use:
   - **b.** How do you control building usage and premises security when outside groups rent or borrow your facilities?
   - **c.** Do you utilize attorney-reviewed written facility use agreement when outside groups rent or borrow your facilities? ☐ Y ☐ N
   - **d.** Do you receive a certificate of liability insurance from each group ☐ Y ☐ N
     If so, what liability limits are required?
   - **e.** Is the entity named as an additional insured on the facility users general liability insurance policy? ☐ Y ☐ N

CYBER SUITE COVERAGE (Complete if a quote is being requested):

Limits of Insurance: Select a Limit

1. When requesting Aggregate Limits below $500,000, select the proposed Aggregate Limit from the drop-down above. No other information is required.
2. Please complete the following questions when requesting Aggregate Limits of $500,000 or $1,000,000:

a. Have you, at any time during the past 36 months, experienced a cyber incident (hacking, intrusion, malware infection, fraud loss, breach of personal information, extortion, etc.) that cost you more than $10,000 or experienced a lawsuit or other formal dispute (with either a private party or government agency) arising from a cyber incident? ☐ Y ☐ N

b. Do you use up-to-date anti-virus and anti-malware protection on all of your endpoints (desktops, laptops, servers, etc.)? ☐ Y ☐ N

c. Are all of your internet access points secured by firewalls? ☐ Y ☐ N

d. Do you restrict employees' and external users' IT systems privileges and access to personal information on a business-need-to-know basis? ☐ Y ☐ N

e. Do you perform backups of business critical data on at least a weekly basis? ☐ Y ☐ N

f. Do you encrypt all of your mobile devices (laptops, flash drives, mobile phones, etc.) and confidential data? ☐ Y ☐ N

3. Aggregate Limits above $1,000,000 may be requested by completing the Cyber Suite Supplemental Application (**LC 88 02** or state version). Before completing **LC 88 02**, please review the questions under Item 2. above. Aggregate Limits above $1,000,000 will not be available if the answer to question **2.a.** above is "yes" or if the answers to 3 or more of the remaining questions under **2.** above are "no".

SEXUAL MISCONDUCT LIABILITY (Complete if a quote is being requested):

1. Coverage Basis: ☐ Occurrence ☐ Claims-Made
2. If Claims-Made, Proposed Retroactive Date:
3. Limit of Insurance: Select a Limit
4. Deductible: Choose an item
5. List the following prior carrier information: company name; policy period; limits; deductible and premium.

6. Do you have a written training program for all employees and volunteer workers outlining your sexual misconduct and molestation policies and procedures? ☐ Y ☐ N

7. Do you have a written policy statement that any act of physical, sexual abuse or harassment is not tolerated? ☐ Y ☐ N
If yes, is this statement communicated to all employees and volunteers? ☐ Y ☐ N

8. Do you have written guidelines for the reporting of suspected abuse or neglect of children? ☐ Y ☐ N
If yes, are these guidelines communicated to all employees & volunteers? ☐ Y ☐ N

9. Do you have a policy that at least two adults must share the supervisory responsibilities of children under the age of 18 at all times? ☐ Y ☐ N

Historical Activity

1. Are you aware of any past or present notice, claim, written demand for damages, or lawsuit involving an alleged incident of sexual misconduct or allegations of sexual misconduct:

a. Against you?; ☐ Y ☐ N

b. Against any person or entity directly or indirectly associated with you (including but not limited to your past or present officials, members, commissioners, director, executive officers, trustees, employees, volunteers, vendors, and others on your premises or involved in your activities, events or programs)?; or ☐ Y ☐ N

c. Involving activities, events, or programs that you sponsor or that take place on your premises? ☐ Y ☐ N

2. Are you aware of any past or present alleged incident of sexual misconduct that was investigated by:

a. You?; ☐ Y ☐ N

b. Any person or entity where the alleged incident of sexual misconduct allegedly occurred during any activities, events, or programs that you sponsored or that took place on your premises?; or ☐ Y ☐ N

c. A governmental authority or law enforcement department or agency, whether federal, state, or local, arising out the alleged sexual misconduct of a person who was your past, present, or future official, member, commissioner, director, executive officer, trustee, employee, volunteer, vendor, or other person on your premises or involved in your activities, events or programs? ☐ Y ☐ N

3. Are you aware of any fact or circumstance that could reasonably be expected to give rise to, or result in, a notice, claim, or a lawsuit involving allegations of sexual misconduct? ☐ Y ☐ N

4. If you answer 'Yes' to questions **1.**, **2.**, or **3.** above, identify the role of the person(s) (i.e. official, employee, volunteer, etc.) involved in the sexual misconduct incident and provide a general description of the allegations, any investigation, and how the matter was resolved.

EMPLOYMENT PRACTICES LIABILITY (Complete if a quote is being requested)

1. Coverage Basis: ☐ Occurrence ☐ Claims-Made
2. If Claims-Made, Proposed Retroactive Date:
3. Limit of Insurance: Select a Limit
4. Deductible: Choose an item

5. Do you conduct an orientation for all new employees?	☐ Y	☐ N
If "yes", is an orientation checklist maintained for each employee?	☐ Y	☐ N
6. Do you provide an attorney reviewed employee handbook of personnel policies?	☐ Y	☐ N
If yes, when was the handbook last reviewed by an attorney?		
7. Do you have written policies, programs or procedures for the following?		
a. Regular performance evaluations of all employees?	☐ Y	☐ N
b. Grievance programs available to employees?	☐ Y	☐ N
c. Progressive disciplinary program including suspension and dismissal of staff?	☐ Y	☐ N
d. Policies and procedures that prohibit discrimination against employees based on race, color, religion, creed, age, sex (including sexual orientation), gender (including gender identity), disability or handicap, pregnancy, physical appearance or national origin?	☐ Y	☐ N
a. Do you have a written statement of policy that discrimination, bullying, harassment, including sexual harassment is not tolerated?	☐ Y	☐ N
b. Does each staff member sign a form to acknowledge and agree to written policies each year?	☐ Y	☐ N
e. If "yes" to any of the above, do your supervisory employees receive regular training in the implementation of these policies and procedures programs?	☐ Y	☐ N
c. Are reports of harassment or discrimination fully investigated and brought to conclusion?	☐ Y	☐ N
8. Is there a qualified independent legal review of all termination decisions?	☐ Y	☐ N
9. Are your employment policies reviewed by legal counsel prior to adopting?	☐ Y	☐ N
10. Have there been any actual or alleged claims or incidents within the past five years involving unfair or improper treatment, harassment or other rights violations?	☐ Y	☐ N
If yes, describe the incident and the ultimate resolution including any payments made:		

PUBLIC OFFICIAL LIABILITY (Complete if a quote is being requested):

1. Coverage Basis: ☐ Occurrence ☐ Claims-Made
2. If Claims-Made, Proposed Retroactive Date:
3. Limit of Insurance: $ Select a Limit
4. Deductible: Choose an item

Public Officials – Non-Monetary Defense ☐ Yes ☐ No

5. Limit of Insurance: $ Select a Limit

6. Financial Information:
- **a.** What are the total projected expenditures for the current year (other than projects financed by bonds)?
- **b.** What is the total projected income for the current fiscal year (other than borrowed funds)?
- **c.** Total accumulated deficit (other than bonds)? $
- **d.** Total accumulated surplus? $
- **e.** Explain reasons for any current budget deficit and/or accumulated deficit:
- **f.** Describe plans for eliminating the budget deficit:

7. Total number of appointed or elected officials, board and committee members:

8. List all boards and committees sponsored or sanctioned by the entity and briefly describe their functions:

9. Do you have written by-laws governing the duties, responsibilities and conduct of your officials board and committee members? ☐ Y ☐ N

10. Have there been any actual or alleged claims or incidents within the past five years involving appraisals, zoning, design, code enforcement, eminent domain, antitrust, rights violations or other unfair or improper treatment? ☐ Y ☐ N
If yes, describe the incident and the ultimate resolution including any payments made:

COMMERCIAL AUTO (Complete if a quote is being requested)

FLEET SAFETY MANAGEMENT PROGRAM

1. Does the entity have a transportation director on staff? ☐ Y ☐ N

2. Are drivers required to conduct and document a daily pre-trip inspection? ☐ Y ☐ N

3. Are drivers required to conduct and document a daily post-trip inspection?

4. Do you have criteria for MVR acceptability? ☐ Y ☐ N

5. Do you provide driver training for drivers of larger or specialized vehicles? ☐ Y ☐ N

6. Do employees/volunteers use their personal vehicles on entity business? ☐ Y ☐ N

a. If yes, please provide details on the nature of the personal vehicle use (e.g. running errands, volunteer firefighters, other:

b. Do you verify that each individual using a personal vehicle on entity business has valid automobile liability insurance? ☐ Y ☐ N

i. If yes, what auto liability limits do you require each individual carry? $

15 Passenger Vans

1. How many 15 passenger vans do you have in your vehicle fleet?

2. If you have 15 passenger vans:

a. Are 15 passenger vans ever used to transport passengers? ☐ Y ☐ N

b. Have any modifications been made to the vans to reduce the rollover potential? ☐ Y ☐ N
If yes, please describe:

Law Enforcement Vehicles

1. If law enforcement vehicles are included on the vehicle schedule, do you have policies and procedures for the following:

a. Patrol driving and response? ☐ Y ☐ N

b. Transportation of prisoners? ☐ Y ☐ N

c. High speed pursuit policy in place? ☐ Y ☐ N
When was your high-speed pursuit policy last updated?

d. Officer training for emergency vehicle handling (incl high-speed pursuit)? ☐ Y ☐ N

e. Law enforcement vehicles equipped with dash cameras? ☐ Y ☐ N
If yes, % of vehicles equipped with dash cameras? ☐ <25% ☐ 25-50% ☐ 50-75% ☐ >75%

f. Off duty vehicle use? ☐ Y ☐ N

Passenger Transportation Service

1. If passenger transportation vehicles are included on the fleet schedule, what type of service is provided?

Scheduled bus route	☐	Social services	☐	Paratransit	☐
On- Demand response	☐	Daycare/Day camp/ Recreation programs	☐	Van Pool	☐

2. Are there written procedures and driver training for the transport of handicapped individuals? ☐ Y ☐ N

3. Are equipment tie-downs used for the transport of handicapped individuals? ☐ Y ☐ N

4. Are passenger restraints used for the transport of handicapped individuals? ☐ Y ☐ N

5. Is loading/unloading of handicapped individuals provided? ☐ Y ☐ N

6. Is door to door service of handicapped individuals provided? ☐ Y ☐ N

7. How many passengers are served on an annual basis? #

LAW ENFORCEMENT PROFESSIONAL LIABILITY (Complete if a quote is being requested)

1. Coverage Basis: ☐ Occurrence ☐ Claims-Made
2. If Claims-Made, Proposed Retroactive Date:
3. Limit of Insurance: $ Select a Limit
4. Deductible: Choose an item
5. Non-monetary coverage desired? ☐ Y ☐ N Limits: Choose an item Deductible: Choose an item

Classification of Law Enforcement Personnel

1. Class A Employees: #
Includes: Sheriff/Chief, Deputy, Sergeant or higher, FT personnel w/ regular street or road duties, detectives/investigators, jail administrators, police dogs

2. Class B Employees: #
Includes: FT or PT jailers, civil process staff, court security staff, PT/aux/reserve officers -- armed

3. Class C Employees: #
Includes: crossing guards, animal control officers, jail nurses/doctors/coroners, PT/aux/reserve officers – unarmed, comms/dispatch

4. Class D Employees: #
Includes: All other personnel

Law Enforcement – General

1. Does your police department authorize employees to engage in off-duty (sometimes known as moonlighting) security duties? ☐ Y ☐ N
   a. If yes, do all activities require department head approval? ☐ Y ☐ N
   b. If yes, are off-duty security duties ever approved for bars and taverns? ☐ Y ☐ N
2. Do you have any police, fire, or rescue boats? ☐ Y ☐ N
   If yes, total number of boats?
3. Do all of your officers wear Body Worn Cameras (BWC)? ☐ Y ☐ N
   a. If no, what percentage does?
   b. Announcements made by officer to civilian that BWC is in use ☐ Y ☐ N
4. Are all marked vehicles equipped with dash cameras? ☐ Y ☐ N
   a. If no, what percentage are?
5. Do you provide law enforcement services for any other public or private entity by contract other than a mutual aid law? ☐ Y ☐ N
   If yes, describe:
6. Does your department lead or participate on a Task Force? (if yes, complete table below) ☐ Y ☐ N

Task Force	Number of Officers	Do you lead this task force?	Is task force a separate entity?	Is task force separately insured?
Drug		☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
SWAT		☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Gang		☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Gun		☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

Law Enforcement- Policies and Procedures

1. Do you have a policy and procedure manual? ☐ Y ☐ N
   If yes, how frequently is it updated?
2. How does your department keep up to date on case law and statutory changes which impact department's policies and procedures?
   Legal Counsel: Lexipol: CALEA: Other (specify):
3. Does the department monitor compliance on a regular basis? ☐ Y ☐ N
   If yes, describe process:

4. Is the manual distributed to and reviewed with all personnel? ☐ Y ☐ N

a. How frequently is the manual reviewed with staff?

5. Do you have an internal review process of any alleged violations involving use of undue force, violation of rights or other improper actions? ☐ Y ☐ N

If yes, describe:

6. Are psychological evaluations completed as part of the law enforcement professional employment hiring process? ☐ Y ☐ N

7. Indicate which of the following topics are addressed in your policies and procedures manual:

Topic	Written Policy in Place	Date of Last Revision
Deadly force (including procedures that have been banned)?	☐ Y ☐ N ☐ N/A	
Non-deadly force?	☐ Y ☐ N ☐ N/A	
Use of holds and pressure points?	☐ Y ☐ N ☐ N/A	
Crisis Intervention Training (CIT)?	☐ Y ☐ N ☐ N/A	
De-escalation	☐ Y ☐ N ☐ N/A	
Duty to intervene?	☐ Y ☐ N ☐ N/A	
Mandatory reporting of all use of force incidents?	☐ Y ☐ N ☐ N/A	
Domestic violence calls?	☐ Y ☐ N ☐ N/A	
Interaction with mentally & physically impaired subjects?	☐ Y ☐ N ☐ N/A	
Interaction with subjects under the influence?	☐ Y ☐ N ☐ N/A	
Protection of civil rights?	☐ Y ☐ N ☐ N/A	
Vehicle pursuit, including high speed?	☐ Y ☐ N ☐ N/A	
Warrant Service?	☐ Y ☐ N ☐ N/A	
No-knock warrant service?	☐ Y ☐ N ☐ N/A	
Body worn camera usage?	☐ Y ☐ N ☐ N/A	
Dashboard camera usage?	☐ Y ☐ N ☐ N/A	
Sexual harassment and sexual misconduct?	☐ Y ☐ N ☐ N/A	

Law Enforcement – Training

1. Do all officers receive training that meets or exceeds state minimum requirements? ☐ Y ☐ N

2. Do auxiliary, part time, and reserve officers receive the same training as full-time officers? ☐ Y ☐ N

3. Is Academy completion required prior to assignment of law enforcement duties? ☐ Y ☐ N

4. Do you keep records of training completion? ☐ Y ☐ N

5. Indicate which of the following topics your organization trains on:

Training requirements		Training or re-certification required on an annual basis (or more frequently)
Firearms?	☐ Y ☐ N	☐ Y ☐ N
Taser?	☐ Y ☐ N	☐ Y ☐ N
Baton?	☐ Y ☐ N	☐ Y ☐ N
Chemical agent?	☐ Y ☐ N	☐ Y ☐ N
Defense & arrest tactics?	☐ Y ☐ N	☐ Y ☐ N
Interaction with impaired subjects?	☐ Y ☐ N	☐ Y ☐ N
Crowd Control/Civil Unrest?	☐ Y ☐ N	☐ Y ☐ N
Animals (i.e. horses or canines)?	☐ Y ☐ N	☐ Y ☐ N
Emergency vehicle operations?	☐ Y ☐ N	☐ Y ☐ N

Training requirements		Training or re-certification required on an annual basis (or more frequently)
De-escalation	☐ Y ☐ N	☐ Y ☐ N
Body Worn Camera on/off usage	☐ Y ☐ N	☐ Y ☐ N
Use of force?	☐ Y ☐ N	☐ Y ☐ N
Use of holds & pressure points?	☐ Y ☐ N	☐ Y ☐ N

SEWER BACKUP INFORMATION (Complete if a quote is being requested)

Limit of Insurance: $ Select a Limit
Deductible: Choose an item

1. What is the approximate age of the sewer system?
2. What is the material composition of the system?
If more than one material used, provide a % breakdown of materials
3. How many miles of municipal sewer system does your municipality maintain?
4. Estimated number of residences connected? Estimated number of businesses connected?
5. Average number of connections made annually for residential? for commercial?
6. How many lift stations does your municipality have?
7. If your municipality has lift stations, do you have a monitored alarm system that:
- **a.** Identifies a power failure? ☐ Y ☐ N
- **b.** Identifies high water levels? ☐ Y ☐ N
- **c.** Reports to a central location? ☐ Y ☐ N
- **d.** Is the monitored alarm system tested on a regular schedule? ☐ Y ☐ N

8. Does your municipality have an emergency response plan when a back-up is reported? ☐ Y ☐ N
9. What is the breakdown by type of use of the annual wastewater treated?
% Commercial % Residential
10. Does your municipality have a combined storm water and wastewater system ☐ Y ☐ N
If yes, explain how excess heavy rain is handled. (Tanks, retention ponds, etc.)

11. Does the sewer maintenance program include:
- **a.** A detailed and specific plan for routine maintenance of the sewer lines? ☐ Y ☐ N
- **b.** The video inspection of sewer lines ☐ Y ☐ N
If yes, what is the % video inspected each year? %
- **c.** Requiring the installation of grease traps in all grease producing commercial facilities? ☐ Y ☐ N

12. Does your sewer backup prevention program include:
- **a.** Identified problem areas and established procedures to address them? ☐ Y ☐ N
If yes, what are the problem area's you have identified?
- **b.** The required use of "backflow preventers" in any area of your district? ☐ Y ☐ N
- **c.** Educating residents on the proper backflow preventer inspection techniques? ☐ Y ☐ N
- **d.** Warning residential customers with clay sewer pipes of possible collapse? ☐ Y ☐ N
If yes, do you suggest lateral replacements to the street?
- **f.** Rules prohibiting occupants from directing sump pumps into the sewer system? ☐ Y ☐ N
- **g.** A commercial effluent discharge-monitoring program designed to ensure against discharge of waste that may cause or contribute to corroding lines? ☐ Y ☐ N

13. Are any residential rain gutters connected to the sewer system? ☐ Y ☐ N
If yes, approximately what % of total residential rain gutters are connected to sewer system?

14. Is there a notification policy in place to inform the insurance carrier of any sewer backup claim? ☐ Y ☐ N
15. What is the sewer back-up claim history for the last 5 years? Distinguish between mains and laterals if possible. List incident dates, resolution and amounts paid:

WORKERS COMPENSATION (Complete if a quote is being requested):

1. Do you have a formal Return-To-Work program? ☐ Y ☐ N

2. Do you utilize the services of a managed care provider to control health care costs? ☐ Y ☐ N
   If yes, describe services provided:
3. What are the average number of employee travel days: Out of state: Out of country:
4. If the entity has the following operations, please describe the applicable practices:
   b. Health Care Facilities/Services: Blood borne pathogens and safe lifting techniques:
   c. Street Department/Utility Operations: Fall protection and confined space entry:

UMBRELLA (Complete if a quote is being requested)

1. Limit requested $
2. Do you own any aircraft? ☐ Y ☐ N
3. Do you haul any explosives, munitions, fuels or any hazardous material? ☐ Y ☐ N
   If yes, please describe:
4. Do you have underground storage tanks on premises owned or leased? ☐ Y ☐ N

PROPERTY / EQUIPMENT BREAKDOWN (Complete if a quote is being requested)

Please provide a completed ACORD application including a completed statement of values for property coverage. Provide an equipment breakdown application noting locations requiring jurisdictional inspections.

1. Are there any historic buildings or buildings with unique architectural features, ornate facades ornamentation or slate/tile roofs? ☐ Y ☐ N
   a. If yes, what is the age of building(s)
   b. Year of building services updates
2. Is the building(s) on the historic register? ☐ Y ☐ N

The undersigned being authorized by, and acting on behalf of, the applicant and all persons/concerns seeking insurance, has read and understands this questionnaire, and declares all statements set forth herein are true, complete and accurate.

Signed by: _____

(APPLICANT/INSURED) (TITLE) (DATE)

SIGNATURE CONSTITUTES A REPRESENTATION THAT ALL INFORMATION PROVIDED HEREIN IS ACCURATE AND COMPLETE. THE SIGNING OF THIS QUESTIONNAIRE DOES NOT BIND THE UNDERSIGNED TO PURCHASE THE INSURANCE, NOR DOES THE REVIEW OF THIS QUESTIONNAIRE BIND THE INSURANCE COMPANY TO ISSUE THE POLICY.

INSURANCE FRAUD WARNING

In completing this questionnaire, you are bound by the same obligation to avoid making fraudulent statements as outlined in the ACORD application form.

APPENDIX

*If the box was marked "Yes" for a specific operation having ** in the "Public Entity Exposure Checklist" section of the application, please complete the appropriate additional questions.*

Airport

1. How many runways are present at the airport? Lengths?
2. Type of runways?
a. ☐ Grass strip **b.** ☐ All weather strip
3. Is the airport owned and operated by the entity? ☐ Y ☐ N
4. Owned and leased to a third party? ☐ Y ☐ N
5. If the airport is leased to a third party, does the operator have airport operator's liability coverage with the entity named as an additional insured? ☐ Y ☐ N
6. If airport operator's liability coverage is provided, what are the limits of coverage? $
7. Number of daily flights?
a. ☐ Commercial Passenger **b.** ☐ Non-Commercial
8. Is airport under the jurisdiction of the FAA? ☐ Y ☐ N
9. What services are performed at the airport and by whom? (hangars, refueling, aircraft maintenance, etc.)

10. Are there any airshows or exhibitions conducted at the airport? ☐ Y ☐ N
11. Who writes the airport premises liability coverage?
Liability limits? $

Camps

1. Describe the activities provided as part of the camp:
2. Where are the camp activities conducted?
3. What is the number of staff employed including volunteers?
4. Age range of staff?
5. How many years have you been conducting camps?
6. What is the beginning and ending dates of the camp?
7. What are the operating hours of the camp?
8. Are there overnight activities? ☐ Y ☐ N
If yes, please describe the activities:
9. Indicate the number of children and camp counselors for each group:
a. 2 to 5 years # # Staff
b. 6 to 10 years # # Staff
c. 11-15 years # # Staff
d. 16 years+ # # Staff
e. Number of mentally or physically impaired children: # # Staff
f. What is the total number of annual camper days?
10. What procedures are in place to prevent unauthorized persons from picking up or removing camp participants?

11. Is a physical exam or medical certificate required before a child is accepted to the camp? ☐ Y ☐ N
12. Do you provide transportation to the camp for camp participants? ☐ Y ☐ N
If yes, describe vehicles used, distance of travel and how drivers are screened?
13. Are there field trips away from the premises? ☐ Y ☐ N
If yes, are signed permission slips obtained from parents before each trip?
14. Describe the emergency response and safety training provided to the camp counselors:

Dam/Levee Exposure

1. Describe each dam / levee exposure including the age, location, size and construction:

2. If the exposure is from a dam, please answer the following questions:
   a. When was each dam last inspected by the DNR?
   b. What is the DNR rating for each dam?
   c. If applicable, were all critical recommendations completed from the last inspection? ☐ Y ☐ N ☐ N/A
   d. Is there a regular maintenance program for each dam? ☐ Y ☐ N
   e. How often are maintenance and informal inspections completed for each dam?
3. What is the downstream effect if the dam / levee fails?
4. Is there an emergency response / evacuation plan in place in case of a dam / levee failure? ☐ Y ☐ N
5. Has the dam/levee ever failed? ☐ Y ☐ N
   If yes, describe when, the cause of the failure, the extent of damage and the corrective action taken:

Daycare Center

1. What is the number of staff employed including work study and volunteers?
   a. Full-time? b. Part-time?
2. Age range of staff?
3. How many years of experience has the insured had running a day care?
4. Indicate authority you are licensed with (check all that apply): ☐ City ☐ State ☐ County
5. What are the operating hours of the day care? From To
6. Indicate the number of children and child care providers for each group:
   a. Infants (0-1) # # Staff
   b. Toddlers (1-2) # # Staff
   c. 2 years # # Staff
   d. 3 years # # Staff
   e. 4 years # # Staff
   f. 5 years # # Staff
   g. 6 years and up # # Staff
   h. Number of mentally or physically impaired children: # # Staff
7. What safeguards are in place to prevent children from leaving the building unnoticed?
8. What procedures are in place to prevent unauthorized persons from picking up or removing children?
9. Is there an outdoor play area? ☐ Y ☐ N
   What are dimensions?
10. Is it fenced? ☐ Y ☐ N
    Describe the type of fence, height and locking:
11. Is there playground equipment? ☐ Y ☐ N
    Describe the equipment:
12. Describe the surface beneath playground equipment (grass, concrete, asphalt, sand, mulch, other):
13. How many exits are there from the day care area?
14. Are fire drills conducted regularly? ☐ Y ☐ N
15. Are there smoke alarms on the premises? ☐ Y ☐ N
16. Are all electrical outlets covered? ☐ Y ☐ N
17. Are meals served? ☐ Y ☐ N
    Hot or cold?
18. If hot, how are children kept out of the cooking area?
19. Are any children on special diets? ☐ Y ☐ N
    If yes, how is this monitored so children are not mis-served?
20. What is the policy regarding sick children attendance?
21. Do day care employees or volunteers administer medicine? ☐ Y ☐ N
    If yes, describe:

22. How are medicines safeguarded?
23. Is there a doctor on call? ☐ Y ☐ N
24. Is there a questionnaire to be completed prior to accepting a child? ☐ Y ☐ N
25. Is a physical exam or medical certificate required before a child is accepted? ☐ Y ☐ N
26. Does insured provide transportation to the facility for the children? ☐ Y ☐ N
27. Are there field trips? ☐ Y ☐ N
28. If any transportation is provided, how are drivers screened? ☐ Y ☐ N
29. Are health exams required of employees before being assigned child care duties? ☐ Y ☐ N
30. Has the day care ever been in violation of health or building codes? ☐ Y ☐ N
31. Describe the type of accident records kept?
32. Describe the child care and safety training provided to the employees and volunteers:

Emergency Shelters

1. What is the location and capacity of the emergency shelter?
2. Describe the emergency shelter services provided:
3. Describe the security and premises control provided:

Fire Department

1. Is the fire department? ☐ Paid ☐ Volunteer ☐ Paid/Volunteer
2. What is the total number of:
   a. Paid personnel
   b. Volunteer personnel
3. If separate EMT/Medical service personnel provided, what is the total number of:
   a. Paid personnel
   b. Volunteer personnel

Fireworks

1. How many firework events are held annually?
2. Who operates the fireworks display?
3. If operated by a pyrotechnic company, does the company have general liability insurance coverage? ☐ Y ☐ N ☐ N/A
   a. If general liability coverage is provided, what are the liability limits of coverage? $
   b. If yes, is the entity named as an additional insured on this policy? ☐ Y ☐ N ☐ N/A
4. Describe the law enforcement / security provided during the event
5. How many and what type of medically trained personnel are present during the event?
6. Describe the extent of firefighting personnel including the equipment present during the display:

Golf Course

1. How many golf courses does the entity own/operate?
2. What is the number of 18-hole rounds played annually?
3. Describe any additional facilities connected with the golf course(s) (e.g. swimming pool, tennis courts)

Housing Authority

1. What is the number of locations?
2. What is the total number of housing units provided?
3. Is on-site management provided? ☐ Y ☐ N
4. Is the housing authority operated by a third party? ☐ Y ☐ N
   a. If yes, is general liability coverage is provided? ☐ Y ☐ N

b. If yes, is the entity named as an additional insured on this policy? ☐ Y ☐ N

5. If general liability coverage is provided, what are the liability limits of coverage? $

Ice / Roller Skating Rink

1. What is the type of rink provided: ☐ Ice ☐ Roller Skating
2. Is the rink ☐ Inside ☐ Outside
3. Is access to and usage of the rink: ☐ Controlled ☐ Uncontrolled

Jail / Detention Center

1. Include a copy of your most recent jail inspection with this application
2. Describe the size and length of stay of your jail facility

Certified Capacity	Average daily number of inmates	Total number of cells	Average Stay
Maximum Stay			

☐ Holding cell ☐ Short-term (<14 days) ☐ Medium-term (15-365 days) ☐ Long-term (>365 days)
☐ Juvenile ☐ Mental Health

3. Are males separated from females? ☐ Y ☐ N
4. Are juveniles separated from adults? ☐ Y ☐ N
5. Is 24-hour supervision provided? ☐ Y ☐ N
6. How frequently are personal observation (not by monitoring device) of inmates made?
General population Suicide Watch
7. Does the facility have recorded video monitoring? ☐ Y ☐ N
8. Are all inmates subject to a formal mental health and suicide screening immediately upon admission? ☐ Y ☐ N
a. If so, how frequently are inmates re-screened?
8. Is suicide prevention training provided for the staff? ☐ Y ☐ N
9. Does your facility house inmates deemed a suicide risk in a designated and separate wing? ☐ Y ☐ N
10. Number of suicide attempts in your facility in the past 5 years
11. Has your facility ever been the subject of a court order or consent decree? ☐ Y ☐ N
12. Do you participate in PREA audits? ☐ Y ☐ N
13. Are all PREA audits results “standards met”? ☐ Y ☐ N
14. Do you participate in any voluntary certification? If so, specify: ☐ Y ☐ N
15. Do you have a written policies and procedures manual for your jail operations? ☐ Y ☐ N
16. Do you have written policies and procedures in place for the following?

Topic	Written policies and procedures in place	Date of Last Revision
Use of force reporting?	☐ Y ☐ N	
De-escalation tactics?	☐ Y ☐ N	
Pressure point compliance techniques?	☐ Y ☐ N	
Chemical agent use?	☐ Y ☐ N	
Taser discharge?	☐ Y ☐ N	
Use of camera footage when restraint device used?	☐ Y ☐ N	
Suicide prevention?	☐ Y ☐ N	

17. Who provides the following services at your jail?

Services	Insured Provides	Contracted Party Provides	Provided for other entities	No Exposure
Transportation of Inmates (other than emergency medical)	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐
Health Care	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐

Landfill

1. How many landfill sites does the entity own/operate?
2. What is the total size in acres of landfills owned/operated by the entity?
3. Are the landfills:
- **a.** Fenced? ☐ Y ☐ N
- **b.** Area secured / locked during non-operating hours? ☐ Y ☐ N
- **c.** Supervised during operating hours? ☐ Y ☐ N

4. Are the landfills currently open or closed? ☐ Open ☐ Closed
If closed, date of closing?
5. Describe the pollution monitoring performed at the landfill (type, frequency and who performs):

6. Does the entity have a pollution policy for the landfill? ☐ Y ☐ N
7. If yes, what are the liability limits? $
8. Have there been any environmental incidents, violations, allegations involving a release, spill or leaching in the last five years? ☐ Y ☐ N
If yes, describe the situation and any resulting claim activity, status, reserve or payment made:

Leased Buildings or Spaces – to others

1. Describe leased locations below:

Location Number	Leased SQ FT	Describe Occupancy	Who Maintains?	
			☐ Tenant	☐ Insured
			☐ Tenant	☐ Insured
			☐ Tenant	☐ Insured
			☐ Tenant	☐ Insured
			☐ Tenant	☐ Insured

2. Are all tenants required to sign an attorney-written standardized lease agreement? ☐ Y ☐ N
3. Do you require all tenants to carry their own insurance? What limits are required? ☐ Y ☐ N
4. Do you require an annual certificate of insurance listing you as additional insured? ☐ Y ☐ N

Liquor Liability Events

1. Describe the event(s) / activity (ies) at which liquor will be served:
2. Anticipated annual liquor revenue from event(s): $
3. Describe controls used in the serving of liquor: (ID's checked, TIPS training of servers, etc.)

Owned Aircraft

1. For each aircraft owned/leased, list the:
Model Year Seats (including pilot)

2. Describe who pilots each aircraft, their training, frequency of use, purpose of flights and who uses the aircraft:

3. Do you own any unmanned aerial systems (drones)? ☐ Y ☐ N

If yes, for each unit, list the: Model: Purpose of use: Location of use:

4. Have you registered with the FAA for the use of drones? ☐ Y ☐ N

Parks & Recreation

1. Describe the number of park facilities and the amenities provided:
2. What is the total acreage of the park facilities?
3. Is access to the park system: ☐ Controlled ☐ Uncontrolled
4. Describe the presence and usage of any ponds, lakes or rivers connected with the parks:
5. If present, list the type of playground equipment. Describe the maintenance program, inspection frequency, inspector credentials and loose fill surface material under the equipment to ensure adequate protective depth:

Port Authority / Docks / Piers

1. Describe the extent of the port authority operations:
2. What is the location(s) of the port authority operations?
3. Describe the facilities and services provided by the port authority: (e.g. cargo services, warehouse facilities, refueling stations, navigational assistance, security, waste disposal, grain terminals, repair facilities, etc)

Railroad Operations/Side-track Agreements:

1. Describe your railroad operations
2. Are you a party to any side track agreements? Number of active agreements: ☐ Y ☐ N
a. Please attach a copy of all agreements
b. Does your work include removal, alteration, or placement of railbed or railroad tracks? ☐ Y ☐ N
c. Describe conducted by you in connection with any rail road contract:

Rental Dwellings

1. Are these properties scheduled for demolition? If so, when? ☐ Y ☐ N
2. Are tenants required to carry tenant's insurance? ☐ Y ☐ N
3. Tenants sign a formal lease agreement? ☐ Y ☐ N
3. Are all properties maintained to current housing code? ☐ Y ☐ N
4. Are the following present:

Smoking Prohibited ☐ Smoke Detector ☐ Carbon Monoxide Detector ☐ Pool ☐ Trampoline ☐

Rifle / Shooting Range

1. Describe the use of the facilities available to the public: (e.g. trap shooting, rifle range, archery, pistol, etc.)

2. What is the location of the range?
3. How many bays are available for use?
4. Is ammunition available for purchase? ☐ Y ☐ N
5. Are guns available for rent? ☐ Y ☐ N
6. Are there any organized contests, corporate outings or league shooting activities? ☐ Y ☐ N
If yes, describe activities:
7. Is shooting instruction available? ☐ Y ☐ N
8. Is access to and usage of the range: ☐ Controlled ☐ Uncontrolled
9. Is an attorney prepared participation waiver required to use the range? ☐ Y ☐ N

Skate Park

1. How many skate parks does the entity own/operate?
2. Are the skate parks:

a. Fenced / locked during non-operating hours? ☐ Y ☐ N
b. Supervised during operating hours? ☐ Y ☐ N

Special Event

1. What types of events are held by the entity?
☐ Carnivals ☐ Haunted House ☐ Other
☐ Concerts ☐ Inflatable/Jump House
☐ Seasonal Fair/ Festival ☐ Parade
2. Describe the nature of the event and activities conducted:
3. Days and hours of operation:
4. Location of event(s):
5. Number of attendees/participants:
6. Ages of attendees/participants:
All ages
< 5 years
<18 years
Adult

Swimming Pools / Beaches

1. Number of Pools:
2. Number of beach swimming areas:
3. Depths of pool or swimming area:
4. Are safety rules posted? ☐ Y ☐ N
5. Is a lifeguard on duty when the pool(s)/swimming area is open? ☐ Y ☐ N
6. Is the pool / beach area locked after hours? ☐ Y ☐ N
7. Are there any diving boards? ☐ Y ☐ N
If yes, describe number/height over water:
8. Are there water slides? ☐ Y ☐ N
If yes, describe number/height:

Utility - Electric

1. Does the entity generate electrical power? ☐ Y ☐ N
If yes, what is the source of power generated? ☐ Fossil Fuel ☐ Hydro-Electric ☐ Nuclear ☐ Solar
2. Is the entity responsible for the electrical distribution? ☐ Y ☐ N
3. Describe the entities responsibility for the installation of electrical distribution lines; maintenance, and type of work done by subcontractors:
4. If work is performed by subcontractors, does the subcontractor have general liability coverage? ☐ Y ☐ N
5. If yes, is the entity named as an additional insured on this policy? ☐ Y ☐ N
6. If general liability coverage is provided, what are the liability limits of coverage? $

Utility Gas

1. Does the entity produce the gas? ☐ Y ☐ N
2. Does the entity own/operate a gas wellhead or pipeline? ☐ Y ☐ N
3. Does the entity buy and resell? ☐ Y ☐ N
4. Is the entity responsible for the gas distribution? ☐ Y ☐ N
5. Describe the entities responsibility for the installation of gas distribution lines; maintenance, and type of work done by subcontractors:
6. If work is performed by subcontractors, does the subcontractor have general liability coverage? ☐ Y ☐ N
a. If yes, is the entity named as an additional insured on this policy? ☐ Y ☐ N

b. If general liability coverage is provided, what are the liability limits of coverage? $

Utility Water

1. What is the source of the water?
2. Describe the water quality standards, who tests the water and the procedures followed to ensure water quality:
3. Is the Consumer Confidence Report current and posted on the entity website? ☐ Y ☐ N
4. Describe the entities responsibility for the installation of water/sewer lines; maintenance, and type of work done by subcontractors:
5. Describe the security measures taken to prevent access and potential contamination to water storage or treatment facilities:
6. Describe the steps taken to prevent "water hammer" or "surge":
7. If work is performed by subcontractors, does the subcontractor have general liability coverage? ☐ Y ☐ N
   a. If yes, is the entity named as an additional insured on this policy? ☐ Y ☐ N
   b. If general liability coverage is provided, what are the liability limits of coverage? $

Vacant Property

1. What is the location(s) of the vacant property?
2. How long has the property been vacant?
3. What are the future use or disposal plans for the property?
4. What precautions are being taken to protect the property from loss including: physical security, alarms, police patrols, freezing water pipes, frequency of property site visits, etc.?

Zoo

1. Describe the zoo facilities, amenities provided and number of exhibits/attractions:
2. What is the total acreage of the zoo?
3. Is access to the zoo: ☐ Controlled ☐ Uncontrolled
4. Describe the types of any rides, shows conducted or any unique features connected with the zoo:

INSURANCE FRAUD WARNING

In completing this supplemental application, you are bound by the same obligation to avoid making fraudulent statements as outlined in the ACORD application form.