



Ohio Municipal Joint Self-Insurance pool

Supplemental Municipal Applications

Please complete supplemental applications for any operation noted "Yes" on Operations page.

Municipal Supplemental Applications

Entity Name:

Effective Date:

Arena / Convention Center

Please complete separate supplement for each facility & provide a list of scheduled events for next 12 mos.

1. Address:

County:

City:

State:

Zip:

Square Footage:

Seating Capacity:

2. Full description of operation performed by:

Entity:

Contractors:

3. Are sub-contractors required to carry limits of insurance equal to your limits of liability?

Yes No

4. Are certificates of insurance obtained?

Yes No

5. Are hold-harmless agreements required from sub-contractors?

Yes No

6. Are you named as an additional insured under the sub-contractors policy?

Yes No

7. Do you have a standard contract alleviating you from liability for injury to spectators?

Yes No

If no, do you purchase a separate accident and health policy?

Yes No

8. Do you have a standard contract liability alleviating you from liability for injury to participants?

Yes No

If no, do you purchase a separate accident and health policy?

Yes No

9. Are regular inspections conducted and documented?

Yes No

10. Are complaints and follow-up procedures documented in writing?

Yes No

11. Is an Emergency Evacuation Plan in place?

Yes No

12. Liquor sales: \$

Food Sales: \$

13. Are adequate safety I first aide procedures in place?

Yes No

14. Does this structure meet NFPA Life Safety codes?

Yes No

15. Are all pyrotechnic displays approved by the Fire Marshall?

Yes No

16. Have there been any claims arising from this facility in the past 3 years?

Yes No

If Yes, please explain:

Municipal Supplemental Applications

Entity Name:

Effective Date:

Blasting Operations

1. Is it operated by the Public Entity or subcontracted? Entity Subcontracted
2. Please provide details on individual(s) performing blasting (experience, certification, etc.)
3. Number of blasts per year:
4. Purpose of blasts:
5. Please describe safety precautions taken:

Municipal Supplemental Applications

Entity Name:

Effective Date:

Commercial Activities

1. Complete description of Commercial Activities:

2. Do you have any operations in:

Vending

Yes No

If yes, describe:

Manufacturing

Yes No

If yes, describe:

Outsourcing or leasing of your employees, equipment, services, etc.

Yes No

If yes, describe:

3. Complete description of Entity's role and responsibilities with respect to Commercial Activities:

Municipal Supplemental Applications

Entity Name:

Effective Date:

Dam / Levee / Dike

NOTE: If the Entity operates more than one dam, levee, or dike, complete a separate supplement for each structure.

1. Type of structure: Dam Levee Dike
Hazard Code:
2. Name of Structure:
3. Constructed under direction of:
 Municipality
 Other:
4. Inspections performed by:
5. Purpose:
6. Construction:
7. Dimensions:
Acres: Capacity:
Acre Feet: Height:
8. How is the water level controlled?
9. How are gates operated?
10. Does the Entity have an Emergency Notification Plan? Yes No
11. Describe downstream exposures in detail (include distance from structure):
Downstream Exposures: Distance in miles:

Please attach copies of most current engineering or inspection reports.

Municipal Supplemental Applications

Entity Name:

Effective Date:

Daycare Center / Day Camps

*Please complete a separate daycare supplement for each facility.
Please complete a Sexual and Physical Abuse Supplement for each facility.*

Daycare / Nursery

Day Camp

1. Name of Facility:

Address:

County:

City:

State:

Zip:

2. Description of operation:

a. Is facility licensed? Yes No If yes, by whom?

b. Number of years in operation:

c. Maximum number of children permitted by license:

Does the facility have the following:

Emergency Evacuation Plan?

Yes No

Regularly inspected fire / smoke detection systems?

Yes No

Two separate exits on each floor?

Yes No

First Aid equipment?

Yes No

Someone on premises during business hours, trained in administering first aid?

Yes No

Does playground equipment meet Consumer Product Safety Commission (CPSC) standards?

Yes No

Is the play area fully fenced / secured

Yes No

General Information

3. Any over night activities?

Yes No

If yes, please describe:

4. Please describe any activities away from premises (including number of trips, who transports, etc.):

Are Parental permissions / waiver forms required? (If yes, please include a copy)

Yes No

Municipal Supplemental Applications

Entity Name:	Effective Date:
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5. Has there ever been incidents of sexual or physical abuse arising in connection with your operation? Yes No
If yes, please explain:

6. Has there ever been an investigation of your operations by any public authority relating to sexual or physical abuse? Yes No
If yes, please explain:

7. The staff breakdown by age is:

Number of staff members:

Number of volunteers:

Number of Children:

Ages 0-2 years:

Ages 2-3 years:

Ages 3-5 years:

Ages 5-7 years:

Ages 7 years and above:

Developmentally disabled:

Selection Procedures

8. Do you require a written application for all volunteers and employees? Yes No
If yes, does it include questions relating to prior civil sexual / physical abuse allegations or incidents? Yes No

9. Is there a pre-employment background check for all employees and volunteers? Yes No

10. Does the background check information include:

Personal References?

Yes No

Police Record Check?

Yes No

Controls – Policy and Procedures

11. Do you have a written procedural manual that contains:

A commitment to child safety?

Yes No

A child protection policy with assigned responsibilities and accountabilities?

Yes No

Procedures to be followed in the event of an allegation?

Yes No

Restrictions on off-site one-to-one activities?

Yes No

12. The responsibility for child protection is assigned to:

13. Are policy statements written and publicly displayed?

Yes No

14. Are rules concerning sexual and physical abuse in place and communicated?

Yes No

Municipal Supplemental Applications

Entity Name:

Effective Date:

Controls – Training

15. Do you have an Orientation Program which all staff members and volunteers are required to complete? Yes No
16. Does the Orientation Program include any of the following:
- A review of the facilities' policies? Yes No
 - Abuse recognition and response? Yes No
 - Rules and procedures for child protection? Yes No
 - Handbooks and documentation of training courses completed? Yes No
 - Informing new employees / volunteers there is zero tolerance for sexual / physical abuse? Yes No
 - Probationary / observation period for new employees / volunteers? Yes No
17. Do you offer any on-going or repetitive training for existing and employees / volunteers? Yes No
18. Describe circumstances where adults will be in one-to-one situations with children:
19. Is there proper training for the staff-volunteers responsible for a developmentally disabled child? Yes No
20. Are the following rules enforced? (All items must be completed):
- Two Person Rule-No adults are alone with a child, child not left unsupervised. Yes No
 - No corporal punishment permitted. Yes No
 - Transportation is done by two adults, or very strict time & routes are enforced. Yes No
 - Child custody is pre-established for pickup and visits. Yes No
 - Secret organizations, exclusive clubs, etc. are not tolerated. Yes No
 - Overnight activities are clearly planned and approved by management. Yes No
 - Adequate number of pre-approved staff-volunteers, no single adult/child shared sleeping accommodations. Yes No
 - Off premises activities are only done with 2 or more prepared staff / volunteers. Yes No

Municipal Supplemental Applications

Entity Name:

Effective Date:

EMT / Fire Department / Paramedic

Employees / Volunteers – Firefighters & EMT

1. Number of firefighters including first response not EMT certified:

Full-time:

Part-time / Volunteer:

2. Number of firefighters with EMT certification:

Full-time:

Part-time / Volunteer:

3. Number of EMT only:

Full-time:

Part-time / Volunteer:

4. Total hours worked by all part-time or volunteers in an average week:

5. Are mutual aid agreements in place with neighboring communities?

Yes No

6. Is the Entity responsible for transporting injured persons?

Yes No

7. Are all volunteers fully trained and certified according to minimum state requirements?

Yes No

8. Is a substance abuse testing program in place, including volunteers?

Yes No

Procedures

9. Does the fire department have established policies and procedures manual?

Yes No

If yes, is disciplinary action taken when these procedures are violated?

Yes No

10. Does the medical response have established policies and procedures manual?

Yes No

If yes, is disciplinary action taken when these procedures are violated?

Yes No

11. Are EMT's / Paramedics in contact with the hospital / doctors at all times when responding to a call?

Yes No

12. Are response times monitored and problems investigated?

Yes No

13. Are written records kept of all calls, with description of treatment and patient delivery to hospital for medical response?

Yes No

If yes, how long are those records kept?

Previous Losses / Claims

14. Have you or any of your EMT's been sued for medical malpractice or have any claims been made against you?

Yes No

If yes, explain (include amount paid / reserved):

Municipal Supplemental Applications

Entity Name:

Effective Date:

Jail Facility / Correctional / Holding Cell

1. Do you operate
 - a. Jail Yes N
 - b. Holding Cell Yes N
 - c. Correctional Facility (County or Regional) Yes N
2. Average number of daily inmates:
3. Average length of stay:
4. Do you place juveniles in any holding facility? Yes N
5. Are juveniles ever housed with adults Yes N
6. Are females and males separated? Yes N
7. Are full-time jailers on duty 24 hours per day? Yes N
8. If part-time jailers are utilized, what % of time?
9. Does the dispatcher also act as jailer? If yes, what training is required?
10. Are there audio/video systems in:
 - a. Booking area Audio Yes N Video Yes N
 - b. Cell area Audio Yes N Video Yes N
 - c. Intake area Audio Yes N Video Yes N
11. Do you have smoke detectors in the jail? Yes N
12. Is an evacuation plan posted throughout the facility? Yes N
13. Does the jail operations manual cover:
 - a. Intake screening and classification of inmates Yes N
 - b. Strip searches Yes N
 - c. Riot protocols Yes N
 - d. Medical treatment/emergency situations Yes N
 - e. Administration/storage of medication Yes N
 - f. Suicide guidelines Yes N

Municipal Supplemental Applications

Entity Name:

Effective Date:

g. Visual observation of inmates

Yes N

h. Handling of intoxicated persons

Yes N

i. Handling of handicapped or learning disabled persons

Yes N

14. Do you have an inmate handbook?

Yes N

If yes, is it distributed to all inmates at time of intake?

Yes N

15. Describe your suicide watch/surveillance procedures:

16. Are regularly timed walk-through inspections of the facility performed and documented?

Yes N

If yes, what is the timed period:

17. Is there any medical personnel on staff at the facility?

Yes N

If yes, please describe:

Municipal Supplemental Applications

Entity Name:	Effective Date:
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Landfill / Dump / Refuse Site / Incinerator

1. Complete the following location information:

Type of Facility	Active	If Active, is site covered?	If covered, current usage	Security Provisions
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Adequate lighting <input type="checkbox"/> Fence <input type="checkbox"/> Dogs <input type="checkbox"/> Security <input type="checkbox"/> Locked gates
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Adequate lighting <input type="checkbox"/> Fence <input type="checkbox"/> Dogs <input type="checkbox"/> Security <input type="checkbox"/> Locked gates
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Adequate lighting <input type="checkbox"/> Fence <input type="checkbox"/> Dogs <input type="checkbox"/> Security <input type="checkbox"/> Locked gates
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Adequate lighting <input type="checkbox"/> Fence <input type="checkbox"/> Dogs <input type="checkbox"/> Security <input type="checkbox"/> Locked gates

2. Do all facilities meet current EPA operating standards? Yes No

If no, list facilities and describe:

3. Have you ever been cited or fined for non-compliance with federal or state required standards? Yes No

If yes, please provide details, copy of non-compliance notice(s) action(s) taken to correct problem(s):

Municipal Supplemental Applications

Entity Name:	Effective Date:
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Recreational Activities

General Recreation

1. Does the Entity have a regular inspection / maintenance program for all facilities and equipment (parks, playgrounds, equipment, buildings, etc.)? Yes No

How Often:

Other Description:

2. Are all regular inspections and corrective actions documented? Yes No

Organized Activities

3. Complete the following:

Activity (Baseball, Football, etc.)	Number of Participants		Supervision		Are waiver, release and/or consent forms secured for all participants?	Are transportation services provided?*
	Youth	Adult	Entity	Other		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If transportation services are provided, please complete the transit portion of the auto supplement.*

4. Do any participants provide their own insurance? Yes No

Parks and Playgrounds

5. Is any playground equipment present on the premises? Yes No

If yes, does the playground equipment and surface meet Consumer Product Safety Commission (CPSC) standard? Yes No

Municipal Supplemental Applications

Entity Name:	Effective Date:
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Ice Skating

6. Location:
7. Is ice skating rink outdoors? Yes No
 If yes, are warning signs posted? Yes No
8. Is there a procedure in place for checking ice thickness? Yes No

Fireworks

9. Full description of operations performed by Entity:
10. Are sub-contractors required to carry limits of insurance equal to your limits? Yes No
11. Are certificates of insurance obtained? Yes No
12. Are hold-harmless agreements required from sub-contractors? Yes No
13. Are you named as an additional insured under the sub-contractors policy? Yes No
14. Complete the following

Type of Event	Licensed Pyrotechnicians?	Equipment
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Department <input type="checkbox"/> Police
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Department <input type="checkbox"/> Police
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Department <input type="checkbox"/> Police
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Department <input type="checkbox"/> Police

Water Activities

Waterfront

15. Full description of operation performed by:
 Entity:
- Contractors:
16. Are sub-contractors required to carry limits on insurance equal to your limits of liability? Yes No
17. Are certificates of insurance obtained? Yes No

Municipal Supplemental Applications

Entity Name:	Effective Date:
---------------------	------------------------

18. Are hold-harmless agreements required from sub-contractors? Yes No

19. Are you named as an additional insured under the sub-contractors policy? Yes No

20. Number of each Exposure:

Pool:

Pond / Lake / Reservoir:

River Stream:

Ocean / Bay:

Other (specify):

21. Identify all activities:

Ice Skating

Jet Skiing

Swimming

Boating

Fishing

Marina: Dock / Boat Launch

Water Skiing

Other, please describe:

22. Complete the following:

Activity	Equipment Rental	Rules Posted
	<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
	<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

If swimming is allowed, please complete the following questions:

23. Is swimming area marked? Yes No

24. Are certified lifeguards provided? Yes No

25. Is diving permitted? Yes No

26. Is diving supervised? Yes No

27. Depth of water? Yes No

28. Is swimming area checked for underwater obstructions, etc? Yes No

29. Do you document maintenance, repair of facilities, water testing, chemical treatment? Yes No

Municipal Supplemental Applications

Entity Name:	Effective Date:
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30. What measures, if any, are used to eliminate or discourage after hours accessibility?

Waterslide

31. Is there a splash-down area? Yes No

32. Complete the following:

Slide Number	Height		Access	Number of Certified Lifeguards	Lifeguard Position
	Feet	Inches			
			<input type="checkbox"/> Ladder <input type="checkbox"/> Stairs		<input type="checkbox"/> Top <input type="checkbox"/> Bottom
			<input type="checkbox"/> Ladder <input type="checkbox"/> Stairs		<input type="checkbox"/> Top <input type="checkbox"/> Bottom
			<input type="checkbox"/> Ladder <input type="checkbox"/> Stairs		<input type="checkbox"/> Top <input type="checkbox"/> Bottom
			<input type="checkbox"/> Ladder <input type="checkbox"/> Stairs		<input type="checkbox"/> Top <input type="checkbox"/> Bottom

33. Are age, height, and size limitations clearly posted and strictly enforced? Yes No

Rifle / Shooting Range Public Use Supplement

34. Full description of operation performed by:

Entity:

Contractors:

35. Are sub-contractors required to carry insurance limits equal to your limits of liability? Yes No

36. Are certificates of insurance obtained? Yes No

37. Are hold-harmless agreements required from sub-contractors? Yes No

38. Are you named as an additional insured under the sub-contractors policy? Yes No

39. Is a firearms instructor or range master required to be present during all shooting activities? Yes No

40. Is ammunition storage facility adequately protected against unauthorized entry? Yes No

41. Are 'NO SMOKING" signs prominently displayed in the ammunition and powder storage areas? Yes No

42. Is a signed waiver of injury required for all users? Yes No

Municipal Supplemental Applications

Entity Name:	Effective Date:
---------------------	------------------------

For outdoor ranges

43. Is Perimeter fenced? Yes No
44. Are warning signs posted along the fence? Yes No
45. Are premises adequately locked when not in use? Yes No
46. Is backstop sufficient to stop all errant shots? Yes No

Eye / Ear Protection

47. Recommended? Yes No
48. Provided? Yes No

Golf Course

49. Number of golf courses:

50. Full description of operation performed by:

Entity:

Contractors:

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

Fitness Centers

55. Full description of operation performed by:

Entity:

Contractors:

56. Are sub-contractors required to carry insurance limits equal to your limits of liability? Yes No
57. Are certificates of insurance obtained? Yes No
58. Are hold-harmless agreements required from sub-contractors? Yes No

Municipal Supplemental Applications

Entity Name:

Effective Date:

59. Are you named as an additional insured under the sub-contractors policy? Yes No
60. Is a signed waiver of injury required from all users? Yes No
61. Do you have a written equipment maintenance program? Yes No
62. Do you supervise use of athletic equipment? Yes No

Rodeos

63. Full description of operation performed by:

Entity:

Contractors:

64. Are sub-contractors required to carry insurance limits equal to your limits of liability? Yes No
65. Are certificates of insurance obtained? Yes No
66. Are hold-harmless agreements required from sub-contractors? Yes No
67. Are you named as an additional insured under the sub-contractors policy? Yes No
68. Number of rodeos per year:
69. Is a signed waiver of injury required from all participants? Yes No

Ski Facilities

70. Full description of operation performed by:

Entity:

Contractors:

71. Are sub-contractors required to carry insurance limits equal to your limits of liability? Yes No
72. Are certificates of insurance obtained? Yes No
73. Are hold-harmless agreements required from sub-contractors? Yes No
74. Are you named as an additional insured under the sub-contractors policy? Yes No
75. Is a signed waiver of injury required from all participants? Yes No
76. Do you rent any ski equipment? Yes No

Municipal Supplemental Applications

Entity Name:

Effective Date:

Skate Park Facility

77. Address:

County:

City:

State:

Zip:

78. Equipment:

Half-Pipe:

Yes No

Vertical drop of tallest half-pipe (feet, inches):

Bowls:

Yes No

Vertical drop of deepest bowl (feet, inches):

79. Facility Uses (check all boxes that apply to the skate facility):

Skateboard

In-line Skate

Scooters

Bicycles

Motorized Equipment

Facility Design

80. The facility was designed by a landscape architect with experience in designing skateboard facilities and skate parks.

Yes No

81. All items located around the skate park (trash cans, benches, etc.) are secured to the ground so they can not be moved onto the skating surface.

Yes No

82. Did the entity manufacture or install any portion of the facility?

Yes No

Facility Safety and Maintenance

83. List all posted warnings, instructions and emergency information:

84. Is signage posted at all entrances of the skate park?

Yes No

85. Is there a pay phone or emergency call box on premises that can be used to summon emergency medical assistance or public safety officers?

Yes No

86. Is documentation of all inspection and repairs retained?

Yes No

87. Are facilities inspected at least weekly?

Yes No

Municipal Supplemental Applications

Entity Name:	Effective Date:
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88. Security Measures (check all that apply):

- Lighting
 Fencing
 Police Patrol
 Other:

Supervised Facility

89. Does staff mandate and enforce usage of personal protective equipment? Yes No
90. Is facility locked when staff is not present? Yes No
91. Is staff trained in:
- First Aid? Yes No
- CPR? Yes No
- Usage of emergency communication equipment? Yes No
92. Is staff fully trained in operation of skateboard park? Yes No

Special Event (Fairs, Carnivals, Festivals, Parades, etc.)

93. Please complete the following:

Description	Location	This event is sponsored by:
		<input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor

94. If contracted exposures exist, please complete the following:

- Are sub-contractors required to carry limits of insurance equal to your limits of liability? Yes No
- Are certificates of insurance obtained? Yes No
- Are hold-harmless agreements required from sub-contractors? Yes No
- Are you named as an additional insured under the sub-contractor's policy? Yes No

95. Does the entity erect or operate any amusement rides? Yes No

If yes, please describe:

Municipal Supplemental Applications

Entity Name:

Effective Date:

Streets / Roads / Highways / Bridges

Streets / Roads / Highways

1. Miles of road owned:

Paved:

Unpaved:

2. Miles of road maintained for others:

Paved:

Unpaved:

3. Who performs the following function:

Street cleaning and dusting?

Entity Contractor

Cutting grass or weeds, planting, pruning | removal of trees, removing brush, spraying and fumigating?

Entity Contractor

Gravel spreading?

Entity Contractor

Erecting, maintaining or removing guide rails and posts, road markers, or signs?

Entity Contractor

Paving or repaving, surfacing or resurfacing?

Entity Contractor

Snow removal?

Entity Contractor

Installation and maintenance of traffic lights?

Entity Contractor

Erecting and maintaining light poles?

Entity Contractor

New road construction?

Entity Contractor

4. Are sub-contractors required to carry limits of insurance equal to your limits of liability?

Yes No

5. Are certificates of insurance obtained?

Yes No

6. Are hold-harmless agreements required from sub-contractors?

Yes No

7. Are you named as an additional insured under the sub-contractor's policy?

Yes No

8. Do you document inspections, preventative maintenance, and repairs?

Yes No

If yes, what is the turnaround time for routine repairs?

9. Are road signs regularly inspected for visibility and missing signs?

Yes No

10. Are barricades and warning signs used at road work sites?

Yes No

11. Number of uncontrolled crossings:

Rural:

Urban:

Municipal Supplemental Applications

Entity Name:	Effective Date:
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Bridges

12. Indicate number of the following classification of bridges:

Classification	One Lane	Draw Bridge
Railway		
Waterway		
Highway		
Utility		
Pedestrian		

13. Indicate the following:

Number of bridges:

Crossings per year:

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

15. How many bridges are owned and/or maintained by the entity?

Type	Number	Warnings Posted?	Crossings per Year
One lane		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drawbridge		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Toll bridge		<input type="checkbox"/> Yes <input type="checkbox"/> No	

16. Describe bridge inspection procedures:

17. Enter the number of bridges for the following (Department of Transportation bridge appraisal rating):

Bridges coded / rated as 9, 8 or 7:

Bridges coded / rated as 6, 5 or 4:

Bridges coded / rated as 2, 1 or 0:

18. 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:

Municipal Supplemental Applications

Entity Name:

Effective Date:

Are warnings and barriers posted and maintained for all closed or condemned bridges?

Yes No

19. Are you involved in and bridge construction?

Yes No

If yes, please describe:

Municipal Supplemental Applications

Entity Name:	Effective Date:
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Utilities: Electric

General Information

1. Annual Payroll (excluding clerical): \$
2. Full description of operations performed by:
Entity:

Contractors:
3. Are sub-contractors required to carry limits of insurance equal to your limits of liability? Yes No
4. Are certificates of insurance obtained? Yes No
5. Are hold-harmless agreements required from sub-contractors? Yes No
6. Are you named as an additional insured under the sub-contractor's policy? Yes No
7. Have you ever been cited or fined for non-compliance with federal or state requirements (to include FAA regulations on pole height)? Yes No
If yes, please provide details, copy of non-compliance notice(s) and action(s) taken to correct the problem(s):
8. What type of exposure(s) do you have? Generation Distribution

Distribution System

9. What percentage of installation, repair, and maintenance of the distribution system is managed by employees vs. sub-contractors?

	% Employees	% Sub-Contractors
Erection of poles or towers		
Line maintenance		
Right of way clearing		
Stringing high tension wires		
Installing underground cable		

Municipal Supplemental Applications

Entity Name:

Effective Date:

Sales, Installation, or Repair Services

10. Are there service plans, sales, installation or repair services of any kind? Yes No
11. Annual payroll (for service plan, sales, installation, or repair services): \$

Plant Operation

12. Are buildings and equipment secured with lightning arrestors and surge protectors? Yes No
13. Is there a documented training program? Yes No
If not, please describe training / certification plan:
14. Is there a documented emergency response plan? Yes No
If yes, does it include:
Natural disaster (weather, earthquake, etc.) mitigation? Yes No
Inventory of spare parts for critical equipment? Yes No
15. Do you document inspections, preventative maintenance, and repairs? Yes No
16. Is a Supervisory Control and Data Acquisition (SCADA) system used in the operation of your utility? Yes No
If no, how is your system monitored?

Failure to Supply

17. If Failure to Supply coverage is requested, please indicate sub-limit coverage: \$
18. Percentage of Customer Base:
Residential:
Commercial:
19. Do you participate in a regional grid or power pool? Yes No
20. Have you had any losses from major interruptions (24 hours or more) in the past months? Yes No
If yes, please describe:
21. Do you have a comprehensive, written emergency contingency plan? Yes No

Municipal Supplemental Applications

Entity Name:

Effective Date:

Utilities: Sewer

General Information

1. Annual Payroll (excluding clerical): \$

2. Full description of operations performed by:

Entity:

Contractors:

3. Are sub-contractors required to carry limits of insurance equal to your limits of liability?

Yes No

4. Are certificates of insurance obtained?

Yes No

5. Are hold-harmless agreements required from sub-contractors?

Yes No

6. Are you named as an additional insured under the sub-contractor's policy?

Yes No

7. Do you have a performance standard responding to consumer complaints?

Yes No

If yes, what is the performance standard?

Treatment Facility

8. What is the current plant licensed peak day capacity (millions of gallons per day — MGD)?

9. At what percentage of your licensed peak day capacity have you been operating?

Last Year:

Year Prior:

2 Years Prior:

10. Are ICC filings required?

Yes No

11. What disposal process is used for waste solids?

Fertilized

Truck to landfill

Incinerated

Other, please list:

12. Do you have backup power for:

Treatment plants?

Yes No

Lift stations?

Yes No

Municipal Supplemental Applications

Entity Name:	Effective Date:
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Sewer Lines

13. Enter the miles of line for the following:

	PVC	Concrete	Steel	Clay	Other
0-5 Years					
6-10 Years					
11-20 Years					
Over 20Years					

14. Complete the following:

	1 Year Prior	2 Years Prior	3 Years Prior
Number of line breaks repaired			
Number of new connections			

15. Enter the miles of line for the following:

Sewer only:

Combined Sewer & Storm Drain:

16. If you have a combined sewer and storm drain, do you have a documented plan to separate the systems per EPA guidelines?

Yes No

17. Do you document inspections, preventative maintenance, and repairs?

Yes No

18. How are hot spots monitored and what steps are taken to prevent back-ups?

Yes No

19. Is there a Supervisory Control and Data Acquisition (SCADA) system used in the operation of your utility?

Yes No

If no, how is your system monitored?

Sewer Lines

20. Is there a capital improvement plan?

Yes No

21. Are provisions included regarding plant capacity?

Yes No

22. Are provisions included for line maintenance?

Yes No

Municipal Supplemental Applications

Entity Name:

Effective Date:

Utilities: Water

General Information

1. Annual Payroll (excluding clerical): \$
2. Full description of operations performed by:
Entity:

Contractors:
3. Are sub-contractors required to carry limits of insurance equal to your limits of liability? Yes No
4. Are certificates of insurance obtained? Yes No
5. Are hold-harmless agreements required from sub-contractors? Yes No
6. Are you named as an additional insured under the sub-contractor's policy? Yes No
7. Have you ever been cited or fined for non-compliance with federal or state requirements? Yes No
If yes, please provide details, copy of non-compliance notice(s) and action(s) taken to correct the problem(s):
8. Do you have a performance standard responding to consumer complaints? Yes No
If yes, what is the performance standard?
9. What type of exposure(s) do you have? Treatment Distribution

Treatment/ Distribution Facility

10. Water Sources:
Surface Ground
Another Utility
Other, please specify:
11. Is the water source subject to any interruption? Yes No
If yes, please describe:
12. Number of dams (Please complete Dam Supplement if any dams):

Municipal Supplemental Applications

Entity Name:	Effective Date:
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13. Disinfection method used in the treatment process:

- Chlorine
 Sodium Hypo Chloride
 Calcium Hypo Chloride
 Other, please describe:

14. If gaseous chlorine is used, indicate:

Tank size: Tank capacity:

15. Is there a documented emergency response plan? Yes No

If yes, does it include:

- Hazardous material response procedures? Yes No
- Natural disaster (weather, earthquake, etc.) mitigation? Yes No
- Alternative power sources for critical equipment? Yes No
- Inventory of spare parts for critical equipment? Yes No
- Alternative water sources? Yes No

16. Is there a Supervisory Control and Data Acquisition (SCADA) system used in the operation of your utility? Yes No

If no, how is your system monitored?

Distribution Lines

17. Enter the miles of line for the following:

	PVC	Ductile Iron	Other
0-5 Years			
6-10 Years			
11-20 Years			
Over 20Years			

18. Do you have a cross-connection control program? Yes No

19. Do you document inspections, preventative maintenance, and repairs? Yes No

Municipal Supplemental Applications

Entity Name:	Effective Date:
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Capital Improvement Plan

20. Is there a capital improvement plan? Yes No
- If yes:
- Are provisions included for plant capacity? Yes No
- Are provisions included for line maintenance? Yes No

Failure to Supply

21. If Failure to Supply coverage is requested, please indicate sub-limit coverage: \$
22. Percentage of Customer Base:
- Residential: _____ Commercial: _____
23. Do you have redundant supply lines, looped distribution systems, or backup power supply for your utility? Yes No
24. Have you had any losses from major interruptions (24 hours or more) in the past 36 months? Yes No
- If yes, please describe:

Municipal Supplemental Applications

Entity Name:

Effective Date:

Watercraft / Boat

25. Is it operated by the Public Entity or subcontracted? Entity Subcontracted
26. Description & Number > 26 ft.:
27. Is there regular scheduled maintenance by a qualified marine mechanic? Yes No
28. How many days per calendar year in service?
29. Are special events hosted on the watercraft? If so, please describe. Yes No
30. Is the watercraft ever leased or loaned to third parties? Yes No
31. Is the watercraft ever used to carry passengers for a charge? Yes No
32. Are the watercraft ever used outside the county of domicile? Yes No
33. Are the watercraft ever used for personal use? Yes No

Marina Operations

34. Boat Rental Receipts:
35. Slip or dockage rental:
36. List other receipts:
37. Number of boat launching site(s):
38. Number of boat wells:
39. Do you have a copy of the Slip Agreement? Yes No