

**FIRST Responder Joint Insurance Fund
General Information Worksheet**

Full Legal Name: _____

Additional Named Insured: _____

Street Address: _____

City: _____

State: _____

Zip: _____

County: _____

Phone: _____ Fax: _____

Organization's Website: _____

Fund Commissioner: _____

Contact Email Address: _____

Federal Tax ID Number: _____

LIMITS OF LIABILITY

Optional Excess Liability Limits Available:

- ☐ 2 Million excess 5 Million = 7 Million
- ☐ 5 Million excess 5 Million = 10 Million
- ☐ 15 Million excess 5 Million = 20 Million

Standard Limit is 5 Million

Optional Excess Management Liability/Employment Practices Liability Limits Available:

- ☐ 3 Million occurrence/3 Million aggregate
- ☐ 5 Million occurrence/5 Million aggregate

Standard Limit is 1 Million occurrence/3 Million aggregate/15 Million Fund aggregate

GENERAL LIABILITY

Communities Serviced: _____ Population of Area Served: _____

Response Radius: _____ Number of Calls Annually: _____

Estimated Number of Responses Per Year:

Fire and other non-medical runs _____

Emergency medical or first responder medical runs. Include
number of runs involving medical treatment either at the scene
of an emergency or while in transport (or both). _____

Non-emergency transports _____

Number of Volunteers/Auxiliary: _____

A volunteer performs services without expectation of any compensation.

Number of Publicly elected trustees, commissioners or directors: _____

Liquor Liability Exposure:

Does the organization sell alcohol that requires a license or permit: ____Yes____No

If yes, do you have a Liquor Liability policy? ____Yes ____No

Does the organization permit alcohol at the premises or at sponsored functions,
but does not sell it. ____Yes ____No

Does the organization provide bartenders to serve alcohol supplied by others at functions
such as the rental of the social hall. ____Yes ____No

Does the organization participate in any shared services agreements? ____Yes ____No

If yes, please attach a copy.

IMPORTANT: INCLUDE LATEST AUDITED FINANCIAL REPORT.

BUDGET WORKSHEET

TOTAL FIRE DISTRICT APPROPRIATIONS:

Total Appropriations for 2025 _____

BONDS

The following blanket crime coverages are provided:

1. Faithful performance and employee dishonesty
2. Forgery and alteration
3. Theft, disappearance and destruction
4. Robbery and safe burglary
5. Computer fraud with funds transfer
6. Money and securities
7. Excess Public Officials Bond Coverage where “Statutory” (treasurer) Position coverage is insured commercially for primary coverage.
8. “Statutory” (treasurer) Position Bond Coverage insured on a primary basis where approved in advance.

If primary “statutory” (treasurer) position coverage desired, complete the attached public official bond and surety application.

WORKERS’ COMPENSATION

PAYROLL WORKSHEET

Classification	Code	2025 # Full Time Employees	2025 #Part Time Employees	2026 Estimated Payroll
Fire Department (paid)	7711			
Fire Department (volunteer)	7711B			
First Aid/Rescue Squad	7715			
First Aid (volunteer)	7715B			
Administrative/Clerical	8810			
Totals				

SPECIAL EXPOSURES

Yes / No

Carnivals, including amusement rides _____

Conventions sponsored _____

Fireworks _____

Bingo _____

Motorized events _____

Hall Rentals _____

If yes, is there a written facility use agreement? ____ Yes (attach copy) ____ No

Social Club _____

Boats _____

Grandstand or bleachers _____

Sports activities/league participation _____

If yes, do you have an accident & sickness policy? _____

Other (describe) _____

Do you have a physical fitness policy? _____ Yes (attached copy) ____ No

If yes, does it exclude sports related activities? ____ Yes ____ No (Required within
six months of membership)

PRESENT PREMIUMS AND LIMITS

NOTE: PLEASE INCLUDE COPIES OF YOUR CURRENT INSURANCE POLICIES

COVERAGE	COMPANY	EXPIRATION DATE	LIMITS	DEDUCTIBLE/ RETENTION	PREMIUM
Workers' Comp					
Property Package					
General Liability					
Umbrella					
Management/ Employee Practices Liability					
Miscellaneous					
Auto Liability					
Auto PD					
TOTALS:					

Automobile Underwriting Information

1. Do you check the driving record (i.e. M.V.R.'s) on all persons driving the organizations vehicles?

☐ Yes How often?
☐ No

2. Are drivers of equipment required to fill out maintenance reports for the units they drive?

☐ Yes ☐ No

3. Do you have a safety committee or departmental review of any accident involving an organization's vehicle?

☐ Yes ☐ No

4. Drivers of emergency vehicles:

A. Number of drivers under 25:

B. Number of drivers over 65:

- C. Is there a motor vehicle check on previous driving experience?

☐ Yes ☐ No

If yes, how often? _____

- D. Is there a driver's training program?

☐ Yes ☐ No

If yes, please describe. _____

- E. Are drivers required to have physical exam on a regular basis?

☐ Yes ☐ No

Property and Crime Coverages

1. Complete the following schedules:
 - ☐ Property Schedule Worksheet
 - ☐ Schedule of Valuable Papers
 - ☐ Schedule of Mobile and Miscellaneous Equipment
 - ☐ Schedule of Special Floaters
2. Condense the information using the summary worksheets provided.

IMPORTANT

1. The definition of **property coverage** includes declared first party property insurance including physical damage on automotive equipment.
2. Fire trucks/emergency transport vehicles 15 years or less are valued for replacement cost at time of loss. Fire trucks/emergency transport vehicles over 15 years at actual cash value, unless refurbished and approved by the JIF – then replacement cost.
3. Care should be taken when completing the statement of values and other property forms to include all items and locations you wish included together with proper limits.
4. The basic property program includes comprehensive “**all risk**” coverage on buildings and contents, crime coverage, and a Public Employee Dishonesty and Faithful Performance Bond. Other forms of coverage such as scheduled property floaters, extra expense, etc. are not automatically covered and must be specifically requested.
5. Note: Replacement cost coverage is not provided on buildings more than 50 years old unless inspected by the FUND'S loss control specialist, and approved by the FUND executive committee and insurer/reinsurer.

You must also identify any buildings located in a 100 year flood plain. The FUND does not automatically provide flood coverage for these buildings.

Blanket coverage is available for mobile and miscellaneous equipment. In the case of scheduled equipment, any piece of equipment valued at \$5,000 and over should be listed individually.

On the special floaters schedule, please individually list each item. However, items such as software and other miscellaneous items valued less than \$1,000 can be grouped together by department and category.

Automobile Classifications

FIRST Responder Joint Insurance Fund

- Group I:** Private passenger vehicles - i.e. police vehicles, SUV's, pick up trucks and mini -vans.
Cost new must not exceed \$50,000
- Group II:** Vehicles other than fire trucks valued between \$50,000 and \$100,000.
- Group III:** Fire Trucks greater than 15 years old.
Vehicles and fire trucks valued over \$100,000.
- Group IV:** Fire Trucks less than 15 years old.
- Group VI:** Antique Fire Trucks

Group I
Auto Schedule

Private passenger types and standard vehicles other than private passenger with cost new less than \$50,000.

Year	Make	Model/Type	Vin# Last 8 Digits	Cost New	Vehicle Class

Group II Auto Schedule

Vehicles other than fire trucks valued between \$50,000 and \$100,000.

Year	Make	Model/Type	Vin# Last 8 Digits	Cost New	Vehicle Class

**Group III
Auto Schedule**

Fire trucks over 15 years old and vehicles exceeding \$100,000.

Year	Make	Model/Type	Vin# Last 8 Digits	Cost New	Vehicle Class

**Group IV
Auto Schedule**

Fire trucks less than 15 years old.

Year	Make	Model/Type	Vin# Last 8 Digits	Cost New	Vehicle Class

Group VI Auto Schedule

Antique Fire Trucks

[illegible]

Statement of Values
Property Schedule

Page ____ of ____

						VALUES			
Item #	Location (Check if over 50 years old) -----		Square Footage	# of Stories	Occupancy*	Type of Construction	Building	Contents	Valuable Papers

If available, please include any appraisal.

*Enter either vacant, unoccupied (currently not in use), rehabilitation (does not include minor renovations), builders' risk, newly acquired.

Schedule of Mobile/Miscellaneous Equipment

Replacement Cost

Indicate the type of coverage needed: Blanket _____ Scheduled _____ Both _____

Blanket Limit: \$_____

For blanket coverage you must complete the vehicle class column on the vehicle schedule. All vehicles owned by or furnished to the organization for regular use must be scheduled.

For scheduled coverage please provide the following information.

Year	Description	Department	Value
Total			

Schedule of Special Floaters

Examples: fine arts, EDP equipment, copiers, etc.

Department	Description	Blanket Amount
Total		

Loss Experience

Minimum five years should be provided. PROVIDE FIVE YEARS HARD COPY CURRENTLY VALUED INSURANCE COMPANY LOSS RUNS FOR ALL COVERAGES.

1. Property Losses - (enter 0 if 0, leave **blank** if not available)

Year	Number of Claims	Total Amount

Loss information valued as of: _____

List losses over \$100,000: Date _____ Incurred \$ _____

Description _____

2. General Liability Losses

Year	Number of Claims	Amount Paid	Total Reserved	Total Incurred

Loss information valued as of: _____

List losses over \$100,000: Date _____ Incurred \$ _____

Description _____

3. Automobile Liability Losses

Year	Number of Claims	Amount Paid	Total Reserved	Total Incurred

Loss information valued as of: _____

List losses over \$100,000: Date _____ Incurred \$ _____

Description _____

4. Automobile Physical Damage (comprehensive/collision)

Year	Number of Claims	Amount Paid	Total Reserved	Total Incurred

Loss information valued as of: _____

List losses over \$50,000: Date _____ Incurred \$ _____

Description _____

5. Workers' Compensation Losses

Year	Number of Claims	Amount Paid	Total Reserved	Total Incurred

Loss information valued as of: _____

List losses over \$100,000: Date _____ Incurred \$ _____

Description _____

6. Management/Employment Practices Liability

If loss runs are not available for management/employment practices liability, please submit a letter from the organization's attorney detailing the previous five years of experience.

Year	Number of Claims	Amount Paid	Total Reserved	Total Incurred

Loss information valued as of: _____

List losses over \$100,000: Date _____ Incurred \$ _____

Description _____

APPLICATION CERTIFICATION:

I have examined the Underwriting and Claims information herein contained and submitted on behalf of the authority and I certify that this information is complete, true, and accurate to the best of my knowledge. I am aware that omissions or inaccuracies in the material submitted may result in revised assessment and in certain extreme cases a lack of insurance coverage.

Fire District Official

Print Name

Title

Signature

Date

Person completing form
(if not the applicant)

Print Name

Title

Signature

Date



ACE Municipal AdvantageSM Public Entity Liability Application

NOTICE

The Policy for which you are applying is written on a claims-made and reported basis. Only claims first made against the Insured and reported to the Company during the Policy Period are covered subject to the Policy Provisions.

The Limits of Liability stated in the Policy are reduced, and may be exhausted, by Claims Expenses. Claims Expenses are also applied against your Retention, if any. If you have any questions about coverage, please discuss them with your insurance agent.

INSTRUCTIONS

Please type or print all answers clearly. Answer all questions completely, leaving no blanks. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. If any questions, or any part thereof, do not apply, print N/A in the space. Insert checks in Yes or No answer boxes, if any. This application must be completed, signed, and dated by an authorized officer of your firm. Underwriters will rely on all statements made in this application.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Company under any Policy of a claim or potential claim. All such notices must be submitted to the Company pursuant to the terms of the Policy, if and when issued.

Please attach copies of the following:

- Audited Financial Statement or Budget for the most recent available fiscal year, if the applicant has more than \$500,000,000 in Annual Budget
- Minimum of last 3 years of liability claim loss runs (5 years desired)
- Current Employee Handbook including procedures on sexual harassment, discrimination and employee grievances, if the applicant has more than 1,500 full-time and part-time employees
- Copy of the **Public Entity's** Employment Termination procedures, if the applicant has more than 1,500 full-time and part-time employees

1. Name of **Public Entity**: _____ Year Established: _____

2. Principal Address: _____

City: _____ State: _____ Zip: _____

Public Entity's Website www. _____

3. Do you have a Full Time Risk Manager? ☐ Yes ☐ No

Name of Risk Manager: _____ Phone Number: _____

GENERAL INFORMATION:

4. Type of **Public Entity**: ☐ Town ☐ City ☐ County ☐ State

☐ Special District Authority or Commission (Please indicate):

- | | | |
|---|---|--|
| <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Utility (Gas/Electric/Cable) | <input type="checkbox"/> Development/Finance Authority |
| <input type="checkbox"/> Port Authority | <input type="checkbox"/> Transit Authority | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Airport | <input type="checkbox"/> Sports/Convention Center | <input type="checkbox"/> Parks Department |

5. Population Trends: Please provide Population information:

	CURRENT YEAR	PRIOR YEAR	2 ND PRIOR YEAR
Population of Municipality			

Seasonal increase in population? ☐ Yes ☐ No ____%

6. Budget and Employment information for the **Public Entity**.
- a. Please provide the annual budget and employee count of the **Public Entity**.
Please do not include that portion of the Annual Budget that is allocated to any of the following entities:
 schools, hospitals, clinics, nursing homes or other health care operations, jails or detention facilities, law enforcement agencies or fire fighting authorities.

Public Entity	Current Annual Revenue/Budget	Number of Employees	
		Full Time	Part Time
	\$		

- b. If coverage is desired for any of the operations listed below, please provide the Budget and Employment information as requested.
- Please note: Coverage for any of these operations is subject to the review and acceptance by the underwriter and will be provided by endorsement only**

Public Entity	Current Annual Revenue/Budget	Number of Employees	
		Full Time	Part Time
Schools	\$		
Health Care Operations (hospitals, clinics, nursing homes, etc.)	\$		
Jails or detention facilities	\$		
Law enforcement agencies	\$		
Fire fighting authorities	\$		

7. Does the **Public Entity** employ any of the following professional staff:
- | | | |
|----------------------|--|--------------------|
| Lawyers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Number _____ |
| Accountants | <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Number _____ |
| Architects/Engineers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Number _____ |

FINANCIAL INFORMATION:

Please provide the following information. *If “Yes” to any question below, or if the applicant has budget deficits in the past three years, please explain on a separate attachment.*

8. a) Indicate fiscal year end date: _____
- b) Please provide a budget figure for the current and prior two fiscal years:

	CURRENT YEAR	PRIOR YEAR	2 ND PRIOR YEAR
Revenues			
Expenditures			
Outstanding Bond Issues			
Budget Surplus (Deficit)			

- c) Has any State or Federal funding (aid) been eliminated in the past year? ☐ Yes ☐ No
- d) Does the Public Entity anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years? ☐ Yes ☐ No
- e) Has the Public Entity been in default on principal or interest on any bond? ☐ Yes ☐ No

9. Please indicate if the **Public Entity's** bonds are rated (check all that apply) and their ratings from each agency:

	Rating		Rating		Rating
<input type="checkbox"/> Moody's		<input type="checkbox"/> Standard & Poor's		<input type="checkbox"/> Fitch	

PUBLIC ENTITY OPERATIONS

If the answer is "Yes" to any question below, please attach details on a separate piece of paper

10. Are the **Public Entity's** board, council or commission members elected or appointed? ☐ Elected
☐ Appointed
- a) If ELECTED, are they elected via: ☐ Single Member District ☐ At Large ☐ Combination of Both
- b) If APPOINTED, by whom? _____
11. Have any of the following occurred within the past five years:
- a) Strike, slowdown or other disruption by employees? ☐ Yes ☐ No
- b) Protests or civil commotion related to **Public Entity's** operations or activities? ☐ Yes ☐ No
- c) Disputes involving integration, segregation, discrimination, or violation of civil rights? ☐ Yes ☐ No
- d) Grand jury investigations, recall proceedings or indictments of any elected or appointed officials? ☐ Yes ☐ No
12. Does the **Public Entity**:
- a) Have zoning provisions that require a public hearing for zoning changes? ☐ Yes ☐ No
- b) Have a policy and process which prohibits zoning board members from voting on actions which may conflict with their own business or investment interests? ☐ Yes ☐ No
- c) Have a disaster planning document in place for both natural disasters and terrorist acts? ☐ Yes ☐ No
- d) Award any jobs or projects under sole source or "no-bid" contracts? ☐ Yes ☐ No
- e) Operate, license and/or regulate any child or elder care facilities, family child care or foster care homes, child adoption services, child welfare services or public housing? ☐ Yes ☐ No
13. Does the **Public Entity's** vendor contracting review process include the following:
- a) Use of hold harmless provisions in all contracts? ☐ Yes ☐ No
- b) Use of Indemnification provisions? ☐ Yes ☐ No
- c) Transfer of liability to services provider under contract with the applicant ☐ Yes ☐ No
- d) Attorney attendance and written documentation of meetings ☐ Yes ☐ No
- e) Minority vendor hiring policy ☐ Yes ☐ No

EMPLOYMENT PRACTICES

If the answer is "No" to any question below, please attach details on a separate piece of paper

Does the **Public Entity**:

- | | |
|--|--|
| 14. Have a Human Resources or Personnel Department? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Use a uniform employment application for all applicants at all locations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Have a formal orientation program for all new Employees ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Regularly conduct sensitivity training or other discrimination or sexual harassment prevention education? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Provide regular written performance evaluations for all Employees ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Use an "800" number, intranet or similar method for the reporting of allegations of employment practices violations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Have a formal out-placement program which assists terminated or laid off employees in finding other jobs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Require mandatory arbitration of employment and labor related claims? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Require terminations to be reviewed by the following: | |
| • Human Resources Department? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Legal Department? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Outside Counsel? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Publish and distribute a uniform employment handbook? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please indicate whether the **Public Entity** has adopted the following policies and if the policy is in the Employee Handbook:

	<u>Adopted</u>	<u>In Employee Handbook</u>
EEO Statement	<input type="checkbox"/>	<input type="checkbox"/>
At-will Statement	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Harassment Policy/Procedure	<input type="checkbox"/>	<input type="checkbox"/>
Progressive Discipline	<input type="checkbox"/>	<input type="checkbox"/>
FMLA Policy	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy Leave Policy	<input type="checkbox"/>	<input type="checkbox"/>
Grievance Procedures	<input type="checkbox"/>	<input type="checkbox"/>
ADA Policy Requiring Reasonable Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Minority Hiring Policy	<input type="checkbox"/>	<input type="checkbox"/>
Union Hiring Policy	<input type="checkbox"/>	<input type="checkbox"/>
Email and Voicemail Use	<input type="checkbox"/>	<input type="checkbox"/>
Retention of Computer Data, Emails and Voicemail	<input type="checkbox"/>	<input type="checkbox"/>

24. If a *California **Public Entity***, does the **Public Entity** Provide to its supervisory employees in that location(s), two hours of classroom or other interactive training and education regarding sexual harassment at least once every two years?
- ☐ Yes ☐ No

Regarding Third Party Liability exposure, does the **Public Entity**:

- | | |
|---|--|
| 25. Have policies or procedures outlining Employee conduct when interacting with customers, clients, the general public or other third parties? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Have policies or procedures for dealing with complaints from customers, clients or third parties for issues involving harassment or discrimination? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Provide formal diversity or cultural sensitivity training for employees who interact with customers, clients or the general public? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

28. Has a customer, client or third party ever submitted a written complaint or brought a civil proceeding against a proposed Insured alleging harassment, discrimination, or civil rights violations? ☐ Yes ☐ No

If "Yes", please attach details on a separate piece of paper

CLAIMS INFORMATION:

29. Has there been, or is there now pending, any **Claim(s)** against any proposed **Insured**? ☐ Yes ☐ No
30. Does any proposed **Insured** have knowledge or information of any act, error, omission, fact, circumstance, inquiry or formal or in-formal investigation which might give rise to a **Claim** under the proposed **Policy**? ☐ Yes ☐ No
31. Does any proposed **Insured** have knowledge or information of any threatened claim which might give rise to a **Claim** under the proposed **Policy**? ☐ Yes ☐ No
32. During the last 3 years have any of the **Insureds** been involved in any administrative proceedings before the Equal Employment Opportunity Commission, the U.S. Department of Labor, including the Office of Federal Contract Compliance Programs, or any state or local government agency whose purpose is to address employment-related claims? ☐ Yes ☐ No
33. Have any **Insureds** ever been the subject of a disciplinary action or required to comply with any judicial or administrative agreement, order, decree or judgment? ☐ Yes ☐ No

If "Yes" to any of Questions 29-33 please attach a detailed explanation including date of event, claimant, nature of matter, defense costs, indemnity amount, reserve amount and current status for each claim, matter, event, notice or circumstance.

It is agreed that with respect to questions 29-33 above, if such **Claim**, knowledge, information, proceeding, agreement, investigation, matter, order, decree or judgment exists, any **Claim** arising therefrom is excluded from the proposed coverage and will not be covered for **Claims Expenses**, indemnity, or **Loss** under any **Policy** issued.

CURRENT INSURANCE INFORMATION

34. Please provide Public Officials Liability and Employment Practices Liability policy information:

LAST 5 YEARS	PROFESSIONAL LIABILITY CARRIER	LIMITS	DEDUCTIBLE / RETENTION	PREMIUM
Current Year				
Prior Year				
2 nd Prior Yr				
3 rd Prior Yr				
4 th Prior Yr				

35. Current general liability carrier and limits: _____

36. Current Law Enforcement/Police Professional Liability insurance carrier and limits: _____

FRAUD WARNING STATEMENTS

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

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

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

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

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

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

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

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

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

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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

NOTICE TO ALL OTHER APPLICANTS:

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 INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT, ON BEHALF OF ALL PROPOSED INSURED, WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT, ITS SUBSIDIARIES, AND THEIR OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED, OMITTED, SUPPRESSED, CONCEALED, OR MISREPRESENTED IN THIS APPLICATION OR ITS ATTACHMENTS. THE APPLICANT UNDERSTANDS AND AGREES THAT IF, AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION AND ATTACHMENTS, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE INSURANCE MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT UNDERSTANDS AND AGREES THAT THE COMPANY, IN PROPOSING TO PROVIDE INSURANCE, HAS RELIED ON THIS APPLICATION AND ALL ATTACHMENTS, AND THAT THIS APPLICATION AND ALL ATTACHMENTS, ARE (1) MATERIAL AND THE BASIS OF THE CONTRACT WITH THE COMPANY, AND (2) DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

THE UNDERSIGNED OFFICER OF THE APPLICANT CERTIFIES AND WARRANTS THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT AND ITS SUBSIDIARIES.

Applicant's Signature:

(Must be signed by an Officer of the Applicant)

Print Name and Title

____/____/____
Date (Mo./Day/Yr.)

FOR IOWA APPLICANTS ONLY:

Broker: _____

Address: _____

FOR MISSOURI APPLICANTS ONLY:

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT THE POLICY FOR WHICH IT IS APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE THE POLICY'S LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, THE APPLICANT SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Applicant's Signature:

(Must be signed by an Officer of the Applicant)

Print Name and Title

____/____/____
Date (Mo./Day/Yr.)



ACE Municipal AdvantageSM Public Entity Liability Renewal Application

NOTICE

The Policy for which you are applying is written on a claims-made and reported basis. Only Claims first made against the Insured and reported to the Insurer during the Policy Period are covered subject to the Policy provisions.

The Limits of Liability stated in the Policy are reduced, and may be exhausted, by Claims Expenses. Claims Expenses are also applied against your Retention, if any. If you have any questions about coverage, please discuss them with your insurance agent.

INSTRUCTIONS

Please type or print all answers clearly. Answer all questions completely, leaving no blanks. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. If any questions, or any part thereof, do not apply, print N/A in the space. Insert checks in Yes or No answer boxes, if any. This application must be completed, signed, and dated by an authorized officer of your firm. Underwriters will rely on all statements made in this application.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a claim or potential claim. All such notices must be submitted to the Insurer pursuant to the terms of the Policy, if and when issued.

Please attach copies of the following:

- Audited Financial Statement or Budget for the most recent available fiscal year, if the applicant has more than \$500,000,000 in Annual Budget
- Minimum of last 3 years of liability claim loss runs (5 years desired)

1. Name of **Public Entity**: _____ Year Established: _____

2. Principal Address: _____

City: _____ State: _____ Zip: _____

Public Entity's Website www. _____

3. Do you have a Full Time Risk Manager? ☐ Yes ☐ No

Name of Risk Manager: _____ Phone Number: _____

GENERAL INFORMATION:

4. Population Trends: Please provide Population information:

	CURRENT YEAR	PRIOR YEAR	2 ND PRIOR YEAR
Population of Municipality			

Seasonal increase in population? ☐ Yes ☐ No ____%



Public/Educational Entity Pollution Liability Insurance Policy

Application

Instructions:

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

Required Attachments:

- Tank Inventory Lists (☐check here if not applicable)
- Locations Schedule

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy and any endorsement thereto. The policy provides liability coverage on a **CLAIMS-MADE AND REPORTED** basis, which covers only claims first made against an insured and reported to the Insurer, in writing, during the policy period. The policy also provides coverage for remediation costs on a **DISCOVERED AND REPORTED** basis, which covers only pollution conditions first discovered and reported to the Insurer, in writing, during the policy period.

1. Name of Applicant: _____

Principal Contact: _____ E-mail Address: _____

Principal Contact Regarding Mold, Asbestos and Lead Health & Safety Issues: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

2. Types of Exposures to be covered under this policy (check all that apply)

- ☐ Above Ground Storage Tanks
- ☐ Airports
- ☐ Bus Depots
- ☐ Educational Facilities
- ☐ Electric Utility
- ☐ Gas Utility
- ☐ Golf Courses
- ☐ Hazardous Waste Facilities
- ☐ Health Clinics
- ☐ Hospitals
- ☐ Housing Authorities
- ☐ Irrigation Districts
- ☐ Municipal Garages
- ☐ Landfills

- ☐ Nursing Homes/Assisted Living Communities
- ☐ Reclaimed Water Sales/Use
- ☐ Recycling Facilities (non-hazardous)
- ☐ Service Work (outside of covered locations)
- ☐ Sewage Districts
- ☐ Spraying Operation (weed/pesticide)
- ☐ Underground Storage Tanks
- ☐ Wastewater Treatment Facilities
- ☐ Water Districts
- ☐ Water Treatment Facilities

List other facility types or operations here (if applicable):

3. Population (Municipalities): _____
4. Enrollment (School Districts): _____
5. Desired effective date of coverage: _____
6. Limits of Liability and Self-Insured Retention requested:

Limits of Liability:	Self-Insured Retention:
Per Pollution Condition: \$ _____	Per Pollution Condition: \$ _____
Aggregate: \$ _____	

7. Within the past five (5) years has the applicant or any other party to this insurance purchased this type of insurance coverage? ☐ YES ☐ NO
 a. *If "Yes" is indicated above, please provide detailed information regarding any such coverage and all available loss information as an attachment to this application.*
8. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the applicant or any other party to the proposed insurance? ☐ YES ☐ NO
9. Does the applicant or any other party to the proposed insurance have knowledge of any pollution conditions at any of the proposed covered locations? ☐ YES ☐ NO
10. Does the applicant or any other party to the proposed insurance have knowledge of Injury to people or damage to property during the last five (5) years on or at projects where the applicant performed covered operations? ☐ YES ☐ NO
11. Does the applicant or any other party to the proposed insurance have knowledge of any claims made or pollution conditions during the last five (5) years resulting from the transportation of the applicant's or any other party's waste, goods or products? ☐ YES ☐ NO
12. Does the applicant or any other party to the proposed insurance have knowledge of any claims made with respect to pollution conditions on, at, under or migrating from any disposal sites to which the applicant's or any other party's waste is currently being, or has historically been, taken for recycling or disposal? ☐ YES ☐ NO
13. At the time of signing this application, is the applicant or any other party to the

proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim against the applicant or any other party to the proposed insurance from the release of pollutants? ☐ YES ☐ NO

If "Yes" is indicated with respect to questions 8., 9., 10., 11., 12., and/or 13., above, please provide a detailed description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

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

Supplemental Information for Storage Tank Coverage

If you are seeking coverage for pollution conditions emanating from storage tanks, please complete the following.

If you are not, please confirm that the items below are not applicable by checking here: ☐

14. Are all of the storage tanks to be covered pursuant to this insurance (hereinafter Storage Tanks) compliant with all applicable federal, state and local laws and regulations? ☐ YES ☐ NO
- a. *If "No" is indicated above, please provide a written explanation of outstanding compliance issues as an attachment to this application.*
15. Are any of the Storage Tanks located within the State of Florida? ☐ YES ☐ NO
16. If the applicant answered "Yes" to Question 15., above, are any of the Florida-based Storage Tanks single-walled storage tanks (i.e., bare steel tanks, steel tanks with cathodic protection, STIP ¾ tanks or tanks operating under ACT 100), regardless of whether such single-walled storage tanks have any form of tank lining? ☐ YES ☐ NO
17. Have any other storage tanks been removed or closed-in-place in the locations where the Storage Tanks are currently situated? ☐ YES ☐ NO
- a. *If "Yes" is indicated above, please provide detailed information identifying the specific storage tanks to be covered pursuant to this insurance, which are situated at the common location.*
16. Will any of the Storage Tanks be removed, closed or upgraded within the next eighteen (18) months? ☐ YES ☐ NO

Supplemental Information for Lead-Based Paint and Asbestos Coverage

If you are seeking coverage for liability arising out of bodily injury or property damage resulting from exposure to Lead-Based Paint and/or Asbestos, complete the following.

If you are not, please confirm that the items below are not applicable by checking here: ☐

17. Do any of the buildings located at the proposed covered locations contain lead-based paint? ☐ YES ☐ NO
18. If the applicant answered "Yes" to Question 17., above, does the applicant or any other relevant party to the proposed insurance have a lead-based paint management plan in place to address the lead-based paint? ☐ YES ☐ NO
- a. *If "Yes" is indicated above, please provide a copy of any such plan(s) as an attachment to this application.*
19. Do any of the buildings located at the proposed covered locations contain asbestos or asbestos-containing materials (ACM)? ☐ YES ☐ NO
20. If the applicant answered "Yes" to Question 19., above, does the applicant or any other relevant party to the proposed insurance have an asbestos management plan in place to address the asbestos? ☐ YES ☐ NO

a. If "Yes" is indicated above, please provide a copy of any such plan(s) as an attachment to this application.

21. Have any health concerns been raised, or any claims been made, with respect to the presence of lead-based paint, asbestos or asbestos containing materials at any of the buildings located at the proposed covered locations? ☐ YES ☐ NO

a. If "Yes" is indicated above, please provide detailed information regarding the health concerns and/or claims as an attachment to this application.

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

Supplemental Information for Mold, Fungi and/or Legionella Pneumophila Coverage

If you are seeking coverage for Mold, Fungi and/or Legionella Pneumophila, complete the following.

If you are not, please confirm that the items below are not applicable by checking here: ☐

22. Do the applicant and any other parties to the proposed insurance perform due diligence with respect to mold and/or fungi when acquiring or leasing property such as in accordance with ASTM Standard E2418-06 "Standard Guide for Readily Observable Mold and Conditions Conducive to Mold in Commercial Buildings: Baseline Survey Process?" ☐ YES ☐ NO

a. If "Yes" is indicated above, please provide detailed information regarding the scope of that due diligence as an attachment to this application.

23. Have any of the buildings located at the proposed covered locations ever been identified as having mold, fungi, legionella pneumophila or similar bacteria-related problems? ☐ YES ☐ NO

a. If "Yes" is indicated above, please provide detailed information regarding the mold, fungi, legionella pneumophila or similar bacteria related problems as an attachment to this application.

24. Have any of the buildings located at the proposed covered locations experienced any water leaks or flooding within the past five (5) years? ☐ YES ☐

a. If "Yes" is indicated above, please provide detailed information regarding the leaks or flooding as an attachment to this application.

25. Are any of the buildings situated at the proposed covered locations constructed using Exterior Insulation and Finish Systems (EFIS)? ☐ YES ☐ NO

a. If "Yes" is indicated above, please provide detailed information confirming the applicable locations as an attachment to this application.

26. Do the applicant and any other parties to the proposed insurance have any mold management and/or water intrusion plans in place? ☐ YES ☐ NO

a. If "Yes" is indicated above, please provide a copy of any such plan(s) as an attachment to this application.

27. Do employees or members of the applicant and any other parties to the proposed insurance receive any training regarding the handling of mold, fungi or legionella pneumophila or similar bacteria-related issues? ☐ YES ☐ NO

a. If "Yes" is indicated above, please provide detailed information regarding such training as an attachment to this application.

28. Have any health concerns been identified by, or any claims been made against, the applicant or any other parties to the proposed insurance with respect to mold, legionella pneumophila, similar bacteria-related issues or any other indoor air quality-related issues at buildings located on any of the proposed covered locations? ☐ YES ☐ NO

- a. If "Yes" is indicated above, please provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)

PUBLIC ENTITIES / EDUCATIONAL FACILITIES ENVIRONMENTAL INSURANCE APPLICATION

ADDENDUM A: Airports and Former Military Bases / Property

ENTITY: _____

AIRPORTS

1. Does the Applicant own or operate any Airports? ☐ YES ☐ NO

If **YES**, please answer the following:

2. Name of Airport: _____

3. Address of Airport: _____

4. Average Number of Flights Daily: _____

5. Length of Longest Runway (feet): _____

6. If the Applicant owns or operates any fuel storage tanks, complete **Addendum G: Storage Tank Data Sheet**.

FORMER MILITARY BASES AND PROPERTY

7. Does the Applicant own or operate any covered location(s) that were formerly used by the Military? ☐ YES ☐ NO

If **YES**, which location and describe the history of the location.

8. When did the Applicant take custody of the location? _____

9. What is the current use of the location?

10. Are there any pollution conditions associated with the history of the location? ☐ YES ☐ NO If **YES**, please explain.

11. Who is responsible for the remediation of any pollutions conditions discovered at the location that were a result of its historical use?

12. Please provide information regarding any mandatory or voluntary environmental assessments or monitoring performed at the location:

PUBLIC ENTITIES / EDUCATIONAL FACILITIES ENVIRONMENTAL INSURANCE APPLICATION

ADDENDUM B: Educational Facilities

ENTITY: _____

EDUCATIONAL FACILITIES

1. Please attach a list of all educational facilities. Please include their physical addresses.

Type of Facility	Total Number of Schools	Total Average Daily Attendance (ADA)
Day Care / Pre-School		
Elementary		
Middle School		
High School		
College / University		
Medical Schools		
Vocational Schools		

2. Do you have any science or chemistry laboratories in your district? ☐ YES ☐ NO

If **YES**:

a. Are written chemical storage and emergency spill procedures provided to employees and students?

☐ YES ☐ NO

b. Are all chemicals kept in a secured area?

☐ YES ☐ NO

c. Do chemical disposal methods meet state and federal standards?

☐ YES ☐ NO

3. Do you have any auto shop garages in any of your schools? ☐ YES ☐ NO

If **YES**, please complete **Addendum H: Vehicle Maintenance Facilities** for each location.

4. Do you have any school bus maintenance garages in any of your district? ☐ YES ☐ NO

If **YES**, please complete **Addendum H: Vehicle Maintenance Facilities** for each location.

5. Do you have any swimming pools in your school district? ☐ YES ☐ NO

If **YES**:

a. How many? _____

b. Are all pool chemicals kept in a secured place? ☐ YES ☐ NO

c. Are written chemical storage and emergency spill procedures provided to employees? ☐ YES ☐ NO

PUBLIC ENTITIES / EDUCATIONAL FACILITIES ENVIRONMENTAL INSURANCE APPLICATION

ADDENDUM C: Gas and Electric Utilities

ENTITY: _____

GENERAL INFORMATION			
Question	Gas	Electric	Other:
1. How many utilities does the Applicant operate?			
2. How many households are serviced?			
3. Describe the security systems that are in place for the utility.			
4. Describe the emergency procedures and emergency shut-off systems for each location.			
ELECTRIC UTILITIES			
5. Address for each Electric Utility:			
6. How is the electricity generated (steam, coal, gas, oil, etc)?			
7. Describe fly ash disposal methods.			
8. Does the fly ash disposal methods meet state and federal standards? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO , please explain.			
9. Do your emissions meet federal and state guidelines? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO , please explain.			
10. Do any of your transformers contain PCB? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , how often are they inspected?			
11. Have you received any Notices of Violations within the last five years? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , please explain.			
12. Are there any fuel storage tanks located at the site? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , please complete Addendum G: Storage Tank Data Sheet .			
GAS UTILITIES			
13. Address for each Gas Utility:			
14. Please describe your natural gas distribution system.			
15. How often are gas lines inspected?			
16. Have you received any Notices of Violations within the last five years? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , please explain.			
17. Are there any fuel storage tanks located at the site? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , please complete Addendum G: Storage Tank Data Sheet .			

PUBLIC ENTITIES / EDUCATIONAL FACILITIES ENVIRONMENTAL INSURANCE APPLICATION

ADDENDUM D: Landfills / Transfer Stations / Recycling Facilities

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

Site Name:		
Physical Address:		
City:	State:	Zip Code:
State and/or EPA Identification#:		
1. What type of facility is this? (Check all that apply) <input type="checkbox"/> Active Landfill <input type="checkbox"/> Transfer Station <input type="checkbox"/> Closed Landfill (additional information required) <input type="checkbox"/> Material Recycling Facility		
2. When was this facility designed and built?		
3. When was this facility first permitted?		
4a. Who permits this facility?		
5a. Total Acreage:	5b. Disposal Acreage:	5c. Buffer Acreage:
6. Permitted maximum tons per day?		
7. Actual average tons per day?		
8. What is the estimated closure date of the facility?		
9. Have you received any Notices of Violations within the last five years? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , please explain		
10. Does the Applicant operate the facility? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. Describe the use of the Surrounding Properties. NORTH _____ EAST _____ SOUTH _____ WEST _____		
LANDFILLS		
12. Is a composite liner in place? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , please describe liner material and thickness.		
13. Is a Leachate Collection System in place? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , how is the leachate stored and disposed of?		
14. Is a Groundwater Monitoring System in place? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , please provide the most recent groundwater monitoring reports.		
TRANSFER STATION / MATERIAL RECYCLING FACILITY		
15. Are there any systems for monitoring pollution conditions at the facility? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , please explain.		
16. Is the facility located at an active or closed landfill? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , please explain.		
17. List of Goods recycled:		

PUBLIC ENTITIES / EDUCATIONAL FACILITIES ENVIRONMENTAL INSURANCE APPLICATION

ADDENDUM E: Recreational Facilities / Medical Facilities

ENTITY: _____

RECREATIONAL FACILITIES

1. How many parks are owned by the Applicant? _____
Total Acreage: _____
2. How many playgrounds do you have where the equipment is constructed of treated lumber? _____
3. How many playgrounds use recycled rubber chips as a base? _____
4. How many swimming pools does the Applicant maintain? _____
What type of chemical treatment system is used? _____
5. How many ponds or lakes does the Applicant maintain? _____
How many are used for recreational swimming? _____
6. How many golf courses does the Applicant maintain? _____
Please describe chemical use and storage. _____
7. Does the Applicant own any Arenas or Stadiums? ☐ YES ☐ NO
If YES, what is the total capacity? _____

MEDICAL FACILITIES

Question	Hospitals	Medical Clinics	Nursing Home/Assisted Living
Total Number of Facilities?			
Number of Beds?			
Number of patients per year?			
Number of on-site laboratories?			
Number of employees?			
Number of on-site incinerators?			

Are there any fuel storage tanks located at the site? ☐ YES ☐ NO

If YES, please complete **Addendum G: Storage Tank Data Sheet**.

PUBLIC ENTITIES / EDUCATIONAL FACILITIES ENVIRONMENTAL INSURANCE APPLICATION

ADDENDUM F: Chemical Storage / Spraying Operations / Service Work

ENTITY:

CHEMICAL STORAGE

1. Are all chemical storage facilities secured? ☐ YES ☐ NO

2. Are written emergency spill procedures provided to employees who handle chemicals? ☐ YES ☐ NO

CHEMICAL SPRAYING OPERATIONS

3. Does the Applicant perform any spraying operations? ☐ YES ☐ NO

4. Does the Applicant perform any aerial spraying operations? ☐ YES ☐ NO

Please Note: Aerial Spraying operations are excluded from the coverage.

5. Types of Spraying Operations

Herbicide: _____	Days per Year: _____
Pesticide: _____	Days per Year: _____
Other (describe): _____	Days per Year: _____

6. Describe the methods of application used:

7. Do you require that the person conducting the spraying operations be certified? ☐ YES ☐ NO

8. Percentage of spraying operations performed by Employees? _____

9. Percentage of spraying operations performed by Contractors? _____

10. Do you required Certificates of Insurance from Spraying Contractors? ☐ YES ☐ NO

11. **Please attach Material Data Safety Sheets (MSDS's) for all chemicals used and list the quantities used for each.**

OTHER SERVICE WORK

12. Please list other service work routinely provided by the Applicant:

Storage Tank Inventory By Location

(Completed as part of the Application for Insurance)

Facility Name _____ Facility Address _____ Facility ID # _____

(Complete schedule with symbols below)

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

Contents

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

Tank Construction

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

Overfill/Spill Protection

A. Ball Check Valve
M. Spill Containment Bucket
N. Flow Shut-off
O. Tight Fill
P. Level Gauges,
High Level Alarms
Q. Other EPA/DEP Approved
Protection Method
Piping Construction Material
B. Steel
C. Fiberglass
F.,M. Double walled
N. Approved Synthetic Material
Z. Other EPA/DEP Approved
Piping Material
D. External Protective Coating
E. C/P with sacrificial anode or
impressed current

Tank Leak Detection

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

AST Diking & Base Construction

K. Concrete, Synthetic Material, clays
S. Other EPA/DEP approved secondary
containment system
Z. Dirt/Earth

Piping Leak Detection

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

PUBLIC ENTITIES / EDUCATIONAL FACILITIES ENVIRONMENTAL INSURANCE APPLICATION

ADDENDUM H: Vehicle Maintenance Facilities

ENTITY: _____

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

PROPERTY DESCRIPTION		
Physical Street Address	Year First Opened	Number of Vehicles Serviced each year
1. Is the facility used for other operations besides vehicle maintenance? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what operations? _____		
2. Does this location have hydraulic lifts? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. Have the hydraulic lift oil tanks ever been inspected? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide details: _____		
4. Provide a description of adjacent properties: North: _____ South: _____ East: _____ West: _____		
5. Identify any protected or sensitive environments within one mile of the site (parks, schools, wetlands, etc.): _____		
6. Is public water and sewer available at the site? <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. Provide information regarding any mandatory or voluntary monitoring performed at the site: _____		
8. Identify any past storage or disposal practices at the site, including any on-site disposal: _____		
9. Please provide information on known prior uses of the maintenance locations: _____		
10. Are there any fuel storage tanks located at the site? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete Addendum G: Storage Tank Data Sheet.		

PUBLIC ENTITIES / EDUCATIONAL FACILITIES ENVIRONMENTAL INSURANCE APPLICATION

ADDENDUM I: Water Treatment Facilities / Wastewater Treatment Facilities

ENTITY:														
ONE ADDENDUM MUST BE COMPLETED FOR EACH LOCATION LOCATIONS ARE NOT COVERED UNLESS SCHEDULED TO THE POLICY														
Entity:														
Physical Address of Storage Tanks Listed Below:														
City:	State:	Zip Code:												
EPA I.D. #:														
1. What type of facility is this? (Check one) <input type="radio"/> Water Treatment Facility <input type="radio"/> Waste Water Treatment Facility														
2. When was this facility designed and built?														
3. What is the Total Population served by this facility?														
4. When was this facility first permitted?														
5. Is this site completely fenced and access restricted? <input type="checkbox"/> YES <input type="checkbox"/> NO														
6. Are there any fuel storage tanks located at the site? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete Addendum G: Storage Tank Data Sheet.														
WATER TREATMENT														
7. How many miles of pipelines is the entity responsible for?														
8. Average amount of water treated per day (gallons)?														
9. Maximum capacity treated water per day (gallons)?														
10. Number of: _____ Water Tanks _____ Water Towers														
11. Source of Water Supply for this facility:														
WASTEWATER TREATMENT														
12. How many miles of sewer lines is the entity responsible for?														
13. Average amount of waste treated per day (gallons)?														
14. Maximum capacity treated waste per day (gallons)?														
15. Please complete the following for each permitted effluent discharge:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">POLLUTANT</th> <th style="width: 33%;">PERMITTED MAXIMUM AMOUNT</th> <th style="width: 33%;">DAILY AVERAGE AMOUNT</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table>			POLLUTANT	PERMITTED MAXIMUM AMOUNT	DAILY AVERAGE AMOUNT									
POLLUTANT	PERMITTED MAXIMUM AMOUNT	DAILY AVERAGE AMOUNT												
16. Where and how is your effluent discharged?														
17. What is done with the residual by-product/sludge?														
RECLAIMED WATER														
18. Does the facility sell or distribute any Reclaimed Water? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: a. Average gallons of water reclaimed per day: _____ b. Percent Sold: _____ Percent reused by the entity: _____														
19. Are signs posted in the area where reclaimed water is used? <input type="checkbox"/> YES <input type="checkbox"/> NO														
20. On a separate page, describe the use and application of the reclaimed water.														