



Astra Insurance Group
 1-888-225-8933
astrainsurancegroup.com

LIBRARY PACKAGE POLICY APPLICATION

CLIENT INFORMATION			
Name			
Address			
City, State, Zip			
County		Website	
Population		Year Established	
Federal Employer Identification Number			

POLICY TERM			
Effective Date		Expiration Date	
Date Quote Needed			

AGENCY					
Name	Address	Phone	Fax	Producer	Producer Email

ENTITY CONTACTS				
Name	Position/Title	Phone	Cell	email

LOSS RUNS – PLEASE ATTACH THE FOLLOWING FOR ALL LINES
Five years of loss runs from prior carriers excluding those carriers of the Astra Program. The loss run reports should be no older than six months prior to the expiration date of the policy.

TERRORISM COVERAGE	Yes/No
Include Terrorism Coverage on the following lines if included in the quote: Property, Equipment Breakdown, Inland Marine, General Liability and Excess	



PROPERTY COVERAGE

Building and Personal Property		Amount				
Building and Personal Property						
Specific Building and Personal Property Limit						
Additional Coverages		Standard	Requested			
Ordinance or Law - Combined Demolition Cost and Increased Cost of Construction		\$500,000				
Business Income		\$250,000				
Extra Expense		\$500,000				
Valuation						
Building and Personal Property Coinsurance Percentage		80%		90%		100%
Source of Building Values						
Date of last appraisal						
Agreed Amount						
Business Income Coinsurance Percentage - Submit a Business Income Worksheet for other options						
Perils						
Causes of Loss – Special Form		Included				
Flood - Annual Aggregate (Excluding Flood Zones - A, A1-A30, AE, AH, AO, A99, AR, AR/AE, AR/AH, AR/AO, AR/A1-A30, V, V1-V30, VE or VO)						
Earthquake and Volcanic Eruption - Annual Aggregate						
Equipment Breakdown Limit						
Deductibles						
Building and Personal Property						
Electric Substations and Transformers						
Flood						
Earthquake and Volcanic Eruption						
Equipment Breakdown - All Other Property						
Equipment Breakdown - Deep Well Pumps, Electric Substations, Transformers						
Policy Amended Coverage Endorsement (PACE Extensions) Please indicate if higher limits than standard limits shown are needed.		Standard	Requested			
Animal Injury or Mortality		\$10,000				
Buildings in the Course Of Construction		\$500,000				
Debris Removal – Additional Limit		\$50,000				
Newly Acquired or Constructed Property – Building		\$1,000,000				
Newly Acquired or Constructed Property – Personal Property		\$1,000,000				



Newly Acquired or Constructed Property – Extra Expense	\$1,000,000	
Outdoor Property	\$100,000	
Personal Effects	\$5,000 per Premises / \$50,000 per Occurrence	
Pollution Clean Up and Removal	\$50,000	
Property in Transit	\$200,000	
Spoilage – Loss of Refrigeration	\$25,000	
Utility Services Interruption – Property, Business Income and Extra Expense	\$250,000	
Policy Amended Coverage Endorsement (Other PACE Extensions)	Amount	
Arson Reward	\$1,000 per person subject to \$5,000 Maximum	
Claim Preparation Expenses	\$50,000	
Crime Reward	\$1,000 Per Person subject to \$5,000 Maximum	
Errors and Omissions	\$100,000	
Expediting Expense	\$250,000	
Fine Arts - Unscheduled	\$50,000	
Fire Department Service Charge	\$25,000	
Fire Protection Devices – Refill/Recharge	\$25,000	
Ground Maintenance Equipment	\$50,000	
Landscaping - Unscheduled	\$50,000	
Lock Re-Keying/Replacement	\$2,500	
Property Off Premises	\$50,000	

Indiana only - Mine Subsidence	Yes/No/Other
I wish to purchase Mine Subsidence Coverage for structure indicated in the Statement of Values below.	

PROPERTY EXPOSURES AND SCHEDULES

Flood – Please respond to the following if requesting Flood Coverage.	Yes/No/Other
Do you have any buildings located in Flood Zone Zones A, A1-A30, AE, AH, AO, A99, AR, AR/AE, AR/AH, AR/AO, AR/A1-A30, V, V1-V30, VE or VO A?	
If Yes, list the Location/Building # as described on the Statement of Values or the Building Name of each:	
Have you experienced any incidents of flooding in the last five years?	
If Yes, describe the location, the nature of the flooding and the date on which it occurred.	

Statement of Values – PLEASE ATTACH THE FOLLOWING

1. A statement of values (SOV) including address, occupancy, protection class, coverage values, and valuation for each building owned or occupied by the entity.
2. Latest property appraisal on any building.



STATEMENT OF VALUES (SOV)

Complete the SOV below or provide a Property Schedule or Property Appraisal with equivalent information. Information can be submitted by email, fax or USPS.

Prem#	Bldg#	Building Name	Occupancy	Address (No., Street, City)	PC	# Stories	Square Feet	Year Built	Construction Code	100% Building Values	100% Personal Property Values	Valuation ⁽¹⁾	<u>IN Only</u> Mine Subsidence Limit

- ⁽¹⁾ RC Replacement Cost
- ACV Actual Cash Value
- FRC Functional Replacement Cost
- HV Historical Value

Prem#	Bldg#	Building Name	Percentage of building covered by sprinklers	Fire Detection Local or Central or None	Smoke Detection Yes or No	Burglar Alarm Local or Central or None	Is the Building Vacant

INLAND MARINE COVERAGE

Inland Marine Coverages Please indicate if higher limits than standard limits shown are needed.	Standard	Requested
Accounts Receivable	\$100,000	
Valuable Papers	\$100,000	
Valuable Papers Deductible		

Computer Coverage	Standard	Requested
Computer Equipment	\$10,000	
Computer Media	\$5,000	
Computer Data	\$5,000	
Computer Coverage - Business Income	\$1,000	
Computer Coverage - Extra Expense	\$5,000	
Computer Property Away From Your Premises and Computer Property in Transit	\$2,000	
Computer Deductible		

Mobile and Portable Equipment	Standard	Requested
Schedule Mobile and Portable Equipment		Complete Schedule Below
Unscheduled Mobile and Portable Equipment - Subject to \$5,000 Any One Item	\$5,000	
Mobile and Portable Equipment Deductible		

Scheduled Fine Arts		
Schedule Fine Arts		Complete Schedule Below
Scheduled Fine Arts Deductible		

INLAND MARINE SCHEDULES

Mobile and Portable Equipment Schedule			
Item #	Description (Include Year, Make, Model, etc.)	Serial No.	Replacement Cost

Total

Scheduled Fine Arts Schedule		
Item #	Description (Include an Appraisal for Each Item)	Appraised Value

Total

LIBRARY MATERIALS COVERAGE

Library Materials Coverage	Standard	Amount
Scheduled Library Materials		Complete Schedule Below
Library Materials In Storage Limit	\$5,000	
Library Materials On Exhibition	\$5,000	
Library Materials On Loan	\$1,000	
Library Materials In Transit	\$5,000	
Unscheduled Rare Books and Periodicals	\$1,000	
Scheduled Rare Books and Periodicals		Complete Schedule Below
Library Materials Deductible		

LIBRARY MATERIALS SCHEDULES

Scheduled Library Materials				
Premises #	Building #	Address	Library Materials Coverage Limit	Specific Limit (If Applicable)

Total

Scheduled Rare Books and Periodicals			
Item #	Description	Rare Book/Periodical Appraised Value	Is Appraisal In File?

Total

CRIME COVERAGE

Crime Coverage	Standard	Amount
Employee Theft Limit	\$5,000	
Forgery and Alteration Limit	\$5,000	
Money Orders and Counterfeit Money Limit	\$5,000	
Computer and Frauds Transfer Fraud Limit	\$5,000	
Social Engineering Fraud Limit	\$5,000	
Inside the Premises – Theft of Money and Securities Limit	\$5,000	
Outside the Premises Limit	\$5,000	

Crime Deductibles	Amount
Employee Theft Deductible	
Forgery and Alteration Deductible	
Money Orders and Counterfeit Money Deductible	
Computer and Funds Transfer Fraud Deductible	
Social Engineering Fraud Deductible	
Inside the Premises – Theft of Money and Securities Deductible	
Outside the Premises Deductible	

CRIME QUESTIONNAIRE

Crime – Please respond to the following if requesting Crime Coverage.	Yes/No/Other
Are audits performed on a regular basis?	
Frequency of audits	
Were any discrepancies or loose practices commented on the latest audit?	
If Yes, attach a copy of the audit	
Are credit checks secured for employees with access to financial transactions?	
Are criminal background checks done on all employees with access to financial transactions?	
Are bank accounts reconciled by someone not authorized to deposit or withdraw?	

LIABILITY COVERAGE

General Liability – Occurrence Form	Amount
Bodily Injury and Property Damage - Each Occurrence	
Personal & Advertising Injury – Any One Person or Organization	
Damage to Premises Rented To You – Any One Premises	
General Aggregate	
Product–Completed Operations Aggregate	
General Liability Deductible	

Medical Payments	Standard	Requested
Any One Person	\$5,000	
Any One Accident	\$5,000	

Employee Benefits	Amount

Employee Benefits Liability – Each Employee	
Employee Benefits Liability Aggregate	
Employee Benefits Liability Deductible	
Is current Employee Benefits Liability Coverage Occurrence or Claims Made?	
If Claims Made, Current Employee Benefits Retroactive Date	

Pennsylvania Only - Heart and Lung Act	Amount
Temporary Salary Reimbursement Coverage – Each Covered Employee	\$25,000
Temporary Salary Reimbursement Coverage – Each Accident	\$100,000
Temporary Salary Reimbursement Coverage – Each Accident	\$250,000

LIABILITY SCHEDULES AND QUESTIONNAIRES

Liability Exposures

Review the Operations/Exposure List and for each Operation/Exposure applicable to your entity provide. If shown in the Known Operations/Exposures List, update the details.

If not shown in the Known Operations/Exposures List provide the following in the New/Additional Operations/Exposures List:

1. The Operations/Exposure and Exposure Base;
2. A detailed description of the exposure;
3. The amount of exposure (per the exposure base noted in 1. Above)
4. If the Operations/Exposure is subcontracted;
5. If the Operation/Exposure is subcontracted, does the subcontractor provide insurance coverage; and
6. If the subcontractor does provide insurance, what limits does it provide;

Known Operations/Exposures List

1. Operation/Exposure and Exposure Base	2. Description of Operation/Exposure	3. Exposure Amount	4. Sub-contracted (Yes/No)	5. Contractor Provides Coverage (Yes/No)	6. Contractor Limits of Insurance

New/Additional Operations/Exposures List

Operation/Exposure	Exposure Base	Detailed Description of Operation/Exposure	Exposure Amount	Sub-contracted (Yes/No)	Contractor Provides Coverage (Yes/No)	Contractor Limits of Insurance
Commercial or Industrial Rental Properties	Area					
Dwellings - One family	Each Dwelling					
Dwellings - Two family	Each Dwelling					

Dwellings - Three family	Each Dwelling					
Dwellings - Four family	Each Dwelling					
EMTS, Nurses Professional	Each EMT or Nurse					
Fireworks (Sponsored by the Entity)	Each Event					
Inflatable Amusement Devices	Each Device					
Solar Energy Systems	Each Array					
Transportation Dial and Ride	Annual Calls					
Wind Turbines	Each Turbine					
Other	Each					
Other	Each					
Other	Each					

Coverage Information – PROVIDE COPIES OF THE FOLLOWING FOR NOTED OPERATIONS

1. Provide a copy of the latest engineer's inspection for all Dams, Dikes or Levees.
2. Provide a copy of the latest programs for any Park or Recreation departments.
3. Complete separate Questionnaires for any of the following exposures:
 Habitational operations including dwellings, apartments or homes;
 Healthcare facilities including clinics, nursing or hospital facilities; or
 Preschools, Latchkey or Daycares operations.

Contracted/Shared Services Questionnaire		Yes/No/Other
Do you subcontract any operations/services that are not specifically listed under Liability Exposures? (For example, Law Enforcement, Fire or EMT)		
If Yes, describe the operations.		
Do you have written contracts governing all subcontracted operations?		
If No, indicate which operations do not have written contracts.		
Do you require certificates of insurance from each subcontractor?		
Do you have any shared services, joint service agreements or task forces?		
If Yes, describe the shared services and provide a copy of the governing documents or contracts.		

Herbicide/Pesticide Applicators – Licenses

Name of Licensed Applicator (Where required by State law)	License Expiration Date	Copy of License Provided



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Pollution Exceptions Questionnaire	Yes/No
Indicate Yes or No if limited pollution is needed for the following operations.	
Pesticide or herbicide chemical application	

Special Events						
Name of Event	Average Attendance	Is Liquor Provided	# Days	Who Serves/Sells Liquor	Is a Separate Liquor Liability Policy In Place	Separate Policy Limits of Insurance

PUBLIC OFFICIALS ERRORS AND OMISSIONS LIABILITY COVERAGE

Public Officials Errors and Omissions	Amount
Public Officials Errors and Omissions Liability - Each Wrongful Act	
Public Officials Errors and Omissions Liability - Annual Aggregate	
Public Officials Errors and Omissions Liability Deductible	
Is Public Officials Errors and Omissions Coverage Occurrence or Claims Made?	
If Claims Made, Current Public Official Errors and Omissions Retroactive Date	

Non-Monetary Relief Defense	Standard	Amount
Non-Monetary Relief Defense Annual Aggregate	\$25,000	
Non-Monetary Relief Defense Deductible		

General Information	Number
Total number of elected officials	

Public Officials Questionnaire	Yes/No/Other
Do newly elected officials attend formal training sessions/seminars designed for new public officials?	
Does the entity establish and maintain zoning regulations?	
Does the entity administer building codes?	
Does the entity have a formal zoning or building code appeal process?	
Does legal counsel attend zoning or planning committee meetings?	
If No, how are disputes/grievances handled?	
Is any annexation of territory planned or in consideration?	
If Yes, describe including time frame, acreage, population, etc.	

Is any change in service either new operation or reduced operation planned or under consideration?	
If Yes, describe the operation and changes that may take place including possible timeline	

EMPLOYMENT PRACTICES LIABILITY COVERAGE

Employment Practices Liability	Amount
Employment Practices Liability - Each Wrongful Act	
Employment Practices Liability - Annual Aggregate	
Employment Practices Liability Deductible	
Is current Employment Practices Coverage Occurrence or Claims Made?	
If Claims Made, Current Employment Practices Retroactive Date	

Back Wages	Standard	Amount
Back Wages Annual Aggregate	\$50,000	
Back Wages Deductible	\$10,000	

General Information	Number
Number of Full Time Employees	
Number of Part Time Employees	
Number of Seasonal Employees	

Employment Practices Questionnaire	Yes/No/Other
Are all prospective employees required to complete an employment application prior to hire?	
Are references checked for all new hires?	
Does the entity have written employee policies and procedures?	
Are the policies and procedures distributed or available to all employees?	
Does legal counsel review the employment policies and procedures?	
When did legal counsel last review the employment policies and procedures?	
Are staff notified and provided training as needed when changes to the employee policies and procedures are made?	
Are terminations reviewed by legal counsel prior to final action being taken?	
What is the average turnover rate for the last five years?	
What is the average number of involuntary terminations over the last five years?	
Are any layoffs/terminations planned for the current or subsequent year?	
If Yes, indicate the number and timing?	
What percentage of employees are union?	



AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE COVERAGE

Automobile Liability	Amount
Bodily Injury & Property Damage Liability Limit	
Auto Liability Deductible	
Uninsured/Underinsured Motorist - Combined Single Limit (For Additional PA Options See Below)	
Medical Payments Limit	

Pennsylvania Only				Amount
Uninsured Motorist – Combine Single Limit	Nonstacked		Stacked	
Underinsured Motorists - Combine Single Limit	Nonstacked		Stacked	
Uninsured Motorists - Split Limits	Nonstacked		Stacked	
Underinsured Motorists - Split Limits	Nonstacked		Stacked	
First Party Benefits – Medical Expense				
First Party Benefits - Work Loss				
First Party Benefits - Funeral				
First Party Benefits - Accidental Death				
Combination First Party Benefits - Total Benefits Limit				
Combination First Party Benefits - Funeral				
Combination First Party Benefits - Accidental Death				
Extraordinary Medical Benefits - Amount				

Hired Car Physical Damage	Amount
Limit	
Comprehensive Deductible	
Collision Deductible	

AUTOMOBILE QUESTIONNAIRE AND SCHEDULES

Fleet Coverage	Yes/No/Other
Is any portion of your fleet not to be covered by this policy?	
If Yes, indicate the number of vehicles and provide a certificate of insurance for those vehicles.	
Is any portion of the fleet contracted or leased from a third party?	
If Yes, indicate the number of vehicles and the length of the contract or lease.	
Does the entity allow employees to use entity owned vehicles for personal use?	

If Yes, describe vehicle usage and employees	
Number of employees who drive their own vehicles on entity business.	
Are Motor Vehicle Records checked prior to hiring?	
Are Motor Vehicle Records checked on an ongoing basis?	
Is there a formal accident investigation process?	
Is there a driver incentive program in place?	
Provide the address, security details and total values of any location where more than \$3,000,000 are garaged.	

Vehicle Schedule Coverage Information – PLEASE ATTACH THE FOLLOWING

A vehicle schedule which includes the vehicle description, department, cost new or replacement cost (only fire/ambulance vehicles), vehicle identification number (VIN) and storage location. The vehicle description must include year, make and model. (See Vehicle Schedule Attached)

Vehicle Schedule														
Veh #	Year	Make	Model	VIN	Name on Registration	Address on Registration	Department	Garaging Location	GVW (Trucks)	Class Code	Physical Damage			
											Cost New	Replacement Cost/Stated Amount	Valuation	Comp Deductible



EXCESS LIABILITY

Excess Liability	Amount
Excess Limit	
Excess Aggregate	

ADDITIONAL INTERESTS

Additional Interests
Indicate any requests for additional interests including the reason/relationship of the additional interest to the named insured and whether or not a contract/agreement exists.
Attach a copy of all contracts/agreements other than lease agreements.

Name	Address	City	State	Zip	Interest Type Indicate Additional Interest and/or Loss Payee for each member.	Interest	Effective Date	Expiration Date	Does a Contract Exist

Claims Questionnaire	
Have any of the following occurred in the last five years	Yes/No
Has any claim been made against any person in their capacity as an official or employee of the entity?	
Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim?	
Has any claim been made regarding disputes of discrimination or violation of civil rights?	
Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment?	
Has any person alleged sexual abuse, molestation, harassment or misconduct towards an employee or the public?	
If Yes to any of the above, describe	

EXPIRING INFORMATION

Property	
Expiring Carrier(s)	
Expiring Building and Personal Property Limit	
Expiring Property Coinsurance	
Expiring Property Deductible	
Expiring Property Premium	

Expiring Inland Marine Premium	
Expiring Crime Premium	

Liability	
Expiring Carrier(s)	
Expiring Liability Limits	
Expiring Liability Deductible	
Expiring Liability Premium	

Public Officials Errors and Omissions / Employment Practices	
Expiring Carrier(s)	
Expiring Limits	
Expiring Deductibles	
Expiring Premiums	

Automobile	
Expiring Carrier(s)	
Expiring Number of Automobiles	
Expiring Limit	
Expiring Automobile Physical Damage Deductibles	
Expiring Automobile Premium	

Excess	
Expiring Excess Limit	
Expiring Excess Premium	



CLIENT INFORMATION	
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Name	
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POLICY TERM			
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Effective Date		Expiration Date	
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Applicable in PA

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

Entity's Attestation

The authorized signatory of this application attests to the best of his/her knowledge that statements made in the application, questionnaire and any attachments to the application are true, complete and correct to the best of my knowledge; that no fact, circumstances or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim. Signing of this application does not bind the signatory to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued.

Authorized Signatory for Entity	Date
Title	Phone Number