



**PUBLIC ENTITY EXCESS LIABILITY
QUESTIONNAIRE**

Policy Period - _____

NAME OF ENTITY: _____
(As it is to appear on the policy)

MAILING ADDRESS: _____

WEB SITE ADDRESS: _____

IS THE PUBLIC ENTITY A QUALIFIED SELF-INSURER? YES _____ NO _____

IS THE PUBLIC ENTITY AFFORDED ANY JUDICIAL OR STATUTORY TORT IMMUNITIES OR TORT CAPS?
YES _____ NO _____

IF YES, PLEASE DESCRIBE AND GIVE THE STATUTE CITATION:

DOES THE PURCHASE OR LIABILITY INSURANCE WAIVE ANY APPLICABLE TORT IMMUNITIES / CAPS?
YES _____ NO _____

1. **POPULATION:** INCORPORATED _____ UNINCORPORATED _____

2. **AREA OF SQUARE MILES:** _____ 3. **TOTAL PROJECTED PAYROLL:** _____

4. **TOTAL NUMBER OF EMPLOYEES:** FULL TIME _____ PART TIME _____

NUMBER OF OFFICIALS: (ELECTED) _____ (APPOINTED) _____ BY WHOM: _____

5. **TOTAL PROJECTED BUDGET:** _____ 6. **BOND RATING:** _____

7. **POLICE DEPARTMENT:**

POST (POLICE OFFICER STANDARDS AND TRAINING) CERTIFICATION? YES _____ NO _____

IS THERE A POLICIES AND PROCEDURES MANUAL? YES _____ NO _____

ARE THERE WRITTEN POLICIES ON THE FOLLOWING:

- | | | |
|--|-----------|----------|
| A. ESCALATING USE OF FORCE? | YES _____ | NO _____ |
| B. USE OF NON-LETHAL WEAPONS (I.E. STUN GUNS, TASER, ETC.) | YES _____ | NO _____ |
| C. USE OF LETHAL WEAPONS (I.E. GUNS) | YES _____ | NO _____ |
| D. VEHICLE PURSUITS | YES _____ | NO _____ |
| E. RIDE ALONG PROGRAM | YES _____ | NO _____ |

NUMBER OF:

- A. SWORN OFFICERS: _____ AUXILIARY/RESERVES: _____ VOLUNTEERS: _____
PAYROLL: _____

- B. DESCRIBE ANY POLICE SERVICES PROVIDED FOR OTHER ENTITIES:

- C. DESCRIBE ANY JOINT PARTICIPATION / MUTUAL AID OPERATIONS WITH OTHER AGENCIES:

ARE JAIL FACILITIES MAINTAINED? YES _____ NO _____

IF YES TO ANY, PROVIDE THE FOLLOWING:

- A. # OF CELLS: _____
- B. TOTAL SQUARE FOOTAGE OF JAILS: _____
- C. MAXIMUM CAPACITY / AVERAGE CAPACITY: _____

- D. MAXIMUM LENGTH OF STAY / AVERAGE LENGTH OF STAY: _____

- E. ADULT PRISONERS SEPARATED FROM JUVENILE PRISONERS: YES _____ NO _____
- F. MALE AND FEMALE PRISONERS SEPARATED: YES _____ NO _____
- G. AGE: _____
- H. NUMBER OF STORIES: _____
- I. WHAT IS THE STRIP SEARCH PROCEDURE:

- J. ARE THERE ANY SHARED POLICE OR JAIL SERVICES?

8. **FIRE DEPARTMENT:**

NUMBER OF FIREFIGHTERS:

A. FULL TIME _____ PART TIME _____ PAYROLL _____

VOLUNTEERS _____

NUMBER OF PARAMEDICS / EMT (*included in above*)

B. FULL TIME: _____ PART TIME _____

C. ARE THERE ANY SHARED FIRE OR PARAMEDIC SERVICES?

9. **UTILITIES:**

1. WATER: YES _____ NO _____

PAYROLL: _____

IF YES,

A. ANNUAL GALLONS OF TOTAL (*Industrial/Domestic*) WATER DISTRIBUTION: _____

B. DESCRIBE USES OF RECLAIMED WATER: _____

C. CONTRACTUAL AGREEMENTS ASSUMING LIABILITY OF OTHER UTILITIES:

NUMBER OF:

DAMS, RESERVOIRS AND TANKS: If coverage is desired, attach the most current Engineering report and a complete description, which must include the following information:

A. ACRE FEET OF EACH DAM: _____

B. CAPACITY OF EACH TANK: _____

C. AGE: _____

D. CONSTRUCTION: _____

E. DOWNSTREAM EXPOSURE: _____

F. RECREATIONAL USE OF DAMS OR RESERVOIRS: _____

2. WASTEWATER / SEWAGE TREATMENT: YES _____ NO _____

A. ANNUAL GALLONS _____

B. NUMBER OF PLANTS _____

C. MILES OF: STORM SEWERS _____
D. MILES OF SANITARY SEWERS _____

3. ELECTRIC: YES _____ NO _____

PAYROLL: _____

4. GAS: YES _____ NO _____

PAYROLL: _____

IF YES, SUBMIT SEPARATE APPLICATION IF COVERAGE DESIRED

5. ARE THERE ANY SHARED UTILITY SERVICES?

10. **STREETS AND ROADS:**

MILES OF:

A. PAVED STREETS / ROADS _____ UNPAVED STREETS / ROADS _____

NUMBER OF:

B. BRIDGES: _____ HIGHWAY TOLLS: _____

ANY OF ABOVE MAINTAINED OR OPERATED BY OTHERS: YES _____ NO _____

IF YES, DESCRIBE: _____

11. **WATERFRONT:**

MILES OF:

A. BEACHES OWNED OR OPERATED _____

NUMBER OF:

B. LIFEGUARDS _____

C. MARINAS/WHARVES _____ SLIPS _____

D. PIERS _____

E. WATERCRAFT _____ LENGTH(S) _____ DESCRIPTION OF USE: _____

12. **MEDICAL CARE FACILITIES OWNED OR OPERATED:** YES _____ NO _____

IF YES,

- A. TYPE: _____
- B. NUMBER OF LOCATIONS: _____
- C. DESCRIPTION OF TYPES OF SERVICE PROVIDED: _____
- D. NUMBER OF EMPLOYED NURSES: _____
- E. NUMBER OF EMPLOYED PHYSICIANS: _____

13. **WELFARE DEPARTMENT OR SOCIAL SERVICES:**

DESCRIBE ALL ACTIVITIES INCLUDING ANY FOSTER, PLACEMENT HOME MAKING, OR VISITING PROGRAM:

14. **ADDITIONAL EXPOSURES:**

Please indicate:

If Yes, please provide information if coverage is desire:

(double (L) click box)

LIBRARIES / MUSEUMS:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
AIRCRAFT (OWNED OR HIRED):	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
GOLF COURSES:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
AMUSEMENT PARKS:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
ZOOS:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
HELIPORTS:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
AIRPORTS:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
SWIMMING POOLS:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
WATER SLIDES:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
DIVING BOARDS:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
FAIRS / FESTIVALS:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
LANDFILLS (OWNED OR OPERATED):	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
PARKS / PLAYGROUNDS / RECREATIONAL FACILITIES:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
UNDERGROUND OPERATIONS (MINES, TUNNELS, ETC):	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
GARBAGE, ASHES OR REFUSE COLLECTING:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
SKATE PARKS (EXISTING OR ANTICIPATED):	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number _____
DAY CARE CENTERS:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number / _____
STADIUM / GRANDSTANDS 5,000 (+) SEATING CAPACITY	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Number / Receipts _____ / _____
FIREWORKS EXHIBITIONS (CONTRACTED):	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Insurance Limits Required _____ / _____

15. **FLEET:**

PASSENGER CARS

POLICE: _____ FIRE: _____ OTHER: _____

MOTORCYCLES OR SCOOTERS

POLICE: _____ FIRE: _____

EMERGENCY VEHICLES

AMBULANCES: _____ PARAMEDICS / RESCUE: _____

PUMPER TRUCKS: _____ LADDER TRUCKS: _____

COMMERCIAL

LIGHT TRUCKS: _____ MEDIUM TRUCKS: _____ HEAVY TRUCKS: _____

EXTRA HEAVY: _____ REFUSE COLLECTION: _____ STREET SWEEPS: _____

BUSES OTHER THAN TRANSIT DISTRICT: _____ DESCRIBE: _____

16. **TRANSIT**

DO YOU OPERATE, AFFILIATE WITH OR FINANCIALLY SUPPORT A TRANSIT DISTRICT OR AUTHORITY?

YES _____ NO _____

IF YES, ATTACH A SEPARATE APPLICATION IF COVERAGE IS DESIRED.

IF OPERATIONS CONTRACTED OUT, PROVIDE LIMITS OF INSURANCE CARRIED BY CONTRACTOR.

17. **SCHOOLS OPERATED BY INSURED:** YES _____ NO _____

IF YES, SUBMIT A SEPARATE APPLICATION IF COVERAGE DESIRED.

18. IF A REDEVELOPMENT AGENCY IS PART OF THE NAMED INSURED PROVIDE A COMPLETE DESCRIPTION OF ACTIVITIES (INCLUDE SPECIFIC INFORMATION ABOUT ACTIVITIES FOR THE PERIOD OF THE PROPOSED POLICY TERM:

19. **VOLUNTEERS**

ARE VOLUNTEERS INSURED UNDER YOUR WORKERS COMPENSATION POLICY?

AND IF YOU ARE A POOLED RISK, PLEASE INCLUDE THE INFORMATION FOR ALL MEMBERS.

YES _____ NO _____

20.. **ADDITIONAL INSUREDS:**

PLEASE ATTACH A LIST OF PERSONS OR ORGANIZATIONS YOU HAVE AGREED TO PROVIDE COVERAGE FOR AS AN ADDITIONAL INSUREDS UNDER YOUR POLICY. INFORMATION MUST INCLUDE, NAME , ADDRESS, PARTIES INVOLVED, TYPE OF ACTIVITY, WHO IS IN CONTROL OF EVENT, ANY HOLD HARMLESS / INDEMNITY AGREEMENTS, INSURANCE REQUIREMENTS, ENDORSEMENT REQUIREMENTS.

AFTER REVIEW WE RESERVE THE RIGHT TO DECLINE ADDITIONAL INSURED REQUESTS. THOSE NOT SUBMITTED ARE SUBJECT TO SEPARATE REVIEW AND ADDITIONAL PREMIUM CHARGE WHERE WARRANTED.

21. ATTACH A COPY OF CURRENT VALUE (6 MONTHS OR LESS) LOSS RUNS INCLUDING:

A. ALL CLAIMS LAST TEN (10) YEARS, SEVEN (7) YEARS MINIMUM REQUIRED. INFORMATION MUST REPRESENT FIRST DOLLAR, TOTAL VALUE AMOUNTS, INCLUDING AMOUNTS IN EXCESS OF ANY SIRS OR DEDUCTIBLES.

B. ALL CLAIMS IN EXCESS OF \$100,000 FOR LAST TEN (10), SEVEN (7) YEARS MINIMUM. BE SURE THIS REPRESENTS THE TOTAL VALUE OF THE CLAIMS AND INCLUDES: DATE, DESCRIPTION, INDEMNITY AMOUNT PAID AND / OR RESERVED, EXPENSES PAID AND / OR RESERVED, PAID AND RESERVED CLAIM AMOUNT.

22 PLEASE LIST YOUR TPA, INCLUDING ADDRESS, PHONE NUMBER AND CONTACT:

23. ATTACH A CURRENT FINANCIAL / BUDGET / ANNUAL REPORT STATEMENT.

SIGNATURE & TITLE: _____

DATE: _____