

## SUPPLEMENTAL APPLICATION

In addition to this supplement, please submit all relevant  
 Property, Auto and Inland Marine schedules.  
**COMPLETE ONLY THOSE SECTIONS THAT ARE APPLICABLE.**  
[MyMemberGuard.com](http://MyMemberGuard.com)

### GENERAL INFORMATION

#### Entity

Application Date: \_\_\_\_\_ CRWA Membership #: \_\_\_\_\_ FEIN: \_\_\_\_\_

Legal Name of Entity: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Other Named Entities: \_\_\_\_\_

Entity Population: \_\_\_\_\_ Web site address: \_\_\_\_\_

Coverage Effective Date: \_\_\_\_\_ Quote Due Date: \_\_\_\_\_

Type of Entity: \_\_\_\_\_

Mutual Water Company Water District Sewer District Irrigation District

District Operations – Other: \_\_\_\_\_

Identify the number of: \_\_\_\_\_ Board Members, Public Officials, Directors or Officers \_\_\_\_\_ Volunteers (not vol. board members)

Employees: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary or Seasonal Workers

How long have the board members and management team served? \_\_\_\_\_

Yes No Does the entity fund, operate or control other boards, commissions or authorities? If "Yes," explain: \_\_\_\_\_

Yes No Does the entity provide employees or equipment to any local government? If "Yes," explain: \_\_\_\_\_

Yes No Are certificates of insurance required from subcontractors? Minimum limits required? \_\_\_\_\_

Yes No Is a uniform written contract used for all subcontractors? If "Yes," check those items that are included:  
 Addtl. Covered Party status on a Primary/Non-Contributory Basis Hold Harmless Defense & Indemnification

Yes No Is the entity named as an additional covered party on subcontractors' liability policies?

Check all items included in the entity's formalized risk management program and procedures:

Written Safety or Loss Prevention Manual Employee training Property or equipment inspection/maintenance logs  
 Sexual harassment prevention and training Accident investigation program Other: \_\_\_\_\_

Yes No Are mutual aid agreements in place? If "Yes," identify: \_\_\_\_\_

Yes No Are these mutual aid agreements formal agreements? \_\_\_\_\_

#### Submitting Broker

Broker: \_\_\_\_\_ License No: \_\_\_\_\_

Contact Name | Email | Phone #: \_\_\_\_\_

#### Expiring Information

Identify the carrier, expiring lines of coverage, limits and cost: \_\_\_\_\_

#### Loss History

Please provide 5 years of currently valued loss runs for each coverage requested. If there are individual losses greater than \$10,000 (including expenses), provide the details and open/closed status of each loss on a separate page.

#### Coverage Requested

Property	Auto	Public Officials & Management Liability
Flood	General Liability	Employment Practices Liability
Inland Marine	Excess Liability	Cyber Liability & Privacy Crisis Mgmt. Expense
Crime	Other:	

## PROPERTY

The Property coverage is based on the covered values submitted as part of this application. The Property form includes various extensions of coverage that are outlined in detail below. Higher limits are available when indicated. Default limits will be provided unless otherwise requested in this section.

1. Limit of Coverage: \$ \_\_\_\_\_ Blanket coverage will be provided unless otherwise advised in the Proposal. A Statement of Values signed by the member is required for Blanket Limits.
2. Property Deductible requested: \$ \_\_\_\_\_ \$500 minimum to \$100,000
3. What valuation % applies to the submitted property values? A minimum of 90% coinsurance is required for Blanket coverage.  
80%                    90%                    100%
4. Property Valuation?

Replacement Cost      Actual Cash Value      Functional Replacement Cost

<b>Coverage</b>	<b>Default Limit</b>	<b>Limit Requested (000s omitted)</b>		
Loss of Income	\$250,000	\$		
Extra Expense	\$250,000	\$		

<b>Coverage Extension</b>	<b>Default Limit</b>	<b>Limit Requested (000s omitted)</b>				
Accounts Receivable	\$50,000	\$250	\$500	\$1,000		
Fine Arts	\$25,000 / \$1,500 per Occurrence / Item *	\$	(attach schedule)			
	\$50,000 per Occurrence **					
	* without certified appraisal    ** with certified appraisal					
Outdoor Property	\$150,000 per Occurrence	\$250	\$350	\$500		
Property In Transit or Off Premises	\$100,000 per Occurrence	\$250				
Software	\$500,000 per Occurrence	\$				
Valuable Papers and Records	\$50,000 per Occurrence	\$250	\$500	\$1,000		

5. Yes      No      Any vacant buildings?
6. Yes      No      Any buildings over 30 years old? If "Yes," list premises, renovations, and date completed:
7. Yes      No      Do any pumps or motors exceed 750 HP?
8. Yes      No      Do any individual specialized equipment items exceed \$100,000 in value? Specialized equipment items include fuel cells, micro turbines, rotating biological contractors and submersible pumps.
9. Yes      No      Does the entity have on-premises electrical generation capability (including emergency generators) of 250 kilowatts or higher? If "Yes," please identify the type of power generation.

<b>Type of Source</b>	<b>Kilowatts Generated</b> (check all that apply)	<b>What is generated power used for?</b> (check all that apply)	
Hydroelectric	_____	Primary power	Emergency Power
Wind	_____	Peak Shaving	Standby
Solar	_____	Supplemental	Unsure
Geothermal	_____		
Other	_____		

10. Yes      No      Does the entity currently have any property in the "course of construction" or have any new additions, renovations or expansions planned?  
If "Yes," describe: \_\_\_\_\_ Cost of construction: \$ \_\_\_\_\_
11. Yes      No      Does the entity have any hydroelectric equipment?  
If "Yes," describe: \_\_\_\_\_
12. Yes      No      Is optional Flood Coverage requested?  
If "Yes," Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_  
Current Carrier: \_\_\_\_\_ Current Limit: \$ \_\_\_\_\_  
Note: Flood coverage cannot be provided for any premises determined to be in a 100-year flood zone.
13. Yes      No      Are any premises occupied 24 hours a day? If "Yes," identify the locations: \_\_\_\_\_
14. Yes      No      Does the member have a written Environmental Remediation procedure? If "Yes," provide a copy.

Property Comments: \_\_\_\_\_

## DEFAULT COVERAGE EXTENSIONS

### Property:

Coverage Extension	Limits Included
Accounts Receivable	\$50,000 Limit Included
Commandeered Property	Replacement cost plus loss of use
Debris Removal Expenses	25% of Direct Loss plus an added \$250,000
Equipment Breakdown	Up to applicable Property Limits for Coverage A, B, C & D. Sub-limits apply to the following coverages: -Expediting Expenses * \$100,000 -Hazardous Substances * \$250,000 -Spoilage * \$100,000 -Data Restoration * \$500,000 -Green Coverage \$100,000 -Off-Premises Equipment Breakdown Included -Public Relations \$5,000
	<i>* Optional limits are available.</i>
Fine Arts	\$25,000 Per Occurrence, \$1,500 Per Item without a certified appraisal \$50,000 Per Occurrence with a certified appraisal
Fire Department Charges	\$25,000 Per Occurrence
Fire Equipment Recharge Costs	All necessary and reasonable costs
Limited Coverage for Fungus	\$50,000 Coverage Aggregate
Newly Acquired or Under Construction Real Property and Related Personal Property	\$1,000,000 Per Occurrence Coverage A \$500,000 Per Occurrence Coverage B
Ordinance Coverage	Included for Replacement Cost
Outdoor Property	\$150,000 Per Occurrence
Personal Effects	\$25,000 Per Occurrence
Pollution Remediation Expenses	\$250,000 Aggregate
Preservation of Property	Coverage A and B Limits apply
Real Property or Personal Property In Transit or Off Premises	\$100,000 Per Occurrence
Software	\$500,000 Per Occurrence
Supplementary Provisions for Loss of Income and Extra Expense	Actual Loss Sustained for 30 days for new buildings
Trees, Shrubs, Plants, and Lawns	\$25,000 Per Occurrence, \$1,000 Per Item
Valuable Papers and Records	\$50,000 Per Occurrence
Arson, Theft or Vandalism Information Reward	\$25,000 Per Loss
Lock Replacement	\$25,000 Per Occurrence
Spoilage due to Off Premises Electrical Service Interruption	\$50,000 Per Occurrence
Water Contamination Notification Expense	\$25,000 Per Any One Coverage Period
Building Glass – Tenant	Included
Non-Owned Detached Trailers	\$50,000 Per Occurrence
Claim Expense	\$20,000 Per Occurrence
Building Damage from Theft – Tenant	\$100,000 Per Occurrence

### Inland Marine:

Coverage Extension	Limits Included
Debris Removal Expenses	\$15,000 Per Occurrence
Tools and Equipment (Employee owned)	\$25,000 Per Occurrence
Non-owned Tools and Equipment	\$10,000 Per Occurrence
Rented or Borrowed Equipment	\$100,000 Per Occurrence
Rental Reimbursement for Scheduled Equipment	\$10,000 Per Occurrence
Unmanned Aircraft (Drones)	\$25,000 Per Occurrence
Fire Department Charge	\$1,000 Per Occurrence
Fire Extinguishing Recharge Cost	All necessary and reasonable costs
Newly Acquired Scheduled Equipment	30 Days
Watercraft and Personal Watercraft	Extends Coverage A for watercraft with <100hp for up to \$25,000 Per Occurrence
Deductible Waiver	Included

## INLAND MARINE

**Coverage A** provides RC coverage to Blanket Tools and Equipment, subject to the chosen occurrence limit and a per item maximum limit of \$10,000.

**Coverage B** provides RC or ACV coverage to Scheduled Equipment (high-valued tools and equipment such as air compressors, backhoes, etc.) with individual values greater than \$10,000 as per the schedule.

The Inland Marine form includes various extensions of coverage that are outlined above.

1. Coverage A Deductible requested: \$ \$250 minimum to \$25,000
2. Coverage B Deductible requested: \$ \$250 minimum to \$25,000 (if same deductible is being used for all scheduled items)
3. Rented or Borrowed Equipment Extension limit requested?  
\$100,000 minimum \$250,000 \$500,000
4. Yes No Does the entity maintain an equipment inventory? If "Yes," provide a schedule of equipment.
5. Yes No Are all equipment items secured when not in use?

## Unmanned Aircraft Systems (Drones)

1. Yes No Does the entity own or operate drones? If "Yes", please complete the schedule below.

Model	Serial Number	Weight (lbs./oz.)	Value of Drone	Value of Attached Equipment

2. Yes No Are all operations being conducted in accordance with FAA rules?
3. How many personnel are authorized to operate the drones? \_\_\_\_\_
4. How many hours of training are required prior to personnel being authorized to operate the drones? \_\_\_\_\_
5. Yes No Does the entity loan, rent or lease the drones to others? If "Yes",
  - a. Describe to whom: \_\_\_\_\_
  - b. Will you loan, rent or lease: with your authorized operator without your operator

Inland Marine Comments: \_\_\_\_\_

## CRIME

The Crime coverage form has limits of coverage available as shown in the chart below.

1. Limits Option requested? (select one of the following)

Limits Option	Employee Theft	Forgery or Alteration	Inside the Premises		Outside the Premises	Computer and Funds Transfer Fraud	Money Orders	Fraudulent Impersonation
			Theft of Money & Securities	Robbery/Safe Burglary				
1	\$10,000	\$10,000	\$10,000	\$5,000	\$10,000	\$20,000	\$10,000	\$10,000
2	\$25,000	\$25,000	\$25,000	\$5,000	\$25,000	\$20,000	\$10,000	\$10,000
3	\$50,000	\$50,000	\$50,000	\$5,000	\$50,000	\$50,000	\$25,000	\$25,000
4	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
5	\$250,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
6	\$500,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
7	\$1,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
8	\$1,500,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
9	\$2,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000

Note: Money and Securities is only offered within the Crime coverage form.

2. Deductible requested? (Deductibles above \$1,000 are only available with Limits Options 5, 6, 7, 8 and 9.)

\$ \$250 minimum to \$25,000

3. Crime Type requested? Commercial Crime (used for private entities) Government Crime (used for public entities)

4. Yes No Is Faithful Performance Coverage needed? (Government Crime Form only)

5. Indicate what security provisions apply and identify how often:

Audit \_\_\_\_\_ Bank Statements \_\_\_\_\_

Countersignature \_\_\_\_\_ Reconciliations \_\_\_\_\_ Other \_\_\_\_\_

6. Number of ratable employees?

Ratable employees consist of all employees or volunteers who regularly handle, have custody or maintain records of money, securities or other property, and all department and division heads and assistant managers.

Crime Comments: \_\_\_\_\_

## GENERAL LIABILITY

<b>Coverage A.</b> Bodily Injury and Property Damage Liability Limit also applies to Property Damage to Premises Rented to You	\$1,000,000	Each Occurrence
<b>Coverage B.</b> Personal and Advertising Injury Liability	\$1,000,000	Any One Person or Organization
<b>Coverage C.</b> Medical Expense	\$10,000	Any One Person
General Aggregate	\$10,000,000	
Products and Completed Operations Aggregate	\$10,000,000	

Core coverage includes Water/Wastewater Professional Liability and blanket additional covered parties when required by a written contract.

### Exposure Summary (check all that apply):

		Above Ground Storage Tanks	Chemical Spraying – Pesticide/Herbicide
Dams, Dikes, Lakes, Reservoirs or Levees	Drones	Electric Utilities	Fireworks Exhibits
Gas Utilities	Hydroelectric Generation	Irrigation Ditches	Irrigation Operations
Laboratory – Testing or Consulting	Landfills, Dumps, Refuse Sites, Incinerators	Marina	Potable Water
Rental Facilities	Sanitary Sewers	Sewage Disposal Plants	Storm Sewers
Swimming Areas, Pools or Beaches	Utility Construction or Repair	Vacant Land	Wastewater Operations
Wastewater Plants	Watercraft (>100 hp)	Water Utilities or Operations	Waterslides

## WATER, SEWER, DAMS & IRRIGATION EXPOSURES

Water Utility	N/A
1. Yes      No      Does the entity have a fully computerized water system? (i.e., SCADA)?	
2. What is the water utility annual payroll? \$	
3. How many gallons of potable water are distributed annually?	
4. What is the water system's capacity? _____	
5. How many water utility customers (hook-ups)? _____	
6. What percentage is distributed to the following? Commercial _____ Industrial _____ Residential _____	
7. What is the source of the water supply? _____	
8. How is the water treated? _____	
9. What water chemicals are used? _____	
10. How often does the entity test? _____	
11. How are the entity's water chemicals stored and secured? _____	
12. For the water treatment system, identify the following: Year Built? _____ Year last upgraded? _____ What percentage is older than 20 years? _____ What upgrades are planned? _____	
13. Yes      No      Is the entity required to produce an annual water quality report?	
If "Yes," with what agency is the report filed? _____	

**Sewage (Wastewater Operations)****N/A**

1. How many wastewater customers? \_\_\_\_\_
2. What percentage is received from each customer type? Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Residential \_\_\_\_\_
3. How many sewer connections? \_\_\_\_\_
4. What type of piping is used in the system? \_\_\_\_\_
5. How many miles of sewer collection lines are maintained by the entity? \_\_\_\_\_  
Note: Connector lines are those that connect plant to plant or a municipal customer to a plant.
6. For the sewer collection system, identify the following: Year Built? \_\_\_\_\_ Year last upgraded? \_\_\_\_\_  
What percentage is older than 20 years? \_\_\_\_\_ What upgrades are planned? \_\_\_\_\_
7. What types of facilities are operated? Treatment Plant Lift Station Pumps Collection Only  
Other: \_\_\_\_\_
8. Yes No Is there a replacement program in place for sewer mains/lines?  
If "Yes," describe: \_\_\_\_\_
9. How often are sewer mains/lines cleaned? \_\_\_\_\_
10. How often are sewer mains/lines inspected by line cameras? \_\_\_\_\_
11. What wastewater treatment is provided? Primary Secondary Tertiary Other: \_\_\_\_\_
12. What regulatory agency monitors the entity? \_\_\_\_\_
13. How is influent input monitored for toxic/hazardous waste? \_\_\_\_\_
14. How are chemicals stored? \_\_\_\_\_
15. What is done with residual by-products/sludge? \_\_\_\_\_
16. What is the total sewer operations payroll? \$ \_\_\_\_\_

**Irrigation Operations****N/A**

1. Yes No Is public access permitted on canal or levee rights of way?  
2. Yes No Are any areas open for public use such as hunting, boating or hiking?  
3. Yes No Are vehicles permitted in public access areas?  
4. What type of weed and brush suppression is used? (check all that apply)  
Controlled Burns  
Yes No Are there established procedures for controlled burns?  
If "Yes," describe: \_\_\_\_\_  
Chemicals  
List all chemicals used: \_\_\_\_\_  
Where and in what quantity are these chemicals stored?  
Yes No Are employees licensed to spray chemicals?  
Other: \_\_\_\_\_
5. Describe how irrigation water deliveries are confirmed: \_\_\_\_\_
6. What is the total annual payroll for irrigation operations? \$ \_\_\_\_\_
7. List the total miles of irrigation ditches owned and operated: \_\_\_\_\_ (Ditch miles include total miles of canals & laterals.)
8. Yes No Are warning signs posted on all owned facilities?

**Dams****N/A**

If the entity owns/maintains more than 1 dam, separate supplemental exposure information must be completed for each.

Name of structure: \_\_\_\_\_ NPDID: \_\_\_\_\_

Location: \_\_\_\_\_

Year built: \_\_\_\_\_ Date of last update: \_\_\_\_\_

Owned by: Entity Federal Agency State Government Other: \_\_\_\_\_

Operated by: Entity Federal Agency State Government Other: \_\_\_\_\_

1. Yes No Is this dam a shared facility? If "Yes," with what entity? \_\_\_\_\_

2. Yes No Is there an Emergency Notification Plan?  
If "Yes," please provide a copy if Dam Failure Coverage is desired.

3. Yes No Does the dam currently carry Dam Failure Coverage? Other: \_\_\_\_\_

If "Yes," who is presently providing the coverage? \_\_\_\_\_

4. Purpose of dam (check all that apply):

Flood Irrigation Industrial Other: \_\_\_\_\_

Power Water Supply Recreation

5. Construction

Concrete Earth Rockfill Other: \_\_\_\_\_

Steel Sheet Gravity

6. Dimensions

Surface acres: \_\_\_\_\_ Top width: \_\_\_\_\_

Storage capacity/acre feet: \_\_\_\_\_ Base width: \_\_\_\_\_

Height: \_\_\_\_\_

7. Inspections

Frequency: \_\_\_\_\_ By whom: \_\_\_\_\_

Date of last inspection: \_\_\_\_\_ Status of recommendations: \_\_\_\_\_

8. Yes No Has the dam been included under the National Program for Dam Inspection?

9. Yes No Is the dam located directly on the main tributary? What is the name of the tributary river(s) of the  
impoundment waters? \_\_\_\_\_

10. How is the water level controlled?

Gates (identify type and how operated) \_\_\_\_\_

Spillway

Other: \_\_\_\_\_

11. Yes No Does the entity permit any winter sports upstream from the dam? If "Yes," identify details that may  
jeopardize the dam: \_\_\_\_\_

12. Yes No Are there any exposures to recreational areas (swimming, boating, camping, etc.) that are upstream  
from the dam? If "Yes," provide details on recreational activities provided by the district: \_\_\_\_\_

13. Yes No Is Dam Failure Coverage desired for this specific dam?  
If "Yes," complete the "Downstream Exposures for Dams" and attach a copy of the most current dam inspection report.

**Downstream Exposures for Dams (complete only if Dam Failure Coverage is requested)**

N/A

14. Exposures (check all that apply):

Yes	No	Homes	Distance _____	Number _____
Yes	No	Industrial Complexes	Distance _____	Type _____
Yes	No	Public Utilities	Distance _____	Number _____
Yes	No	Pumping Stations	Distance _____	
Yes	No	Lower Dams	Distance _____	Names _____
Yes	No	Bridges	Distance _____	Number _____
Yes	No	Highways	Distance _____	Number _____
Yes	No	Railroads	Distance _____	Number _____
Yes	No	Schools	Distance _____	
Yes	No	Hospitals	Distance _____	
Yes	No	Camps	Distance _____	
Yes	No	Recreational areas	Distance _____	Type _____
Yes	No	Agricultural areas	Distance _____	

Type of exposure (livestock, crops, etc.): \_\_\_\_\_

Yes	No	Other Structures	Distance _____	Number _____
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Describe structures: \_\_\_\_\_

15. Maximum number of people a flood could affect? \_\_\_\_\_

16. Yes No Are surface rights of the reservoir leased to a third party?

If "Yes," with what entity? \_\_\_\_\_

Yes	No	Does the entity provide a certificate of insurance? Limit required? _____
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17. Yes No Have there been any incidents or failure within the history of the dam's existence?

If "Yes," provide incident dates and type of loss: \_\_\_\_\_

**Landfills, Dumps, Refuse Sites, Incinerator Operations, Sanitation (solid waste)**

N/A

Complete the following if the entity currently owns, operates or maintains any sanitary landfills, landfills, dumps, refuse sites, trash transfer facilities, recycling centers or incinerators.

Location and Operation	Classes of Waste	Area	Age	Active?
				Yes No
				Yes No

1. Yes No Did the entity own, operate or maintain any dump or landfill in prior years?

If "Yes," what is the current use of the former dump or landfill?

2. Yes No Does the entity contract any part of operations?

3. Yes No Has the entity ever been cited or fined for non-compliance with required standards?

If "Yes," provide details:

4. Yes No Does the entity provide residential refuse collection services to residents?

If "Yes," where is it sent?

5. Yes No Is public access permitted to any refuse facility owned by the entity?

## COMMUNITY & RECREATIONAL EXPOSURES

Check all that apply and complete the corresponding section below:

Parks & Recreation

Chemical Spraying – Pesticide/Herbicide

Boat Docks/Marinas

Fireworks

Ice Skating

Swimming

### Parks and Recreation

N/A

1. Identify the recreational activities provided by the entity (check all that apply):

<u>Activity</u>	<u>Receipts (if any)</u>	<u>Activity</u>	<u>Receipts (if any)</u>
Camping	_____	Equestrian trails	_____
Hiking trails	_____	Parks	_____

2. Yes No Does the entity permit any winter sports on their premises?

If "Yes," describe:

3. What is the total acres of park land?

4. What safety programs apply to recreational activities?

5. Yes No Does the entity conduct self inspections of all recreational facilities and equipment?

6. How often are the self inspections completed? Weekly Monthly Other:

7. Yes No Are all inspections and corrective actions documented?

### Chemical Spraying – Pesticide/Herbicide

N/A

1. Where and for what purpose are chemicals sprayed?

2. Yes No Are employees licensed?

3. List all chemicals sprayed:

4. Where and in what quantity are these chemicals stored?

### Boat Docks and Marinas

N/A

1. Total receipts from marina and/or boat dock operations: \$

2. Total number of boat slips available for rent:

3. Yes No Do services include boat storage or repair?

4. Yes No Does the marina include fueling operations?

### Fireworks

N/A

1. Identify fireworks events, dates and expected attendance:

2. Where are the fireworks displayed?

3. Yes No Are fireworks detonated by a vendor?

4. Yes No Does the vendor provide a certificate of insurance? Limit required?

5. Yes No Is the fireworks technician licensed?

6. Yes No Is a formal safety procedure in place for each event? If "Yes," please attach details.

### Ice Skating

N/A

1. Yes No Are outdoor areas provided for ice skating?

2. Who determines the safety of the designated area?

3. What controls are used to limit access to the skating area?

### Swimming

N/A

1. Where is swimming permitted? (check all that apply)

River Lake Pond Reservoir Other:

2. Yes No Are swimming areas roped or marked?

3. What safety programs apply to swimming areas?

4. Yes No Are lifeguards on duty?

5. Yes No Are the lifeguards certified?

6. Yes No Are lifeguards present whenever the facility is open?  
 7. Yes No Do any swimming areas include a diving area? If "Yes," describe:  
 8. Yes No Do any swimming areas include a waterslide? If "Yes," how many?

Describe:

### Miscellaneous Exposures

1. Yes No Are there any owned watercraft in excess of 100 horsepower?  
 If "Yes," describe: \_\_\_\_\_

2. Yes No Are any dwellings owned and/or leased to others?  
 Number of dwellings: \_\_\_\_\_ Location numbers: \_\_\_\_\_  
 If "Yes," describe: \_\_\_\_\_

3. Yes No Does the entity own, operate or maintain any special districts or utilities other than water utility, wastewater, recreation or irrigation? If "Yes," provide the following:  
 Description of district/utility: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_

4. Yes No Does the entity perform laboratory testing or consulting for others? If "Yes," receipts: \$ \_\_\_\_\_

5. What is the annual payroll for utility construction or repair? \$ \_\_\_\_\_

6. Yes No Does the entity purchase Workers' Compensation insurance?

7. Yes No Does the entity confirm that independent contractors and sub-contractors purchase Workers' Compensation insurance?

8. Yes No Does the entity utilize volunteer labor not covered by Workers' Compensation?

9. Yes No Does the entity have any railroad contracts, sidetrack or easement agreements? If "Yes," please submit a copy of the entire contract with the application.

10. Yes No Do you own or are you responsible for any above ground storage tanks (AST)? If "Yes," how many

11. Yes No Do you desire above ground storage tank pollution coverage? If "Yes," provide the following information for each tank. If possible, please include a photo of each tank.

- Address / location of tank? \_\_\_\_\_
- What was the date of installation? \_\_\_\_\_
- What was the age of the tank at installation if it was not new? \_\_\_\_\_
- What is being stored in the tank? \_\_\_\_\_
- What is the maximum tank capacity in gallons? \_\_\_\_\_
- What is the distance in feet to nearest adjoining property? \_\_\_\_\_
- What is the distance in feet to surface water (lakes, rivers, streams, etc.) or wells? \_\_\_\_\_
- What is the surface water? \_\_\_\_\_
- What material is the tank constructed of? \_\_\_\_\_
- Yes No Does the AST have any secondary containment safeguards?  
 If "Yes," describe: \_\_\_\_\_
- Yes No Does the insured routinely monitor the tank(s) to insure they are not leaking?  
 If "Yes," how frequently:  
  - Yes No Do employees, volunteers know and follow release reporting, investigation and confirmation procedures?
  - Yes No Physical protection – Is there a vehicle barrier in place to prevent collision?
  - Yes No Is the tank properly grounded with lightning protection?
  - Yes No Security protection from vandalism – fencing, lighting etc.?  
 If "Yes," describe: \_\_\_\_\_
  - Yes No Is there any mechanical or electrical equipment attached to the AST such as an electric generator security protection from vandalism – fencing, lighting etc.?  
 If "Yes," describe: \_\_\_\_\_

General Liability Comments: \_\_\_\_\_

## PUBLIC OFFICIALS & MANAGEMENT LIABILITY

The Public Officials and Management Liability coverage form is available on an Occurrence or Claims Made (with a specific Claims Made retroactive date) coverage basis. Each coverage form includes:

**Coverage A** provides Wrongful Acts, Employment Practices and Employee Benefits administration errors and omissions.

\$1,000,000 Each Wrongful Act or Offense

\$10,000,000 Annual Aggregate

**Coverage B** provides a limited defense cost reimbursement for Injunctive or Declaratory Relief actions.

\$5,000 Each Action

Employment Practices Liability may be excluded on an optional basis.

1. What is the entity's current coverage?

Occurrence      Claims Made      If Claims Made, what is the current retroactive date?

2. Deductible requested: \$      None (default) to \$50,000

Note: Deductible applies to Loss and Loss Expense. Underwriters may require higher or lower deductibles than requested.

3. Select a category (check one):

Private Entity      Public Entity      Other public entity:

4. **Please attach a copy of the entity's current budget.**

5. Yes      No      Does the entity have a written Policies and Procedures Manual?

6. Yes      No      Are public officials and employees trained in these policies and procedures?

7. Yes      No      Are procedures established to meet "open meeting" requirements?

8. Yes      No      Are established policies and procedures reviewed by legal counsel?

9. Yes      No      Are there any prior acts or outstanding disputes involving any of the following? If "Yes," check all that apply:

Civil rights violations      Public use of property, wrongful takings, or condemnation proceedings

Refusal of service      Any other incidents, accidents, or occurrences      Inadequacy of service

Yes      No      Are any of the above not yet a claim? If "Yes," describe circumstances:

Yes      No      Have any of these events been reported to a current or previous coverage provider?

If "Yes," explain:

10. Yes      No      Does the entity want to include Employment Practices Liability coverage?

If "Yes," please complete the Employment Practices Liability Supplement below.

If "No," how are Employment Practices addressed?      Covered Elsewhere      Self-Insured

Public Officials & Management Liability Comments:

## EMPLOYMENT PRACTICES LIABILITY

1. Yes      No      Does the entity have an Employee Handbook?

2. Yes      No      Do all employees and volunteers receive a copy of the handbook?

3. Yes      No      Does the handbook establish "employment at will"?

4. Yes      No      Does the handbook specifically include volunteers?

5. Yes      No      Does the entity's legal counsel periodically review the handbook?

6. Yes      No      Are employment policy changes communicated to employees?

7. Yes      No      Are any of the entity's employees unionized?

8. Yes      No      Does the entity apply specific hiring guidelines?

9. Yes      No      Does the entity apply specific termination guidelines?

10. Yes      No      Are there specifically defined disciplinary actions?

11. Yes      No      Are there specific employment grievance procedures?

12. Yes      No      Are there specific guidelines concerning Sexual Abuse and Harassment?

13. Yes      No      Are termination actions subject to external oversight?

14. What is the estimated employee turnover rate each year?      %

15. How many involuntary employment terminations each year?

16. Yes      No      Are any EEOC or comparable state agency hearings outstanding? If "Yes," describe any outstanding employment disputes that are not yet a claim:

17. Yes      No      Does the entity have any knowledge of incidents, accidents or occurrences which may result in a claim? If "Yes," explain:

Identify if any of the above events have been reported to a current or previous carrier:

## CYBER LIABILITY AND PRIVACY CRISIS MANAGEMENT EXPENSE

**Cyber Liability** protects you when claims are made against you for monetary damages arising out of an electronic information security event.

\$1,000,000 Each Electronic Information Security Event, subject to

\$3,000,000 Annual Aggregate (Public Officials and Management Liability or Educators Legal Liability, as applicable)

**Privacy Crisis Management Expense** reimburses for expenses you incur as a result of a privacy crisis management event first discovered during the policy period. This first party coverage is intended to provide professional expertise in the identification and mitigation of a privacy breach while satisfying Federal and State statutory requirements.

\$50,000 Each Privacy Event / \$50,000 Aggregate automatically included

\$100,000 Each Privacy Event / \$100,000 Aggregate

\$250,000 Each Privacy Event / \$250,000 Aggregate

\$500,000 Each Privacy Event / \$250,000 Aggregate

**Cyber Extortion Expense** reimburses for expenses you incur as a result of a cyber extortion threat first made against you during the policy period. A \$20,000 limit applies to Each Cyber Extortion Threat, subject to the Privacy Crisis Management Expense Aggregate.

1. Yes No Is Firewall technology used at all internet points of presence to prevent unauthorized access to internal networks?
2. Yes No Do you use antivirus software on all desktops, portable computers and mission critical servers?
3. Yes No Are antivirus applications updated in accordance with the software provider's requirements?  
How often?

### QUESTIONS 4 and 5 BELOW MUST BE ANSWERED IF \$500,000 LIMIT IS REQUESTED.

4. Yes No Are your employee, customer, and other physical and electronic records maintained in a secure environment with limited access?
5. Yes No Has your organization suffered a computer attack, such as a hacking attack, breach of personal information, denial of service attack, virus or malware infection or ransomware attack, in the last 12 months? If "Yes," please explain:

### QUESTIONS 6 and 7 BELOW MUST BE ANSWERED FOR WATER OR SPECIAL DISTRICTS WITH MORE THAN 20,000 CUSTOMERS OR HOOK-UPS

6. Yes No Do you have a written information security and privacy policy?
7. Yes No Do you backup your computer data and store it off site?

Cyber Liability and Privacy Crisis Management Expense Comments:

## AUTO

1. Yes No Are all of the entity's owned or leased vehicles to be included under this coverage?  
If "No," list vehicles covered elsewhere:
2. Yes No Does the entity require any motor carrier filings? If "Yes," indicate vehicles and usage:
3. Yes No Does the entity hire automobiles? If "Yes," indicate cost and usage:
4. Yes No Does the entity permit employees to use their own vehicles in the course of employment?  
If "Yes," list employees, for what purpose, and the limit of insurance an employee must provide:
5. Yes No Does the entity permit employees to use its own autos for personal use? If "Yes," describe vehicle usage:
6. Yes No Does the entity require Commercial Drivers Licensing (CDL)?
7. Yes No Does the entity obtain Motor Vehicle Records on a pre-hire basis?
8. Yes No Are Motor Vehicle Records periodically checked for current employees?
9. Yes No Does the entity require formal driver training for its employees?
10. Yes No Does the entity have a formalized automobile safety program in place?
11. Yes No Does the entity review each motor vehicle accident?
12. Yes No Does the entity have a formalized automobile maintenance program in place?

Auto Comments:

## EXCESS LIABILITY

The Excess Liability coverage form is available with limits up to:

\$10,000,000 Each Occurrence / \$10,000,000 Aggregate

All underlying coverage to be scheduled must be provided by the program. Exceptions are permitted for Employer's Liability coverage.

If coverage is insured elsewhere, then the minimum underlying limits required to schedule Employer's Liability are:

\$500,000 Each Accident / \$500,000 Disease per Employee / \$500,000 Disease Aggregate

For Employer's Liability Coverage insured elsewhere, provide the following:

Policy Number:

Policy Limits:

Effective Date:

Carrier Name:

1. Excess Limit requested: \$

\$1MM/\$1MM minimum to \$10MM/\$10MM Occurrence/Aggregate

Excess Liability Comments:

## APPLICATION CHECKLIST

**COMPLETED SUPPLEMENTAL APPLICATION AND SCHEDULES?**

**VERIFIED LOSS HISTORY, INCLUDING LARGE LOSS DETAILS?**

**STATEMENT OF VALUES FOR PROPERTY AND EQUIPMENT?**

**COPY OF ENTITY'S MOST RECENT BUDGET PROVIDED?**

**SIGNATURES ON APPLICATIONS AND STATEMENT OF VALUES WHERE REQUIRED?**

## Additional Information

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**I CERTIFY THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge. This includes any applications, locations schedules, valuation statements, loss history information and engineering reports.

**SIGNATURE OF PROPOSED MEMBER**

**TITLE**

**DATE**

**SIGNATURE OF PROPOSED BROKER**

**TITLE**

**DATE**