



General Municipal Information Worksheet

Fund Name: Public Alliance Insurance Coverage Fund
Municipality: _____
Street Address: _____
City: _____
State: _____
Zip: _____
County: _____
Phone: _____
Fax: _____
Fund Commissioner: _____

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 Public Officials Liability/Employment Practices Liability Limits Available:

- 1 Million excess 2 Million = 3 Million
- 2 Million excess 2 Million = 4 Million
- 3 Million excess 2 Million = 5 Million
- 4 Million excess 2 Million = 6 Million
- 4 Million excess 6 Million = 10 Million

Standard Limit is 2 Million

GENERAL LIABILITY

Entity: _____
Fund: Public Alliance Insurance Coverage Fund

Area (square miles): _____ Population (summer increase): _____
Road Miles: _____ Golf Course (Receipts): _____

MUNICIPAL BUDGET WORKSHEET

TOTAL APPROPRIATIONS:

Total Municipal Appropriations for 2023 _____
(Both IN and Out of CAP) _____

LESS DEDUCTIONS:

- 1. Reserve for Uncollected Taxes _____
- 2. Deferred Charges for Future Taxation _____
- 3. Debt Service _____
- 4. Capital Improvement _____
- 5. Judgements _____
- 6. Contracted Services
(Sanitation Only) _____

TOTAL DEDUCTIONS _____

TOTAL ADJUSTED APPROPRIATIONS _____

POLICE PROFESSIONAL LIABILITY WORKSHEET

2023

Number of officers who are armed and/or have arrest power: _____
Number of officers without arrest power: _____
School crossing guards, meter maids, etc.: _____
Number of Department personnel who are not police officers
and have no arrest power (clerical): _____
Number of Auxiliary Police or Reserves: _____
Number of Police dogs and horses: _____

WORKERS' COMPENSATION PAYROLL WORKSHEET

Entity: _____

Fund: Public Alliance Insurance Coverage Fund

Classification	Code	2023 # Full Time Employees	2023 # Part Time Employees	2024 Estimated Payroll
Shade Tree Commission	0106			
Bridges or Culverts	5222			
Street Maintenance	5509			
Landfill	6217			
Sewer Construction	6306			
Bus System	7384			
Water Department	7520			
Electric Department	7539			
Sewer Department	7580			
Fire Department (paid)	7711			
Fire Department (volunteer)	7711B			
First Aid/Rescue Squad	7715			
First Aid (volunteer)	7715B			
Police (arrest powers only)	7720			
Crossing Guards	7728			
Auto Repair	8397			
Engineer	8601			
Sales	8742			
Administrative/Clerical	8810			
Police Dispatchers & Clerical	8810B			
Mayor/Council	88102			
Judges/Magistrates	88103			
Attorney	8820			

After School Care	8828			
Public Health Nurses	8835			
Library Department	8838			
School/Prof	8868			
Building Department	9015			
NJPHA	9033			
Health Care Services	9045			
Swimming Pool	9061			
Parks and Recreation	9102			
Library-non prof	9106			
Street Cleaning	9402			
Sanitation	9403			
Municipal Employees NOC	9410			
Lifeguards	9410B			
County Gov't/Youth Workers	9421			
Animal Shelter	9726			
Totals				

SPECIAL EXPOSURES

Entity: _____

Fund: Public Alliance Insurance Coverage Fund

Yes / No

Dam, Levee or Dike _____

Water Utility _____

Electric Utility _____

Sewer Utility _____

Waterfront, Lake, Reservoir _____

Animal Pound _____

Industrial Park _____

Cemetery _____

Pistol Range _____

Chemical Spraying _____

Swimming Pool _____

Concession Stand _____

Wharves/Piers/Docks _____

Fairs _____

Watercraft _____

Fireworks _____

Convention Center, Arena, Auditorium _____

Ice/Roller Skate/Blade Facilities _____

Skate Board Facilities _____

Golf Course _____

Incinerator _____

Stadium, Bleachers, Grandstands _____

Landfill, Dump, or Refuse Site _____

Landfill Detail: _____

Parking Authority _____

Non-owned Aircraft Liability _____

Parking/Garage keepers Liability _____

Day Care Center _____

Day Care Type: _____

Day Care Services: _____

The following exposures are EXCLUDED from the program. If you have any of these exposures, contact your Risk Manager for assistance.

Amusement Parks
Hospitals and Clinics
Nursing Homes and Aides Treatment Centers
Penal Institutions, Jails
Schools and Colleges
Ski Facilities and similar area
Gas Utilities
Zoos
Airport and related facilities
Blasting Operations
Mechanical Amusement Devices/Carnivals
Racetracks
Housing Authority
Marina Operator's Legal Liability
Skateboard Facilities (can be provided, if local JIF approves coverage and by meeting loss control criteria)

Note (1): Normal Board of Health operations including incidental malpractice are covered by the Fund.

Note (2): Coverage for holding cells is provided.

Note (3): The Fund's liability coverage includes its sponsorship of "street fairs", "fair days", "founders day", and the like. However, coverage does not extend to participants, vendors, contractors, etc.

PRESENT PREMIUMS AND LIMITS

NOTE: PLEASE INCLUDE COPIES OF YOUR CURRENT INSURANCE POLICIES

COVERAGE	COMPANY	EXPIRATION DATE	LIMITS	PREMIUM
Workers' Comp				
Property Package (Section I)				
Police Professional				
General Liability				
Umbrella				
Public Official				
Miscellaneous				
Auto Liability				
Auto PD				
TOTALS:				

PROVIDE HARD COPY CURRENTLY VALUED INSURANCE COMPANY LOSS RUNS FOR ALL COVERAGE FOR THE PAST FIVE YEARS.

APPLICATION CERTIFICATION:

I have examined the Underwriting and Claims information herein contained and submitted on behalf of the municipality/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.

Township Official

Print Name

Title

Signature

Date

Person completing form
(if not the applicant)

Print Name

Title

Signature

Date

Quasi Municipal Entities

Class I - Public Safety Organizations and Auxiliaries

Class II - Volunteer Ambulance Corps. and Fire Districts

Class III - All Other Non-Athletic Organizations

Class IV - Athletic Organizations

Automobile Underwriting Information

1. Does your municipality check the driving record (i.e. M.V.R.'s) on all persons driving municipal 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 a municipal vehicle?

Yes No

4. Drivers of buses and emergency vehicles:

A. Number of drivers under 25:

B. Number of drivers over 65:

C. Is there a check on previous driving experience?

Yes No

D. Is there a drivers training program?

Yes No

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

Yes No

**APPLICATION FOR
EMPLOYMENT PRACTICES LIABILITY COVERAGE
QBE Specialty Insurance Company
Wall Street Plaza
88 Pine Street, New York, NY 10005**

Employment Practices Liability Coverage is written on a claims-made basis. Except, as otherwise provided, this policy will cover only claims first made against the Insured during the Coverage period. Please read the policy carefully.

The limit of liability of this policy will be \$2,000,000 each loss and annual aggregate for each Coverage Period subject to the policy retention and Coinsurance provision.

The Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defense. Any retention may be similarly reduced or exhausted by Defense Costs.

1. GENERAL INFORMATION

Member Public Entity _____
Address _____ JIF _____

2. MATERIAL CHANGE

Signing of this application does not bind the Member Public Entity or QBE Specialty Insurance Company. If there is any material change in the answers to the questions prior to the policy inception date, the Member Public Entity will notify the QBE Specialty Insurance Company in writing and any outstanding quotation may be modified or withdrawn.

3. UNDERWRITING INFORMATION

YES NO

Have you adopted a Loss Control/Risk Management Plan? _____
(If yes, attach a copy of the LC/RMP Plan **including the completed checklist** and applicable Ordinance/Resolution #)

4. LOSS HISTORY

Please attach a listing of all employment related lawsuits as well as administrative proceedings (e.g. EEOC) commenced during the past 3 years. Describe the type of allegation, the court or agency involved and any determination, judgment, defense cost or settlement for

5. PRIOR INSURANCE

Does the Member Public Entity currently have employment practices liability or similar insurance?
 Yes No, If no, skip to Section 8 and answer the warranty statement. If yes, provide the following:

Insurer	Limits	Deductible	Policy Period
_____	\$ _____	\$ _____	_____

Has the Member Public Entity or any Insured given written notice under the provisions of any prior or current employment practices liability or similar insurance of specific facts or circumstances which might give rise to a claim being made against any Insured?

Yes No. If yes, attach details.

6. PRIOR KNOWLEDGE/WARRANTY

It is important that you complete this paragraph. The Mayor and Council are not aware of any facts or circumstances which he or she knows or should have reason to know might give rise to a future claim that would fall within the scope of the proposed coverage, except: (If no exceptions please state).

7. FALSE INFORMATION

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

8. WARRANTY, DECLARATION AND SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief that the statements set forth herein are true. The signing of this application is a warranty on behalf of the Insured, which the QBE Specialty Insurance Company is relying upon and is affording coverage pursuant to any policy, which may be issued. Any and all warranties or statements in this application shall be deemed the basis for an attached to and shall form a part of any policy which may be issued.

This section of the application must be signed by the Governing Body and Administrator of the Member Public Entity and attested.

Chairperson/Mayor's Signature

Name:

Date:

Attest Signature

Name:

Date:

Administrator Signature

Name:

Date:

Chairperson's signature

Date

Attest:

Date

Administrator signature

Date

Property and Crime Coverages

1. Complete the following schedules:
 - Property Schedule Worksheet
 - Schedule of Valuable Papers
 - Schedule of Equipment (ACV \$5,000 or more)
 - Schedule of Miscellaneous Equipment (ACV less than \$5,000)
 - 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. 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.
3. 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.
4. 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.

Coverage will only apply to the items listed on the accompanying schedules. In the case of scheduled equipment, any piece of equipment valued at \$5,000 and over should be listed individually. Each department can group items less than \$5,000, but they must be grouped by department name and category of equipment ie: police radios, etc.

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.

The FUND also provides the following crime coverage:

1. money and securities
2. faithful performance and employee dishonesty
3. excess statutory bond coverage at the greater of:
 - a. The amount covered positions are required by law to be individually bonded whether or not such individual bond is in place, or
 - b. The amount of such individual bond in place.

IMPORTANT: INCLUDE LATEST AUDITED FINANCIAL REPORT.

Automobile Classifications
Public Alliance Insurance Coverage 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 buses and fire trucks valued between \$50,000 and \$100,000.
- Group III:** Fire Trucks greater than 15 years old.
Vehicles other than buses and fire trucks valued over \$100,000.
- Group IV:** Fire Trucks less than 15 years old.
- Group V:** All buses.
- Group VI:** Antique Fire Trucks.

**Statement of Values
Property Schedule**

						VALUES		
Item #	Location (Check if over 50 years old) -----9	Square Footage	# of Stories	Occupancy*	Type of Construction	Building	Contents	Valuable Papers
Totals								

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 Equipment

Actual Cash Value

Individual pieces of equipment valued at \$5,000 or more.

Examples: mowers, backhoes, and other construction equipment.

Please individually list each item.

Year	Description	Department	Value
Total			

Schedule of Miscellaneous Equipment

Actual Cash Value

Individual pieces of equipment valued under \$5,000 each.

Examples: police radios, portable rescue equipment

Please group items by department and description.

Department	Description	Blanket Amount
Total		

Schedule of Special Floaters

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

Note: All municipal owned fine arts items worth more than \$5,000 require the filing of an appraisal.

Department	Description	Blanket Amount
Total		

Loss Experience

Minimum five years should be provided.

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 \$25,000: Date _____ Incurred \$ _____

Description _____

2. General Liability Losses, **including police professional**

Year	Number of Claims	Amount Paid	Total Reserved	Total Incurred

Loss information valued as of: _____

List losses over \$25,000: 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 \$25,000: 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 \$25,000: 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 \$25,000: Date _____ Incurred \$ _____
 Description _____

6. Public Officials

If loss runs are not available for public officials, please submit a letter from the town'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 \$25,000: Date _____ Incurred \$ _____
 Description _____

DAY CARE QUESTIONNAIRE

Type of facility: (If more than 1, please copy this questionnaire and complete one for each entity).

- Day Care Day Camp Nursery

1. Location _____

2. Is the facility licensed? Yes No

Number of years in operation: _____

Days and hours of operation: _____

3. Professional Qualifications of the staff: _____

Number of teachers: _____

Number of volunteers: _____

How are staff members hired/evaluated? _____

Are references checked? _____

4. Average daily attendance of children:

_____ 0-2 years _____ 3-5 years

_____ 6-9 years _____ 10-over

Ratio of adults to children:

_____ 0-2 years _____ 3-5 years

_____ 6-9 years _____ 10-over

5. Playground Equipment (list & describe)

6. Describe any activities away from the facility

7. Describe any adjacent occupancies/exposures:

8. Are medical facilities available (give description)

9. Please list and describe any suits filed or claims paid against any teacher/volunteer/employee

LANDFILL/DUMP/REFUSE SITE QUESTIONNAIRE

1. Type of exposure: (if more than 1 applies, please copy this questionnaire and complete 1 for each entity)

- a. Landfill Dump Refuse Disposal
 Other (describe)
- b. Commercial Residential Industrial
 Rural

2. Location _____

3. Number of acres in use: _____

4. Number of years in operation: _____

5. Security Provisions:

- a. Fenced - Yes No
 If yes, what is the type of height of the fence? _____
- b. Attendant - Yes No
- c. Locked - Yes No
 Describe lock policy _____

6. Is operation of the site subcontracted? Yes No

7. Licensed and Certified? Yes No

8. Describe the type of waste accepted:

- a. Form of waste (solid, liquid, sludge, etc.) _____
- b. Handling of hazardous waste? Yes No
 If yes, explain: _____

c. Is someone on the premises during dumping? Yes No

d. Is someone on the premises during other periods? Yes No

 If yes, please describe: _____

e. Is the dump in a populated or isolated area? Please describe:

9. Any record of outstanding violations and/or citations? Yes No
If yes, list _____

10. Methane reclamation limited to normal venting? Yes No
If no, explain any co generation processes

11. Number of landfills _____
Location of each

DAM/LEVEE/DIKE QUESTIONNAIRE

Please attach photographs

1. Name of structure _____
2. Location _____
3. Year built _____ Built under the direction of:
 Corps of Engineers Bureau of Reclamation Department of Interior

For the following section check all that apply:

4. Purpose: Flood Control Irrigation Water Supply
 Industrial Power

If Power, describe alternate source in case of power failure:

5. Construction: Concrete Earthen Steel Sheeted Timber
Type: Gravity Arch Buttress Earthen

6. Dimensions: Height _____ Top Width _____ Base Width _____

7. Name of Tributary Rivers:

Upstream _____

Downstream _____

8. Normal pond measurements:
of Acres _____ Storage Capacity _____ (# of gallons)

Is additional storage available in flood state? Yes No

If yes, describe _____

9. How is the waste level controlled? Gates Other

If gates what type? _____

How are gates operated? _____

By whom? _____

10. Upstream exposures: Are there exposures to any of the following:

A) Structures, industrial complexes, housing? Yes No

If yes, describe (be specific include distances, etc.): _____

B) Recreational areas (swimming, boating, camping, etc)?

Yes No

If yes, describe (again be specific): _____

11. Downstream Exposures:

Are there exposures to any of the following:

A) Housing? Yes No

If yes, describe: _____

B) Industrial Complexes? Yes No

If yes, describe: _____

C) Public Utilities? Yes No

If yes, describe: _____

D) Pumping Stations? Yes No

If yes, describe: _____

E) Lower Dams? Yes No

If yes, describe: _____

F) Bridges? Yes No

If yes, describe: _____

G) Highways? Yes No

If yes, describe: _____

H) Railroads? Yes No

If yes, describe: _____

I) Agricultural Areas? Yes No

If yes, describe: _____

J) Recreational Areas? Yes No

If yes, describe: _____

K) Other Structures?

Yes No

If yes, describe: _____

12. How frequently is the dam, levee or dike inspected? _____

By whom? _____

(PLEASE ATTACH A COPY OF THE MOST RECENT REPORT)

B) Has this risk been included under the National program for dam inspections?

Yes No

If yes, Hazard code: _____

13. General condition and maintenance: Excellent Good Poor

14. Describe any losses or pending suits which have occurred involving the dam, levee, or dike. Include the amount of damages paid and amounts in reserve.

15. Please give us your comments and opinion of this risk.

WATERFRONT QUESTIONNAIRE

Please attach photographs.

1. A) Type of exposure Beach Pond Lake Reservoir
 Ocean River Stream

B) Name and location of exposure: _____

2. Square footage/frontage/size: _____

3. A) Describe extent of activities (swimming, boating, ice skating, etc.): _____

B) If swimming is allowed:

1. Is swimming area roped or marked?
If so, explain area and type of marking:
2. Is diving permitted? _____ Supervised? _____
3. Depth of water? _____
4. Is swimming area checked for underground obstructions, etc.? _____

C) If ice skating is permitted, describe procedures used to check ice thickness and stability:

4. Is there posting of warning signs? _____
If yes, what is sign wording and location of signs? _____

5. Are there lifeguards? _____ How many? _____
Hours on duty? _____ Certified? _____

6. Describe maintenance and repair of facilities: _____

7. Explain additional controls and safety features: _____

8. Days and hours of operation: _____

9. What controls, if any, are used to eliminate or discourage after hour accessibility?

10. Describe any loss or incident which has occurred in the past three years: _____

WATER UTILITY QUESTIONNAIRE

1. General Information:

A) Payroll (less clerical):

Maintenance \$ _____

Main Construction \$ _____

Please forward a copy of budget or accounting records that verify payrolls.

B) Number of gallons distributed annually: _____

C) Number of customers served: _____

D) Number of employees _____

2. Source:

A) Lake Well River Dam Reservoir
 Treatment Plant Spring Other

B) Name of source:

(If source is a dam, levee or dike attach a completed questionnaire)

3. Facilities

A) Wells Tank Towers Dams attach questionnaire)
 Other

B) Number, location, age and construction of each (attach additional pages if necessary)

4. Treatment:

A) What state or local agency monitors water quality? _____

B) How often is water analysis done? _____

Is it recorded? _____

C) What chemicals are used? _____

How are they controlled? _____

Are they labeled? _____

D) How is bacteria controlled? _____

5. Distribution:

A) Mains: Number of miles: _____

B) Maximum distribution capability (Gallons per day): _____

C) Daily average: _____

6. Safety:

A) Describe inspection/safety procedures: _____

B) Describe any additional safety features at each facility: (fencing, lighting, aircraft warninglights, etc.) _____

C) Describe draining and inspection procedures for storage facilities: _____

D) Describe emergency plans for prevention controls for:

1: Sudden release of water: _____

2: Construction damage: _____

3: Contamination: _____

4: Vandalism: _____

E) Are construction sites, open manholes, trenches, sunken roads and sidewalks adequately protected and marked? _____

NOTE: PLEASE FORWARD COPIES OF ALL CONTRACTUAL AGREEMENTS AND CERTIFICATES OF INSURANCE FROM ALL INDEPENDENT CONTRACTORS.

PUBLIC SEWER UTILITY QUESTIONNAIRE

1. General Information:

A) Payrolls

- 1: Sewage disposal plant operation \$ _____
- 2: Mains or Connections Construction \$ _____
- 3: Cleaning \$ _____

B) Number of Storm or Sanitary Sewer miles: _____

C) Number of employees: _____

2. Facilities:

A) _____ Treatment Plants _____ Lift Stations _____ Pumps
Number, Location, Age, and Construction of each: (attach additional pages if necessary)

3. Pipe Construction:

- A) Type: _____
- B) When was pipe installed? _____
- C) Depth _____
- D) Is pipe construction/repair done by staff or is it contracted out? _____

4. Treatment:

A) Type of plant: Primary _____ Secondary _____ Tertiary _____

B) What state or local agency monitors system? _____

How often? _____

C) How is fluid input monitored for hazardous or toxic wastes? _____

D) Describe all chemicals used in treatment process: _____

E) Has the plant ever been fined or cited for noncompliance with required standards?

F) Describe disposition of residual by product: _____

G) How are methane and other gases controlled/vented? _____

5. Safety:

A) Describe inspection/safety procedures: _____

B) Describe any additional safety features at each facility: (fencing, lighting, etc.) _____

C) Describe emergency plans/prevention controls for sudden release of sewage, system failure, construction damage, contamination: _____

D) If blasting operations are conducted, please complete questionnaire.

NOTE: PLEASE ATTACH COPIES OF ALL CONTRACTUAL AGREEMENTS AND CERTIFICATES OF INSURANCE FROM ALL INDEPENDENT CONTRACTORS.

6. For Sewage Treatment plants only – Provide complete equipment listing and indicate:
- A) Horsepower for motors 10hp and up.
 - B) Horsepower for pumps 10hp and up.
 - C) If pumps are submersible, indicate horsepower and depth of pump casing for each.
 - D) Total property values per location.
 - E) Number of clarification tanks:
7. For Water Lift Stations Only – Provide complete equipment listing and indicate:
- A) Horsepower for all motors.
 - B) Horsepower for all pumps.
 - C) Total real value for each.

ELECTRIC UTILITY QUESTIONNAIRE

1. General Information:

A) Payroll (less clerical):

Maintenance: \$ _____

Meter Readers: \$ _____

Main Construction: \$ _____

Please forward a copy of budget or accounting records that verify payroll.

B) Total voltage produced annually: _____

C) Number of customers served: _____

D) Number of employees: _____

2. Source of power:

A) Does an outside contractor serve as a power source? Yes No

B) If yes, name the company: _____

3. Facilities:

Listing of all generators including location and age, kw, and dollar value. _____

4. Would damage or destruction of equipment cause suspension of operations? _____

5. Is alternate power and light readily available in case of breakdown or disruption of service?

Estimate: _____

Daily loss _____ Maximum probable period of shutdown _____

6. Additional expense for purchase of electrical power in event of a breakdown: _____

7. Please describe all losses during the past five years: _____

FIRE DISTRICT QUESTIONNAIRE

Please complete the following if you would like to have the fire district considered for coverage.

1. A) Name _____
 B) Organized under N.J.S.A. _____
 C) Servicing Communities _____
 D) Response Radius _____
 E) Number of calls annually _____
 F) Number of paid employees _____
 Certified payroll _____
 Year _____
 G) Number of Volunteers _____
 H) Annual Operating Budget _____

2. Would the District like to participate in a Fund sponsored Right To Know Compliance Training Program? Yes No

3. Please complete a separate property and auto summary sheet for each entity.

4. Please attach copies of the District's current policies.

5. Complete present premiums and limits section.

6. Complete the enclosed Loss Summary Sheet and attach Loss information for the last 5 years.

FIRST AID DISTRICT QUESTIONNAIRE

Please complete the following if you would like to have the fire district considered for coverage.

1. A) Name _____
 B) Organized under N.J.S.A. _____
 C) Servicing Communities _____
 D) Response Radius _____
 E) Number of calls annually _____
 F) Number of paid employees _____
 Certified payroll _____
 Year _____
 G) Number of Volunteers _____
 H) Annual Operating Budget _____

2. Would the District like to participate in a Fund sponsored Right To Know Compliance Training Program? Yes No

3. Please complete a separate property and auto summary sheet for each entity.
4. Please attach copies of the District's current policies.
5. Complete present premiums and limits section.
6. Complete the enclosed Loss Summary Sheet and attach Loss information for the last 5 years.

PARKING AUTHORITY QUESTIONNAIRE

Please complete if you would like to have the Parking Authority considered for coverage.

1. Name _____
2. Is the Authority an autonomous body? _____
3. Does the Authority have its own governing body: _____
4. Does the Authority adopt its own budget? _____
Amount _____
Year _____
5. Please include a brief description of the Authorities operations. _____

6. Gross annual receipts. _____
7. Number of employees: Full Time _____ Part Time _____
8. Certified payroll amount: _____
9. Number of parking spaces: _____
Square footage of lots: _____
10. Is the lot attended? _____
Hours attended: _____
11. Does the Authority perform any other services such as busing senior citizens? Please describe:

12. Please complete the enclosed property and auto summary sheet.
13. Attach a copy of current policies.
14. Complete Present Premiums and Limits section attached.
15. Complete the enclosed Loss Summary Sheet and attach Loss information for the past 5 years.

**MUNICIPAL EXCESS LIABILITY
JOINT INSURANCE FUND**

**PUBLIC OFFICIAL BOND
SURETY APPLICATION and
INDEMNITY AGREEMENT**

(Please Print)

Name of Applicant _____ Social Security No. _____

Home Address _____
Street City State Zip

Position to be Bonded: _____

Name of Member Entity (Obligee): _____

Member Entity Address:

_____ Street City State Zip

Amount of Bond \$1,000,000 Effective Date _____

Have there been any Bond losses in the last 5 years? Yes No

If yes, please provide details:

Has applicant ever been insolvent, bankrupt, or has pending lawsuits for non payment, liens or judgments Yes No

If yes, provide full details: _____

Official Title of Applicant _____ Elected Appointed

Term of Office _____ years Begins (date) _____ Ends (date) _____

Have you previously occupied this position? Yes No

If yes, during what period _____

Present/Prior Surety Company _____

Bond Limit _____ Position Held _____

Has any Surety Company ever canceled, refused, renewed or declined an applicant for your? Yes

No

**MUNICIPAL EXCESS LIABILITY
JOINT INSURANCE FUND**

**PUBLIC OFFICIAL BOND
SURETY APPLICATION and
INDEMNITY AGREEMENT**

1. Amount of money handled during an annual term \$ _____
2. Largest amount at any one time under your control \$ _____
3. Are funds deposited as received? Yes No
4. Have you agreed to use only depositories designated by your superiors?
 Yes No
5. Does the applicant have authority to withdraw funds from depository by check?
 Yes No
If yes, is countersignature required? Yes No
By whom? _____
6. Who reconciles Bank Statements? _____
7. Is applicant a custodian of securities? Yes No
If yes, what amount \$ _____
Where are securities kept? _____
Is there joint control? Yes No
If yes, by whom _____
8. Did the CPA make any recommendations during the last audit?
 Yes No
9. Are your accounts audited on an annual basis? Yes No
If yes, by whom? _____
10. Does the applicant collect taxes? Yes No
If yes, what amount is to be collected? _____
11. To whom and when does the applicant make a report of insolvencies and delinquencies? _____
12. Is the applicant responsible for investment of funds? Yes No
If yes, is there a published investment policy which has been approved by the Obligee? Yes No
13. Is there someone other than the applicant checking at least annually to be sure the investment policy is being followed? Yes No

**MUNICIPAL EXCESS LIABILITY
JOINT INSURANCE FUND**

**PUBLIC OFFICIAL BOND
SURETY APPLICATION and
INDEMNITY AGREEMENT**

CERTIFICATE OF DESIGNATION OF DEPOSITORIES

Name of Applicant _____

Name of Member Entity (Obligee) _____

This is to certify that the following financial institutions are duly designated as depositories for the funds of: _____

Name of Financial Institution _____

Business Address: _____
Street City State Zip

Name of Financial Institution _____

Business Address: _____
Street City State Zip

Name of Financial Institution _____

Business Address: _____
Street City State Zip

Member Entity _____ Signature of Secretary _____ Date _____

INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor (s) all hereinafter called the Indemnitor (s) hereby certify that the foregoing declarations made and answers given, are the truth without reservation and are made for the purpose of inducing Municipal Excess Liability Joint Insurance Fund (MELJIF) C/o PERMA Inc. Park 80 West, Plaza One Saddlebrook, N.J. 07663, for itself and its affiliates, parents and subsidiaries, hereinafter called Surety, to issue the bond (s) or undertaking (s) applied for and any renewal and increase of the same or of any bond (s) or undertaking (s) of similar nature given in substitution or renewal thereof (all comprehended in the word "bond (s)" or "undertaking (s)" as herein used). The Indemnitor (s) agree that the Surety may decline the bond (s) applied for or may cancel or terminate same without incurring liability whatsoever to the Indemnitor (s). In consideration of the Surety executing said bond (s) or undertaking (s) or the forbearance of cancellation of any bond (s), the Indemnitor (s) do undertake and agree as follows:

**MUNICIPAL EXCESS LIABILITY
JOINT INSURANCE FUND**

**PUBLIC OFFICIAL BOND
SURETY APPLICATION and
INDEMNITY AGREEMENT**

To pay the Surety all premiums when due and annually in advance of each renewal thereafter, until the Indemnitor (s) shall serve upon the Surety, at its said office, competent written legal evidence, satisfactory to the Surety, of it being duly discharged from such bond or undertaking. Indemnitor (s) hereby expressly authorize the MELJIF to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) to verify information supplied to MELJIF (b) for underwriting purposes; and (c) upon establishment of a reserve, for debt collection. The Indemnitor (s) will at all times indemnify and keep indemnified, the Surety and hold and save it harmless from and against any and all damages, loss, costs, charges and expenses of whatsoever kind or nature, including counsel and attorney's fees, whether incurred under retainer or salary or otherwise, which it shall or may, at any time, sustain or incur by reason or in connection with furnishing any bond or undertaking. To deposit with the Surety on demand an amount sufficient to discharge any claim made against the Surety on the bond (s) or undertaking (s). This sum may be used by Surety to pay such claim or be held by Surety as collateral security against loss or cost on the bond (s) or undertaking (s).

I do also expressly relieve said MELJIF and all others from liability for disclosing or furnishing any information it may have obtained concerning me or my affairs and so also relieve said MELJIF from any compliance with any provisions of any laws concerning the disclosure of any knowledge or information which may have been obtained concerning me or my affairs and do release and discharge said MELJIF and every person, association, firm or corporation furnishing it with any information concerning me or my affairs from any and all liability or responsibility under or by reason of any of the provisions of any of said laws and from any and all claims, demands, causes of action and damages that may have, or purport to have, arisen by reason of any such laws, or any amendments thereof, or supplements thereto.

Regardless of the date of signature (s), this indemnity agreement is effective as of the date of execution of aforementioned bond (s) or undertaking (s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein.

Signed this _____ day of _____, _____.

The MELJIF shall have the right, at its option, to fill in any blanks left herein, to correct any errors in the description of said bond or bonds or any of them, or in said premium or premiums, it being hereby agreed that such insertions, or corrections, when so made shall be **prima facie** correct.

Applicant _____

Notary

Signature

Seal

FAIR CREDIT REPORTING ACT CONSUMER DISCLOSURE AND AUTHORIZATION

In connection with your employment with _____ (the "Employer"), the Employer may obtain one or more consumer reports or investigative consumer reports (or both) about you, as defined in the Federal Fair Credit Reporting Act, 15 U.S.C. 1681 *et seq.*, for employment purposes. These purposes may include hiring, bonding, contract, assignment, volunteering, promotion, re-assignment, and termination. The reports will include information about your credit, character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. It may be a "consumer report" bearing on your credit worthiness, credit standing, and credit capacity which is used or expected to be used as a factor in making an employment-related decision about you. It may be an "investigative consumer report" that includes information as to your character, general reputation, personal characteristics, and mode of living obtained through personal interviews with your prior employers or with others who may have knowledge concerning any such items of information. If the Employer obtains an investigative consumer report, you have the right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

The Employer may not obtain any consumer report on you for employment purposes without your written authorization. Also, the Employer may not obtain medical information about you without your express consent to the release of medical information. Consent to the release of medical information is *not* covered by the authorization contained in this document.

Consent and General Authorization to Obtain Consumer Report as Described Above

I hereby authorize the Employer, now or at any time while I am in a relationship with the Employer, to obtain a consumer report, or an investigative consumer report, on me. This authorization does not authorize the release of medical information. I also acknowledge receipt from the Employer on this date of "A Summary of Your Rights Under the Fair Credit Reporting Act" and "A Summary of Your Rights Under the New Jersey Fair Credit Reporting Act."

Employee's/Applicant's Signature

Today's Date

Employee's/Applicant's Name Printed



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? YES NO If **YES**, please explain

10. Does the Applicant operate the facility? YES NO

11. Describe the use of the Surrounding Properties.

NORTH _____	EAST _____
SOUTH _____	WEST _____

LANDFILLS

12. Is a composite liner in place? YES NO
If **YES**, please describe liner material and thickness.

13. Is a Leachate Collection System in place? YES NO
If **YES**, how is the leachate stored and disposed of?

14. Is a Groundwater Monitoring System in place? YES 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? YES NO If **YES**, please explain.

16. Is the facility located at an active or closed landfill? YES 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

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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? YES NO
If YES, what operations? _____

2. Does this location have hydraulic lifts? YES NO

3. Have the hydraulic lift oil tanks ever been inspected? YES 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? YES 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? YES 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)
 Water Treatment Facility Waste Water Treatment Facility

2. When was this facility designed and built? _____

3. What is the Total Population served by this facility? _____

4. When was this facility first permitted? _____

5. Is this site completely fenced and access restricted? YES NO

6. Are there any fuel storage tanks located at the site? YES NO
 If YES, please complete **Addendum G: Storage Tank Data Sheet.**

WATER TREATMENT

7. How many miles of pipelines is the entity responsible for? _____

8. Average amount of water treated per day (gallons)? _____

9. Maximum capacity treated water per day (gallons)? _____

10. Number of: _____ Water Tanks _____ Water Towers

11. Source of Water Supply for this facility: _____

WASTEWATER TREATMENT

12. How many miles of sewer lines is the entity responsible for? _____

13. Average amount of waste treated per day (gallons)? _____

14. Maximum capacity treated waste per day (gallons)? _____

15. Please complete the following for each permitted effluent discharge:

POLLUTANT	PERMITTED MAXIMUM AMOUNT	DAILY AVERAGE AMOUNT

16. Where and how is your effluent discharged?

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

RECLAIMED WATER

18. Does the facility sell or distribute any Reclaimed Water? YES NO
 If YES:

a. Average gallons of water reclaimed per day: _____

b. Percent Sold: _____ Percent reused by the entity: _____

19. Are signs posted in the area where reclaimed water is used? YES NO

20. On a separate page, describe the use and application of the reclaimed water.
