

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s):	Today's Date:
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Mailing Address:

Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	Bid Date:	Need by Date:
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Primary Contact For:	Name	Phone Number	Email Address
Risk Control			
Law Enforcement			
Human Resources			

REQUIRED ATTACHMENTS

Include the following with the submission:

- ACORD Applications
- Budget
- Claim History:
 - TPA or Carrier Loss Runs
 - Total Paid and Incurred
 - Separated by Line of coverage

PROFESSIONAL LINES ADDITIONAL INFORMATION

	<i>Does the applicant have this exposure?</i>	<i>Complete Required Form</i>
Coverage/Exposure Cyber Liability	<input type="checkbox"/>	<i>Public Entity Cyber⁺ LiabilitySM Application (59133)</i>
Employment Practices Liability	<input type="checkbox"/>	<i>Public Entity Employment-Related Practices Liability Additional Information Request (CP-7615)</i>
Law Enforcement Liability	<input type="checkbox"/>	<i>Law Enforcement Liability Additional Information Request (CP-7612)</i>
Public Entity Management Liability	<input type="checkbox"/>	<i>Public Entity Management Liability Additional Information Request (CP-7616)</i>
Employee Benefits Liability	<input type="checkbox"/>	<i>Employee Benefits Liability Application (CP-4391)</i>

Please complete additional supplements as requested in the Exposure Checklist on the next page

PUBLIC ENTITY OPERATIONS AND EXPOSURE CHECKLIST

Please complete the following:

Operation/Exposure	Does the applicant have this exposure? <small>(check if yes)</small>	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Public Entity	Separate Legal Entity	Sub-contracted		
A separate Additional Information Request may be required for certain exposures identified below						
Airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Airports	
Arenas / Convention Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Buildings	
					Total Sq. Ft. Area	
Cemeteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Acres	
					Include Cemetery Prof. Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dams / Levee / Dike / Canal/ Flood Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Dams/Levee/Dike/Canal/Flood Wall Additional Information Request (CP-7610)	
Daycare Centers - Child / Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avg. No. Clients per Day	
					Complete Abuse or Molestation Coverage Supplemental Application (CP-4501)	
Housing Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Buildings/Units	
					Responsible for Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
International Travel (Sister City)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete International Insurance Application (58215)	
Landfills / Dumps / Refuse Sites / Incinerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Open / Closed	
					No. Acres	
Liquor Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete ACORD Liquor Liability Section (803)	
Marinas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area	
					Gross Sales	
Museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area	
Non-Profit Affiliations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe _____	
Port Authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net Expenditures	\$
Sanitation, Garbage Collection, or Recycle Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete:	
					<ul style="list-style-type: none"> Healthcare Professional Additional Information Request (CP-7611) International Insurance Application (58215) Abuse or Molestation Coverage Supplemental Application (CP-4501) 	
					Type of Transit	_____
Transportation Systems (Transits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
					No. Watercraft / Boats	
Watercraft / Boats > 25 foot length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Watercraft / Boats	_____

Zoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Zoos	

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Public Entity	Separate Legal Entity	Sub-contracted		

HEALTHCARE - Facilities

Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Clinics	
					Responsible for Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Hospitals	
					Responsible for Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area	
Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible for Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Shelters / Youth or Group Homes (separate from all other residential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Client/Residents	
					Total Sq. Ft. Area	
					Complete Abuse or Molestation Coverage Supplemental Application (CP-4501)	

HEALTHCARE/EMT – Professionals

Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete: <ul style="list-style-type: none"> Abuse or Molestation Coverage Supplemental Application (CP-4501) Healthcare Professional Additional Information Request (CP-7611)
EMTs / Paramedics/ First Responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jail Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LAW ENFORCEMENT ACTIVITIES

Jails / Detention Centers / Holding Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Law Enforcement Liability Additional Information Request (CP-7612)
Law Enforcement Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PARKS and RECREATION

Park & Recreation Department (Water Activities, Rodeo, Archery Range, Fitness Center, Ski Facility, Skate Park, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete: <ul style="list-style-type: none"> Parks and Recreation Additional Information Request (CP-7613) Abuse or Molestation Coverage Supplemental Application (CP-4501) 	
Fireworks Displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No. of Displays per Year
Golf Courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Holes	
Special Events (Parades, Fairs, Festivals, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Events Per Year	
					Gross Sales – All Events \$	
					Describe _____	

UTILITIES

Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If exposure is controlled by the entity, then complete <ul style="list-style-type: none"> Utilities Additional Information Request (CP-7617)
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sewer or Sewage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telecommunications (Telecom, Cable, Wi-Fi, Internet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Public Entity	Separate Legal Entity	Sub-contracted		
Wind Generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Solar Generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SUBCONTRACTED OPERATIONS

- a. Are sub-contractors required to carry limits of insurance equal to your limits of liability? Yes No
- b. Are certificates of insurance obtained?..... Yes No
- c. Are hold-harmless agreements required from sub-contractors? Yes No
- d. Are you named as an additional insured under the sub-contractors policy?..... Yes No

EMERGENCY DISPATCH *Check if N/A*

- a. Who handles your dispatch services? Police Fire Other _____
- b. Does your department handle dispatch for others?..... Yes No
- c. Are incoming calls to dispatchers recorded? Yes No
If yes, how long are tapes or digital files retained (i.e. number of years)? _____

EMPLOYEE TURNOVER

Indicate your employee turnover percentage of full time and part time employees for the past year: Turnover percentage = (# voluntary + involuntary terminations) / Total # of employees	<i>Last Year</i>	<i>2 years ago</i>

STREETS/ROADS/HIGHWAYS *Check if N/A*

	<i>Paved</i>	<i>Unpaved</i>
Miles of road owned:		
Miles of road maintained for others:		

Who performs the following functions?	<i>Entity</i>	<i>Contractor</i>
a. Street cleaning and dusting?	<input type="checkbox"/>	<input type="checkbox"/>
b. Cutting grass or weeds, planting, pruning/removal of trees, removing brush, spraying and fumigating?	<input type="checkbox"/>	<input type="checkbox"/>
c. Gravel spreading?	<input type="checkbox"/>	<input type="checkbox"/>
d. Erecting, maintaining or removing guide rails and posts, road markers, or signs?	<input type="checkbox"/>	<input type="checkbox"/>
e. Paving or repaving, surfacing or resurfacing?	<input type="checkbox"/>	<input type="checkbox"/>
f. Snow removal?	<input type="checkbox"/>	<input type="checkbox"/>
g. Installation and maintenance of traffic lights?	<input type="checkbox"/>	<input type="checkbox"/>
h. Erecting and maintaining light poles?	<input type="checkbox"/>	<input type="checkbox"/>
i. New road construction?	<input type="checkbox"/>	<input type="checkbox"/>
j. Do you document inspections, preventive maintenance, and repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what is the turnaround time for routine repairs?</i> _____		

- k. Are road signs regularly inspected for visibility and missing signs?..... Yes No
- l. Are barricades and warning signs used at road work sites? Yes No

Number of Uncontrolled Railroad Crossings: Rural: _____ Urban: _____

BRIDGES *Check if N/A*

Indicate number of the following classification of bridges:

Classification	<i>Railway</i>	<i>Waterway</i>	<i>Highway</i>	<i>Utility</i>	<i>Pedestrian</i>	<i>Toll Bridges</i>
<i>Total Bridges owned/maintained by Entity</i>						
<i>Are Warnings Clearly Posted?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe all bridges 50ft. or greater in length (classification, length, one-lane, drawbridge, etc.):

How many bridges do you have that are coded by the National Bridge Inventory as 3,2, or 1? _____

How often are your bridges inspected? _____

Who Conducts the bridge inspections? _____

Have any bridges not passed inspection (do not meet local, state, or federal standards, are structurally deficient, etc.) or are any bridges condemned? Yes No

If yes, list bridges, locations and provide reasons for current conditions: _____

Are you involved in any bridge construction? Yes No

If yes, describe: _____

AUTO

a. Do you have criteria for MVR acceptability? Yes No

b. Do you provide driver training periodically for all drivers? Yes No

c. Are all accidents reviewed internally? Yes No

d. Is corrective action taken? Yes No

e. How many employees/volunteers regularly use their personal auto for business use (# or %) _____

Please provide additional detail on the nature of the use of personal autos (e.g. errand running, volunteer firefighters, home healthcare visits, volunteer transportation, other _____

Do you verify that each employee/volunteer has valid automobile insurance in place? Yes No

What auto liability limits do you require employees/volunteers to carry? _____

How many 15-passenger vans do you have in your auto fleet? _____

a. Are drivers of 15-passenger vans specifically trained in the operation of these vehicles? Yes No

b. Please describe the usage of 15 passenger vans for your entity (who is transported, and for what purpose):

c. Please provide additional detail pertaining to the transport of children under 18 utilizing 15 passenger vans:

If law enforcement vehicles are included in the automobile schedule, do you have the following policies and procedure?

a. Vehicular Pursuit..... Yes No

Date of last Revision: _____

b. Patrol Driving & Response Yes No

Date of last Revision: _____

c. Transportation of Prisoners Yes No

Date of last Revision: _____

Passenger Transportation Services Check if N/A

Type of transportation service: Scheduled bus route Demand response / Para transit / Dial-A-Ride
 Daycare / Day camp / Recreation programs Social Services Van Pool

Are new drivers subject to an orientation program on basic vehicle operation prior to being allowed to operate that vehicle? Yes No

Are criminal record checks conducted on all transportation employees? Yes No

Are there written procedures and driver training for transporting handicapped passengers? Yes No

If yes, do the procedures and training include:

a. Use of equipment tie-downs? Yes No

- b. Passenger restraint?..... Yes No
 - c. Loading and unloading of passengers?..... Yes No
 - d. Door-to-door service procedures..... Yes No
- Do you operate any vehicles you do not own? *If yes, please provide contractual agreement*..... Yes No
- Any contracted drivers? *If yes, please provide contractual agreement*..... Yes No
- Are volunteers used for any transportation service?..... Yes No

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK (OTHER THAN AUTO INSUREDS), OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

AUTO INSUREDS IN NEW YORK: 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, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURES

Authorized Representative Signature*: X	Authorized Representative Name - Printed:	Date:
Producer Signature*: X	State Producer License No. (required in FL):	Date:
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.