

OneBeacon Government Risks

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NEW BUSINESS APPLICATION

Please complete PART A and other PARTS as applicable.

PART A **GENERAL INFORMATION (PAGE 2)**

PART B **PROPERTY (PAGE 4)**
- *Attach Statement of Values (Excel format preferred)*

PART C **INLAND MARINE (PAGE 7)**
- *Attach Statement of Values (Excel format preferred)*

PART D **CRIME (PAGE 8)**

PART E **AUTOMOBILE (PAGE 9)**
- *Attach Schedule of Covered Automobiles (Excel format preferred)*

PART F **GENERAL LIABILITY (PAGE 11)**

PART G **DAM, RESERVOIR OR LEVEE SUPPLEMENT (PAGE 15)**

PART H **PUBLIC OFFICIALS ERRORS AND OMISSIONS LIABILITY (PAGE 17)**

PART I **LAW ENFORCEMENT LIABILITY (PAGE 19)**

PART J **EXCESS LIABILITY (PAGE 21)**

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PART A – GENERAL INFORMATION

1. Entity

Application Date:	**Proposal Due Date**:	
Mailing Address:		
Street Address:		County:
City, State, Zip:		Population:
FEIN:		Website:
Primary Insured Contact:	**E-Mail:**	**Phone:**
Risk Control Contact:	**E-Mail:**	**Phone:**

2. Submitting Agency

Agency: Fischer, Rounds & Associates, Inc.

Mailing Address: PO Box 218, Pierre, SD 57501

Producer: Trevor Lightfield E-Mail: tlightfield@fischerrounds.com Phone: 605-224-9223 Fax: 605-224-5831

3. Coverage Requested

☐	General Liability	☐	Property / Equipment Breakdown
☐	Public Officials Errors and Omissions Liability	☐	Equipment / Inland Marine
☐	Law Enforcement Liability	☐	Crime
☐	Automobile Liability	☐	Flood
☐	Automobile Physical Damage	☐	Earthquake
☐	Excess Liability	☐	Other: _____

4. Expiring Information

Line of Coverage	Carrier	Limit	Occurrence / Claims Made	Retro Date	Ded or SIR	Ded/SIR	Premium
General Liability					☐ ☐	$	$
Public Officials Liability					☐ ☐	$	$
Employment Practices Administration					☐ ☐	$	$
Employee Benefits Administration					☐ ☐	$	$
Law Enforcement Liability					☐ ☐	$	$
Automobile Liability					☐ ☐	$	$
Automobile Physical Damage					☐ ☐	$	$
Excess Liability					☐ ☐	$	$
Property					☐ ☐	$	$
Equipment/Inland Marine					☐ ☐	$	$
Crime					☐ ☐	$	$
Flood					☐ ☐	$	$
Earthquake					☐ ☐	$	$
Other: _____					☐ ☐	$	$

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PART A – GENERAL INFORMATION

5. Loss History & Large Loss Detail

Loss history for each insurance coverage requested must be verified through submission of loss experience reports. Reports must be currently valued and include the current expiring policy term plus three (3) preceding policy terms. Provide details for individual losses exceeding $25,000.

6. Prior Acts

☐ Y ☐ N Does the applicant have any knowledge of any incident(s), accident (s) or occurrence(s) which may result in a claim? If **Yes**, explain:

☐ Y ☐ N Have any of these events been reported to a current or previous carrier? If **Yes**, explain:

7. Operating Controls

☐ Y ☐ N Are certificates of insurance required from your subcontractors? If **Yes**, explain:

☐ Y ☐ N Are you named as an additional insured on your subcontractors' liability policies?

☐ Y ☐ N Does the entity have a formalized risk management procedure or program?

Do the formal procedures include the following?

☐ Y ☐ N Written Safety or Loss Prevention Manual

☐ Y ☐ N Employee Training Meeting

☐ Y ☐ N Property or Equipment Inspection and Maintenance Logs

☐ Y ☐ N Procedures to prevent & report Sexual Harassment

☐ Y ☐ N Accident Investigation Program

Describe any other formal or informal operating controls:

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PART B – PROPERTY SUPPLEMENTAL APPLICATION

OneBeacon Government Risks provides property coverage to eligible public entities using the OneBeacon @Vantage Property form. Property coverage may be tailored to meet individual account needs. Equipment Breakdown, Business Income and Crime Coverage are included.

@VANTAGE FOR PROPERTY	
Coverage	
Building	
**Ordinance or Law A	Included in Location Limit
**Ordinance or Law – Coverages B & C combined	$500,000
Fungus, Wet Rot, Dry Rot, Bacteria (Mold)	$15,000 aggregate
Newly Acquired Buildings	$2,000,000 - 180 Days
Pollutant Cleanup and Removal	$100,000
Debris Removal	$250,000
Business Personal Property	
Newly Acquired Business Personal Property	$1,000,000 - 180 Days
Business Personal Property at Other Locations	$50,000
***Business Personal Property coverage includes**:* *Accounts Receivable; Electronic Hardware & Media; Fine Arts; Improvements & Betterments; Installation Tools & Equipment; Patterns, Dies & Molds; Personal Effects; Personal Property of Others; Scientific & Professional Equipment; Valuable Information Property*	
Bucket Limit	**$500,000 per occurrence**
Accounts Receivable	Included in Bucket
Consequential Loss or Damage to Stock	Included in Bucket
PP - Sold by you, Conditional Sale	Included in Bucket
Fine Arts Coverage	Included; however, a $10,000-per-item limit applies
Outdoor Property –Trees, Shrubs & Plants	Included in Bucket
Personal Effects of Officers, Partners & Employees	Included in Bucket
Outdoor Property – Other *includes fences, radio /TV antennas & satellite dishes*	Included in Bucket
**Valuable Papers and Records Coverage	Included in Bucket
Tenants Improvements or Betterments	Included in Bucket
Electronic Equipment & Hardware – PD	Included in Bucket
Fire Protection Equipment Recharge Costs	Included in Bucket
Fire Department Service Charge	Included in Bucket
Business Income	
Extended Period of Indemnity	90 Days
Business Income Extra Expense – Utility Services	$25,000
Business Income from Dependent Properties	$100,000
CyberVandalism	
**Electronic Data – Cyber Risk/Vandalism – Employees	PD: $50,000 aggregate TE: $50,000 aggregate
**Electronic Data – Cyber Risk/Vandalism – Non-Employees	PD: $10,000 aggregate TE: $10,000 aggregate
Electronic Data – Denial of Service	$10,000 aggregate
Transit	
Property in Transit	$50,000
Free On-Board Extension and	Included in Transit Limit
**Property at Exhibitions, Trade Shows, Fairs, Etc	Included in Transit Limit
Equipment Breakdown	**Follows Policy Limits**
Expediting Expenses	$100,000
Hazardous Substance	$100,000
Perishable Goods	$100,000
CFC Refrigerants	$100,000

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PART B – PROPERTY SUPPLEMENTAL APPLICATION (Cont'd)

Crime	$25,000 Bucket Limit
Employee Theft	Included
Forgery & Alteration	Included
Money & Securities – Inside/Outside Premises	Included
**Robbery or Safe Burglary	Included
Money Orders & Counterfeit Paper Currency	Included
ERISA	$25,000 per occurrence
Additional Coverages	
Arson or Theft Reward	$50,000
Contract Penalties	$50,000
Backup of Sewers & Drains (Excluding Flood)	$100,000
Lock Replacement	$10,000
Expediting Expense	$50,000
Soft Costs	$25,000
Temporary Relocation of Property	$100,000 – 90 days
***Available Valuation Options include**: Actual Cash Value; Functional Replacement Cost; Agreed Amount; Replacement Cost; Coinsurance Stated Value*	

*** denotes new changes in 2010*

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PART B – PROPERTY SUPPLEMENTAL APPLICATION (Cont'd)

1.	Property Deductible Requested? ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ Other:	
2.	☐ Y ☐ N	Do you require additional Property coverage? If **Yes**, how much? Limits requested?
2.	☐ Y ☐ N	Is Blanket Coverage Requested? (90% or greater value required)
3.	☐ Y ☐ N	Statement of values is 100% of property values
4.	☐ Y ☐ N	Any items on the property schedule to be insured as fine arts? Identify items on schedule and limits required:
5.	☐ Y ☐ N	Any items on the property schedule to be insured as Electronic Hardware & Media? Identify limits and location:
6.	☐ Y ☐ N	Any loss payees or additional insured interests applicable to any properties? If **Yes**, please list item # and interest:
7.	☐ Y ☐ N	Any vacant property locations?
8.	☐ Y ☐ N	Any locations over 30 years old? If **Yes**, list location(s), renovations, and date completed:
9.	☐ Y ☐ N	Do any pumps or motors exceed 1,000 HP?
10.	☐ Y ☐ N	Do any individual specialized equipment items exceed $100,000 in value? Specialized equipment items include fuel cells, micro turbines, rotating biological contactors and submersible pumps.
11.	☐ Y ☐ N	Do you currently have any property in the "course of construction" or do you plan to have any new additions, renovations, or expansions? If **Yes**, describe: Cost of construction:
12.	☐ Y ☐ N	Do you have any hydro-electric equipment?
13.	☐ Y ☐ N	Is optional Flood Coverage requested? If **Yes**, list Location(s), Limit and Deductible:
14.	☐ Y ☐ N	Is optional Earthquake Coverage requested? If **Yes**, list Location(s), Limit and Deductible:

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PART C – INLAND MARINE SUPPLEMENTAL APPLICATION

OneBeacon Government Risks provides inland marine type property coverage to eligible public entities using the OneBeacon @Vantage Property form. Contractor's Equipment, Miscellaneous Tools and Equipment, and Employee Tools are covered through property coverage form endorsements. Inland Marine included in the OneBeacon property form may be tailored to meet individual account needs.

1. What types of inland marine equipment are to be insured?

- ☐ Contractor's Equipment
- ☐ Miscellaneous Tools and Equipment
- ☐ Employee Tools
- ☐ Leased, Rented or Borrowed Equipment
- ☐ Other :

Please provide all values to be insured in an Excel attachment.

2. Please indicate the deductible to be applied to the following:

	$1,000	$2,500	$5,000	Other (Please list)
Contractor's Type Equipment	☐	☐	☐	☐
Miscellaneous Tools and Equipment	☐	☐	☐	☐
Employee Tools	☐	☐	☐	☐
Leased, Rented or Borrowed	☐	☐	☐	☐

3. ☐ Y ☐ N Does the entity maintain an equipment inventory?

4. ☑ Y ☐ N Are all equipment items secured when not in use?

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PART D – CRIME SUPPLEMENTAL APPLICATION

OneBeacon Government Risks provides crime insurance coverage to eligible public entities using the OneBeacon @Vantage Property form. The following crime insurance insuring agreements and limits are provided:

Crime	$25,000 Bucket Limit
Employee Dishonesty	Included
Forgery & Alteration	Included
Money & Securities – On & Off Premises	Included
Money Orders & Counterfeit Paper Currency	Included
ERISA	$25,000 per occurrence

1. ☐ Y ☐ N Is Faithful Performance Coverage needed?

2. ☐ Y ☐ N Is Computer Fraud (Funds Transfer of Money & Securities) required? If **Yes**, limit:

3. ☐ Y ☐ N Are additional limits needed for any crime insuring agreement?
If **Yes**, please list insuring agreement and limit.

Insuring Agreement	Limit

4. What deductible is requested? ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ Other:

5. What security provisions apply?	How Often?
☐ Audit	
☐ Reconciliations	
☐ Bank statements	
☐ Countersignature	
☐ Other	

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PART E – AUTOMOBILE SUPPLEMENTAL APPLICATION

OneBeacon Government Risks provides automobile insurance to eligible public entities with the ISO Business Auto form modified by @VANTAGE FOR GOVERNMENT RISKS which includes the following coverage extensions:
(Note: coverage extensions apply only if liability and/or APD coverage is purchased)

1. Additional Insured By Contract
2. Airbag Discharge
3. Auto Theft Reward
4. Bodily Injury Redefined – Mental Anguish
5. Commandeered Autos
6. Customized Vehicles
7. Duties In The Event of Accident, Claim, Suit or Loss
8. Elected Or Appointed Officials As Insureds
9. Electronic Equipment
10. Employees And Volunteers As Insureds
11. Expected Or Intended Injury Exclusion – Exception for Reasonable Force
12. Extra Expense – Broadened Coverage
13. Fellow Employee Exclusion
14. Freezing Coverage – Emergency Vehicles
15. Glass Repair – Waiver of Deductible
16. Hired Auto Physical Damage Coverage
17. Hired Auto – Worldwide Coverage Territory
18. Lease Gap Coverage
19. Liability Coverage Extensions– Supplementary Payments

Extensions apply if purchased:

20. Physical Damage – Transportation Expenses
21. Towing – Covered Autos

Automobile Coverage	Limits Requested
Owned or Leased Automobiles	$
Hired Automobile Coverage	$
Non-owned Automobile Coverage	$
Personal Injury Protection	$
Automobile Medical Payments	$
Uninsured Motorists	$
Underinsured Motorists	$
Comprehensive Deductible	$
Collision Deductible	$

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PART E – AUTOMOBILE SUPPLEMENTAL APPLICATION

1. ☐ Y ☐ N	Are all of the entity's owned or leased vehicles to be insured under this policy? If **No**, list vehicles insured elsewhere:
2. ☐ Y ☐ N	Does the entity hire automobiles? If **Yes**, indicate cost and usage:
3. ☐ Y ☐ N	Does the entity permit employees to use their own vehicles in the course of employment? If **Yes**, list employees and for what purpose? What limit of insurance must an employee provide?
4. ☐ Y ☐ N	Does the entity allow employees to use its autos for personal use?
5. ☐ Y ☐ N	Are any vehicles used to provide public transportation?
6. ☐ Y ☐ N	Are any vehicles used to provide transportation for recreation activities? If **Yes**, for any question above, describe vehicle usage:
7. ☐ Y ☐ N	Does the entity require Commercial Drivers Licensing (CDL)?
8. ☐ Y ☐ N	Does the entity obtain Motor Vehicle Records on a pre-hire basis?
9. ☐ Y ☐ N	Are Motor Vehicle Records checked for current employees?
10. ☐ Y ☐ N	Does the entity require formal driver training for its employees?
11. ☐ Y ☐ N	Does the entity have a formalized automobile safety program in place?
12. ☐ Y ☐ N	Does the entity review each motor vehicle accident?
13. ☐ Y ☐ N	Does the entity have a formalized automobile maintenance program in place?
14. ☑ Y ☐ N	Are Fire or Ambulance vehicles to be covered on an Agreed Amount basis for APD? If **Yes**, note vehicle unit #s and requested values on submitted automobile schedule. *Only Fire and Ambulance vehicles are eligible for Agreed Valuation Physical Damage*

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PART F – GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Indicate presence of each item by checking the appropriate box:

Operation	Exposure? (Y / N)	Any Part of Operation Subcontracted to Others? (Y / N)
Aircraft, Airport and Related Facilities	☐ / ☐	☐ / ☐
Ambulance Services	☐ / ☐	☐ / ☐
Boat Docks or Marina	☐ / ☐	☐ / ☐
Bridges	☐ / ☐	☐ / ☐
Carnivals, Fairs, Parades	☐ / ☐	☐ / ☐
Cemetery Operations	☐ / ☐	☐ / ☐
Chemical Spraying – Pesticide/Herbicide	☐ / ☐	☐ / ☐
Children and Youth Services	☐ / ☐	☐ / ☐
Dams, Reservoir or Levee **(Complete Part G)**	☐ / ☐	☐ / ☐
Day Care, Day Camps, Day Nurseries	☐ / ☐	☐ / ☐
Electric Utility **(Request Supplemental Application – Part L)**	☐ / ☐	☐ / ☐
Emergency Medical Services	☐ / ☐	☐ / ☐
Exhibit Hall or Meeting Area	☐ / ☐	☐ / ☐
Fire Department	☐ / ☐	☐ / ☐
Fireworks Exhibits	☐ / ☐	☐ / ☐
Garbage or Refuse Collection	☐ / ☐	☐ / ☐
Gas Utility **(Request Supplemental Application – Part K)**	☐ / ☐	☐ / ☐
Golf Course	☐ / ☐	☐ / ☐
Halfway Houses, Shelters, Group Homes	☐ / ☐	☐ / ☐
Health Clinics	☐ / ☐	☐ / ☐
Hospitals	☐ / ☐	☐ / ☐
Ice or Roller Rinks	☐ / ☐	☐ / ☐
Industrial Buildings for Redevelopment	☐ / ☐	☐ / ☐
Irrigation Ditches – Existence Hazard	☐ / ☐	☐ / ☐
Jails or Correctional Facilities	☐ / ☐	☐ / ☐
Lake or Reservoir	☐ / ☐	☐ / ☐
Landfills/Dumps/Refuse Sites/Incinerators	☐ / ☐	☐ / ☐
Law Enforcement Activities	☐ / ☐	☐ / ☐
Liquor Sales	☐ / ☐	☐ / ☐
Nursing Homes	☐ / ☐	☐ / ☐
Parks and Playgrounds	☐ / ☐	☐ / ☐
Ports/Harbors/Terminal	☐ / ☐	☐ / ☐
Public Health Department	☐ / ☐	☐ / ☐
Public Housing Authority	☐ / ☐	☐ / ☐
Rescue Squad	☐ / ☐	☐ / ☐
Sewage Collection Lines	☐ / ☐	☐ / ☐
Sewage Disposal Plant	☐ / ☐	☐ / ☐
School	☐ / ☐	☐ / ☐
Streets and Roads	☐ / ☐	☐ / ☐
Swimming Areas, Pool or Beach	☐ / ☐	☐ / ☐
Transit Operations	☐ / ☐	☐ / ☐
Vacant Land	☐ / ☐	☐ / ☐
Wastewater Operations	☐ / ☐	☐ / ☐
Watercraft > 100 Horsepower	☐ / ☐	☐ / ☐
Water Operations	☐ / ☐	☐ / ☐
Zoo	☐ / ☐	☐ / ☐

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PART F – GENERAL LIABILITY SUPPLEMENTAL APPLICATION

OneBeacon Government Risks provides the following options for General Liability Coverage:

- **Occurrence or claims-made coverage (with a specific claims-made retroactive date) forms**

- **Each coverage form includes:**
  Coverage A. Bodily Injury and Property Damage Liability
  Coverage B. Personal and Advertising Injury Liability
  Coverage C. Health Care and Social Services Liability ***(If Requested)***
  Coverage D. Medical Expense ***(If Requested)***

- **All policies default to the following limits:**
  $1,000,000 Each Occurrence
  $1,000,000 Damage to Premises Rented to You
  $1,000,000 Any one person or organization for Personal and Advertising Injury
  $ 0 Each Wrongful Act Health Care and Social Services
  $1,000,000 General Aggregate
  $1,000,000 Products-Completed-Operations Aggregate
  $ 0 Any one person Medical Expense

1. What coverage form is requested? ☐ Occurrence ☐ Claims-Made (Retro Date:)

2. What **optional** General Aggregate Limit is requested? *Applies to Coverage A, B, C, and D*
   ☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000
   Products-Completed-Operations Aggregate will be set equal to General Aggregate Limit requested

3. ☐ Y ☐ N Is Health Care and Social Services Coverage Liability Requested? Limit is $1,000,000.
   *If **Yes**, must complete question 23*

Please select limits for the following optional coverages:

	$100,000	$300,000	$500,000	$1,000,000
4. Failure to Supply Coverage Liability	☐	☐	☐	☐
5. Sexual Abuse Coverage Liability	☐	☐	☐	☐

6. What deductible is requested?
   Note: Underwriters may require higher or lower deductibles than requested
   If a deductible > $25,000 or self-insured retention is requested, mark as "other" and specify amount
   ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ $25,000 ☐ Other:

7. General Liability is rated on operating budget – how is the budget provided to OneBeacon?
   ☐ Attached to this application ☐ Link to website located here:

8. What expenditures are associated with "green initiatives"? ____
   "Green initiatives" are expenditures associated with efforts to implement environmental sustainability.
   Examples of eligible expenditures include community environmental sustainability education, recycling and composting programs, sustainability planning or similar operations undertaken to improve the physical environment.

9. What is the payroll for water, sewer or irrigation operations? (Not required for city or county business) ____
   Payroll includes remuneration paid to direct employees (except clerical office and executive officers), 100% of contract cost for leased employees, and 33% of total contract costs

10. ☐ Y ☐ N Is Cemetery Liability requested?
    If **Yes**, how many cemeteries? and annual interments?

11. Number of dams, reservoirs or levees insured for existence hazard only?

12. ☐ Y ☐ N Are dams, reservoirs or levees to be insured for Structural Failure?
    *If **Yes**, Complete **PART G** Dam, Reservoir or Levee Supplemental Application*

13. What is the total number of service runs for Fire Operations? (Not required for city or county business)

14. Number of trash transfer stations? (Not required for city or county business)

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PART F – GENERAL LIABILITY SUPPLEMENTAL APPLICATION

15.	Number of industrial properties?
16.	How many miles of Irrigation Ditches?
17.	What is the total number of streets & roads owned or maintained?
18.	How many indoor swimming facilities?
19.	How many seasonal swimming areas? *Include outdoor pool, beach, lake or river access*
20.	☐ Y ☐ N Do you purchase workers' compensation insurance?
21.	☐ Y ☐ N Do you confirm that independent contractors and sub-contractors purchase workers' compensation insurance?
22.	☐ Y ☐ N Do you utilize volunteer, inmate or mandated community service labor not covered by workers' compensation?

23. How many of each type of employee are to be included? ***Required if Health Care Coverage is requested***

#____ Social Service Providers	#____ Paramedic
#____ Jail Nurses	#____ Emergency Medical Technician
#____ Nurse	#____ First Responder

The following questions are only required for applicants with Water Utility Operations

24.	☐ Y ☐ N Do you have a fully computerized water system? (i.e. SCADA)
25.	How many gallons of potable water are distributed annually?
26.	What is the water system's supply capacity (in gallons)?
27.	How many water utility customers?
28.	What percentage is distributed to each? ____% Agriculture ____% Commercial ____% Industrial ____% Residential
29.	What is the source of the water supply?
30.	How is the water treated?
31.	What water chemicals do you use?
32.	How often do you test?
33.	How are water chemicals stored and secured?
34.	What is the age of the water treatment system (in years)?
35.	What system upgrades are completed or planned?
36.	☐ Y ☐ N Is the entity required to produce an annual water quality report? With what agency is the report filed?

The following questions are only required for applicants with Wastewater Operations

37.	What type of facility(ies) are operated? ☐ Treatment Plant ☐ Lift Station ☐ Pumps ☐ Collection Only ☐ Other:
38.	How many wastewater customers?
39.	What percentage is received from each type of customer? ____% Commercial ____% Industrial ____% Residential
40.	How many sewer connections?
41.	What type of piping is used in the system?
42.	How many miles of sewer collection lines are maintained by the proposed insured?
43.	What is the average age (years) of the sewer collection system?
44.	What system upgrades are completed or planned?
45.	☐ Y ☐ N Replacement program in place for sewer lines?
46.	How often are sewer mains/lines cleaned?

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PART F – GENERAL LIABILITY SUPPLEMENTAL APPLICATION

47. How often are sewer lines/mains inspected by line cameras?
48. What wastewater treatment is provided? ☐ Primary ☐ Secondary ☐ Tertiary ☐ Other:
49. What regulatory agency monitors?
50. How is influent input monitored for toxic/hazardous waste?
51. How are chemicals stored?
52. What is done with residual by-products/sludge?

The following questions are only required for applicants with Irrigation Operations

53. Describe if public access is permitted on canal or levee rights of way?
54. ☐ Y ☐ N Are any areas open for public uses such as hunting, boating or hiking?
55. ☐ Y ☐ N Is public access permitted for vehicle use?
56. How is weed and brush suppression accomplished? ☐ Controlled Burns ☐ Chemicals
57. List all chemicals sprayed:
58. ☐ Y ☐ N Are employees licensed?
59. Where and in what quantity are these chemicals stored?
60. Describe how irrigation water deliveries are confirmed?
61. ☐ Y ☐ N Are there established procedures for burns?
62. ☐ Y ☐ N Are warning signs posted on all owned facilities?

The following questions are only required for applicants with Landfills/Dumps/Refuse Sites/Incinerators Operations

63. ☐ Y ☐ N Does the proposed insured currently operate a Landfill, Dump, Refuse site or incinerator? If "**Yes**", describe facility and current use:
64. ☐ Y ☐ N Are there any records of compliance issues?
65. ☐ Y ☐ N Does the entity provide residential refuse collection services to residents?
66. Where is the residential refuse sent?
67. ☐ Y ☐ N Is public access permitted to any refuse facility owned by the entity?

The following questions are only required for applicants with Recreational Activities

68. Do you have any of the following recreational activities:

☐ Camping	☐ Hiking trails	☐ Playground equipment	☐ Golf Courses/Clubs
☐ Equestrian trails	☐ Bike riding	☐ Playgrounds	☐ Skate boarding
☐ Basketball courts	☐ Baseball fields	☐ Parks	☐ Ski lifts/Ski trails
☐ Football fields	☐ Soccer fields	☐ Parasailing	☐ Rollerblading (in-line skating)

69. ☐ Y ☐ N Do you permit any winter sports on your premises? If **Yes**, describe:
70. What safety programs apply to swimming areas?
71. What safety programs apply to recreational activities?

The following questions are only required for applicants with Cemetery operations

72. ☐ Y ☐ N Do you require a written burial agreement?
73. ☐ Y ☐ N Do you have a policy or procedure concerning disinterment requests? If **Yes**, describe:
74. Who is responsible for maintenance, site preparation, or burial?
75. How many locations are owned or maintained by the entity for cemetery operations?

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PART G – DAM, RESERVIOR OR LEVEE SUPPLEMENTAL APPLICATION

(If the entity maintains more than 1 dam, a separate supplemental application must be completed for each structure)

Name of Structure:	NATDAM ID:
Location:	
Year Built:	Date of Last Update:

Owned by:	☐ Entity	☐ Federal Agency	☐ State Government	☐ Other:
Operated by:	☐ Entity	☐ Federal Agency	☐ State Government	☐ Other:

1. ☐ Y ☐ N Is this Dam a shared facility? If **Yes**, with what entity:
2. ☐ Y ☐ N Is there an Emergency Notification Plan?

The following questions are related to DAMS

3. Primary and Secondary Purpose (check all applicable):

☐ Flood ☐ Irrigation ☐ Industrial ☐ Power ☐ Water Supply ☐ Recreation

4. Construction (check all applicable):

☐ Concrete ☐ Earth ☐ Rockfill ☐ Steel Sheet ☐ Gravity ☐ Other:

5.	Dimensions:	Surface Acres:
	Storage Capacity/Acre Feet:	Height:
	Top Width:	Base Width:

6.	Inspection Frequency:	
	Date of Last Inspection:	By Whom:
	Status of Recommendations:	

7. ☐ Y ☐ N Has the risk been included under the National Program for Dam Inspection?
8. Name of the actual tributary river(s) of the impoundment waters: _____
9. ☐ Y ☐ N Off stream?

10. How is the water level controlled? ☐ Gates ☐ Spillway ☐ Other:
    If gate, what type?
    How are gates operated?

The following questions are related to UPSTREAM EXPOSURE FOR DAMS

11. ☐ Y ☐ N Do you permit any winter sports on your premises?
    If **Yes**, please provide details that may jeopardize the dam:

12. ☑ Y ☐ N Are there any exposures to recreational areas (swimming, boating, camping, etc?
    If **Yes**, please provide details on recreational activities provided by district:

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PART G – DAM, RESERVIOR OR LEVEE SUPPLEMENTAL APPLICATION

The following questions are related to DOWNSTREAM EXPOSURE FOR DAMS

Housing	☐ Yes	☐ No	Distance:	Number:
Other Structures	☐ Yes	☐ No	Distance:	Number:
Industrial Complexes	☐ Yes	☐ No	Distance:	Type:
Public Utilities	☐ Yes	☐ No	Distance:	Number:
Pumping Stations	☐ Yes	☐ No	Distance:	
Lower Dams	☐ Yes	☐ No	Distance:	Names:
Bridge(s)	☐ Yes	☐ No	Distance:	Number:
Highway(s)	☐ Yes	☐ No	Distance:	Number:
Railroad(s)	☐ Yes	☐ No	Distance:	Number:
Schools	☐ Yes	☐ No	Distance:	
Hospitals	☐ Yes	☐ No	Distance:	
Camp	☐ Yes	☐ No	Distance:	
Agricultural area	☐ Yes	☐ No	Distance:	
	Type of Exposure (livestock, crops, etc):			
Recreational areas	☐ Yes	☐ No	Distance:	Type:
Maximum number of people a flood could affect:				

13. ☐ Y ☐ N Are surface rights of the reservoir leased to a third party?
If **Yes**, with what entity:

14. ☐ Y ☐ N Any incidents or failure within history of the dam's existence?
If **Yes**, provide incident date:
Type of Loss:

I CERTIFY THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Name and Title: _____

Signature: _____

Date: _____

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PART H – PUBLIC OFFICIALS LIABILITY SUPPLEMENTAL APPLICATION

OneBeacon Government Risks provides the following options for Public Officials Errors and Omissions Liability Coverage:

- **Occurrence or claims-made coverage (with a specific claims-made retroactive date) forms**

- **Each coverage form includes:**
  Coverage A – Wrongful Acts
  Coverage B – Employment Practices Administration
  Coverage C – Employee Benefits Administration

- **Each coverage includes the following default limits:**
  Coverage A is issued at limits of $1,000,000 Each Wrongful Act/$1,000,000 Aggregate
  Coverage B is issued at limits of $1,000,000 Each Employment Practices Offense/$1,000,000 Aggregate
  Coverage C is issued at limits of $1,000,000 Each Administration Offense/$1,000,000 Aggregate

- **Coverage A and Coverage B and Coverage C are independently selected**
  Coverage A – Wrongful Acts may be selected without Coverage B- Employment Practices
  Coverage B – Employment Practices may be selected without Coverage A- Wrongful Act
  Coverage C – Employee Benefit Administration may be selected with or without Coverage A or Coverage B
  (Employee Benefits Administration is also an option under the OneBeacon General Liability Policy)

1. What coverage form is requested? ☐ Occurrence ☐ Claims-Made (Retro date:)

2. Are increased Aggregate Limits requested?
☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000

3. What deductible is requested? *Note: Underwriters may require higher or lower deductibles than requested*
If a deductible > $25,000 or self-insured retention is requested, mark as "other" and specify amount

Coverage A – Wrongful Acts
☐ $5,000 Loss and Loss Expense
☐ $10,000 Loss and Loss Expense
☐ $15,000 Loss and Loss Expense
☐ $25,000 Loss and Loss Expense
☐ Other:

Coverage B – Employment Practices and
Coverage C – Employee Benefits Administration
☐ $5,000 Loss and Loss Expense
☐ $10,000 Loss and Loss Expense
☐ $15,000 Loss and Loss Expense
☐ $25,000 Loss and Loss Expense
☐ Other:

4. How many of the following does the entity have?

#_____ Board Members, Public Officials, Directors, or Officers?
#_____ Full-Time Paid Employees? #_____ Part-Time Paid Employees?
#_____ Temporary or Seasonal Workers? #_____ Volunteers? (do not include volunteer board members)

5. What are term lengths of the board members and management team?

6. ☐ Y ☐ N Exclude Employment Practices Liability Coverage?
If **Yes**, how are Employment Practices addressed? ☐ Insured Elsewhere ☐ Self-Insured

7. ☐ Y ☐ N Does the entity have a written Policies and Procedures manual?

8. ☐ Y ☐ N Are public officials and employees trained in these policies and procedures?

9. ☐ Y ☐ N Are established policies and procedures reviewed by legal counsel?

10. ☑ Y ☐ N Does the entity establish and maintain zoning regulations?

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PART H – PUBLIC OFFICIALS LIABILITY SUPPLEMENTAL APPLICATION

11. ☐ Y ☐ N	Does the entity administer building codes?
12. ☐ Y ☐ N	Does the entity have a formalized zoning or building codes appeal process?
13. ☐ Y ☐ N	Any planned reduction in services? If **Yes**, please describe:
14. ☐ Y ☐ N	Does the entity have an Employee Handbook?
15. ☐ Y ☐ N	Do all employees and volunteers receive a copy of the Handbook?
16. ☐ Y ☐ N	Does the Handbook establish "employment at will"?
17. ☐ Y ☐ N	Does the Handbook specifically include volunteers?
18. ☐ Y ☐ N	Does the entity's legal counsel periodically review the Handbook?
19. ☐ Y ☐ N	Are employment policy changes communicated to employees?
20. ☐ Y ☐ N	Are any of the entity's employees unionized?
21. ☐ Y ☐ N	Does the entity apply specific hiring guidelines?
22. ☐ Y ☐ N	Does the entity apply specific termination guidelines?
23. ☐ Y ☐ N	Are there specifically defined disciplinary actions?
24. ☐ Y ☐ N	Are there specific employment grievance procedures?
25. ☐ Y ☐ N	Are there specific guidelines concerning Sexual Abuse and Harassment?
26. ☐ Y ☐ N	Are termination actions subject to external oversight?
27. ☐ Y ☐ N	Are any ***involuntary*** employment terminations planned for the upcoming year?

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

29. How many ***involuntary*** employment terminations each year? # _____

30. Are there any outstanding disputes involving any of the following? Check if **Yes**:

- ☐ Civil rights violations?
- ☐ Refusal of public service?
- ☐ Inadequacy of public service?
- ☐ Wrongful takings or condemnation proceedings?
- ☐ Approval of building plans or building specifications?

31. If **Yes** with regard to any outstanding disputes, *not yet a claim,* describe circumstances:

32. ☐ Y ☐ N Are any EEOC, or comparable state agency, hearings outstanding?

If **Yes** with regard to any outstanding employment disputes, *not yet a claim,* describe below:

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PART I – LAW ENFORCEMENT LIABILITY SUPPLEMENTAL APPLICATION

OneBeacon Government Risks provides the following options for Law Enforcement Liability Coverage:

- **Occurrence or claims-made coverage (with a specific claims-made retroactive date) forms**
- **Each coverage form includes:**
  Law Enforcement Wrongful Acts
- **Each coverage includes the following default limits:**
  Coverage is issued at limits of $1,000,000 Each Wrongful Act/$1,000,000 Aggregate

1. What coverage form is requested? ☐ Occurrence ☐ Claims-Made (Retro date:_____)

2. Are increased Aggregate Limits requested?
☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000

3. What Law Enforcement Wrongful Acts Coverage deductible is requested?
Note: Underwriters may require higher or lower deductibles than requested
If a deductible > $25,000 or self-insured retention is requested, mark as "other" and specify amount

☐ $5,000 Loss and Loss Expense ☐ $10,000 Loss and Loss Expense
☐ $15,000 Loss and Loss Expense ☐ $25,000 Loss and Loss Expense
☑ Other: _____

4. How many of the following does the entity have?

#_____ Full-Time Officers, armed and with full arrest authority? #_____ Part-Time Officers, armed and with full arrest authority?
#_____ Full- or Part-Time Officers, unarmed and with limited authority? #_____ Number of Police Dogs?
#_____ How many Full-Time Jailers? #_____ How many Part Time Jailers?
#_____ How many administrative employees?

5. Total Area in Square Feet of Jail(s) or Holding facility(ies)?

6. ☐ Y ☐ N Is the law enforcement agency accredited by any professional organization or agency?
If **Yes**, what accreditation?

7. What is the minimum education requirement for newly hired officers? ☐ High School ☐ College ☐ Other:

8. What evaluation tools are mandatory? Check all applicable:
☐ Criminal Records Check ☐ Motor Vehicle Records ☐ Psychological Testing ☐ Other:

9. What training is required? Check all applicable:
☐ State Required pre-assignment ☐ Formal Police Academy ☐ In-house ☐ Other:

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PART I – LAW ENFORCEMENT LIABILITY SUPPLEMENTAL APPLICATION

10. Are written policies established for the following?

☐ Use of deadly force	☐ Use of non-lethal force	☐ Vehicle “hot pursuit”	☐ Domestic violence
☐ Handling of intoxicated persons	☐ Outside employment (moonlighting)	☐ Armed while off duty	☐ Use of volunteers

11. What types of detention facilities are operated?

☐ Jail ☐ Holding Facility ☐ Juvenile Center ☐ Other:

12. Please describe physical characteristics of detention facilities as checked above:

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PART J – EXCESS LIABILITY SUPPLEMENTAL APPLICATION

OneBeacon Government Risks provides excess Liability up to limits of $10,000,000 Each Occurrence/Wrongful Act/Accident. Aggregate limits equal the provided excess liability Each Occurrence/Wrongful Act/Accident limit. All underlying coverage to be scheduled must be provided by OneBeacon. Exceptions are permitted for Employers' Liability Coverage.

Minimum underlying limits required to schedule Employers' Liability are $500,000 Each Accident/ $500,000 Disease per Employee/ $500,000 Disease Aggregate

1. Coverage is to apply over what underlying coverage?

- ☐ General Liability
- ☐ Law Enforcement Liability
- ☐ Public Officials Errors and Omissions Liability
- ☐ Commercial Automobile Liability
- ☐ Employers Liability (if so, please provide carrier policy information below)
  - Carrier:
  - Term:
  - Policy #:
  - Limits:

2. Excess Limit Requested:

- ☐ $1,000,000 / $1,000,000 Aggregate
- ☐ $2,000,000 / $2,000,000 Aggregate
- ☐ $3,000,000 / $3,000,000 Aggregate
- ☐ $4,000,000 / $4,000,000 Aggregate
- ☐ $5,000,000 / $5,000,000 Aggregate
- ☐ $6,000,000 / $6,000,000 Aggregate
- ☐ $7,000,000 / $7,000,000 Aggregate
- ☐ $8,000,000 / $8,000,000 Aggregate
- ☐ $9,000,000 / $9,000,000 Aggregate
- ☐ $10,000,000 / $10,000,000 Aggregate

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Arkansas Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Warning

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 Fraud Warning

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 Fraud Warning

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

Louisiana Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Fraud Warning

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire Statement of Residency

To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of $2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.

New Jersey Fraud Warning

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Warning

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York Fraud Warning

Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits 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 shall also be subject to a civil penalty not to exceed $5,000 and the value of the subject motor vehicle or stated claim for each violation.

Other Types of Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

Ohio Fraud Warning

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Warning

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Warning

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any materially false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to $15,000.

Tennessee Fraud Warning

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.

Virginia Fraud Warning

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. READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

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Legal Named Insured: Proposed Effective Date:

APPLICATION CHECKLIST

- ☐ **COMPLETED ONEBEACON GOVERNMENT RISKS APPLICATION**
- ☐ **SIGNATURES ON APPLICATIONS AND STATEMENT OF VALUES WHERE REQUIRED**
- ☐ **COPY OF OR LINK TO APPLICANT'S MOST RECENT BUDGET PROVIDED**
- ☐ **VERIFIED LOSS HISTORY, INCLUDING LARGE LOSS DETAILS**
- ☐ **STATEMENT OF VALUES FOR PROPERTY AND EQUIPMENT**
- ☐ **VEHICLE SCHEDULES INCLUDES VEHICLE USAGE AND COST NEW**

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

SIGNATURE OF PROPOSED INSURED	TITLE	DATE

SIGNATURE OF AGENT OR BROKER	TITLE	DATE

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