

Name of Insured	Proposed Effective Date
-----------------	-------------------------

Please check all of the operational exposures of the Public Entity below. Note that coverage may not be available for all operations or exposures.

Operations/Exposure	Do you have this exposure?	
	Yes	No
Abuse or Molestation	Yes	No
Airport	Yes	No
Amusement Park	Yes	No
Arena/Convention Center	Yes	No
Athletic Participation	Yes	No
Blasting Operations	Yes	No
Dam/Levee/Dike	Yes	No
Daycare Center/Day Camps	Yes	No
EMT/Fire Department/Paramedic	Yes	No
Health Department/Mental Health Department	Yes	No
Hospital/Clinic	Yes	No
Housing Authority	Yes	No
Jail, Detention Center	Yes	No
Landfill/Dump/Refuse Site/Incinerator	Yes	No
Library	Yes	No
Liquor Liability	Yes	No
Mechanical or Electrically Operated Amusement Devices	Yes	No
Museum	Yes	No
Nurse/Jail Nurse	Yes	No
Nursing Home	Yes	No
Pier, Dock, marina, Boat Slip/Ramp	Yes	No
Port Authority	Yes	No
Recreational Activities (Recreation,Fireworks, Water Activities, Rifle/Shooting Range - Public use, Golf Course, Fitness Center, Rodeo, Ski Facility)	Yes	No
Sanitation, Garbage Collection, Recycle Operations	Yes	No
School	Yes	No
Shelter/Youth Home/Group Home	Yes	No
Skate Park Facility	Yes	No
Special Event (fairs, carnivals, festivals, parades)	Yes	No
Streets/Roads/Highways/Bridges	Yes	No
Utilities: Electric	Yes	No
Utilities: Gas	Yes	No
Utilities: Sewer	Yes	No
Utilities: Water	Yes	No
Watercraft/Boat	Yes	No
Zoo	Yes	No

Other Exposure


If you answered "Yes" to any of the above, please complete the corresponding supplemental application(s).