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

PUBLIC ENTITY 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	**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 – Limited to Certain Perils subject to a Max Limit of $5,000 For Any One Item		$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. Note: Detached Signs – Should be included on the statement of values if the value is greater than $2,500 (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. Provide all information including a description of all property in the open.

Prem#	Bldg#	Building Name	Occupancy	Address (No., Street, City)	PC	# Stories	Square Feet	Year Built	Cons-truction Code	100% Building Values	100% Personal Property Values	Valu-ation[1]	IN Only 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

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 QUESTIONNAIRES AND SCHEDULE

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?	

Crime – Please respond to the following if requesting any Crime Coverage limits greater than $100,000	Yes/No/Other

What amount of money is handled during an annual term?	
What is the largest amount at any one time under any one individual's control?	
Are funds deposited the same day they are received?	
Who has the authority to withdraw funds from depository by check?	
Is a countersignature of checks required?	
Who provides countersignature?	
To whom and when are delinquencies reported?	
Do you have one or more dedicated PC's for EFT activity?	
Do you use a dedicated clearing account for EFT's and block all other entity accounts from completing EFT transactions?	
Do you segregate EFT controls such as initiating and authorizing EFT's?	
Do you have multi-factor out-of-band authentication for EFT's?	
Do you monitor and reconcile EFT's daily to quickly identify unauthorized transactions?	
Have you rejected any proposed security controls offered by your financial institution?	
Describe other controls used by you or your financial institution to authenticate EFT's such as specified recipient accounts, limitations on adding recipient accounts, etc.	

Faithful Performance of Duty Questionnaire – Please respond to the following if requesting Crime Coverage for any individuals who are required to carry a bond	**Yes/No/Other**
Do your statutes/resolutions allow the fiscal officer or other positions to be covered under a crime policy rather than being bonded?	
List all positions or individuals to be included under the crime policy rather than a bond on the Crime Schedule below by position title.	
Has any employee been declined for a bond or crime coverage?	
If Yes, explain who, when, why and by whom.	

CRIME SCHEDULE

Complete if any individuals who are required to carry a bond are to be covered under the crime coverage.

Crime Position/Individual Schedule									
				Has the individual ever,					
Position	**Individual's Full Name**	**Limit**	**Excess of Bond (Yes/No)**	**1. Been declined for a bond or crime coverage?**	**2. Had any lawsuits or judgment against them? (Personal or Professional)**	**3. Filed for bankruptcy?**	**4. Been convicted of a crime?**	**5. Been party to a surety bond claim?**	**If Yes, to 1. through 5., provide details. Attach separate page if necessary.**

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	Requested Yes/No
Temporary Salary Reimbursement Coverage	$25,000 Each Covered Employee $100,000 Each Accident $250,000 Aggregate	

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
Amusement Parks and Devices	Each Park or Device					
Beaches with Public Swimming	Each Beach					
BMX Trails/Tracks	Each Trail					
Boats - For Rent	Each Boat					
Boats - Not for Rent	Each Boat					
Bus Stations and Bus or Air Terminals	Each Station or Terminal					
Campgrounds	Each Site					
Commercial or Industrial Rental Properties	Area					
Dams, Levees, Dikes	Each Dam, Levee, Dike					
Diving Boards or Platforms	Each Board or Platform					
Dwellings - One family	Each Dwelling					
Dwellings - Two family	Each Dwelling					
Dwellings - Three family	Each Dwelling					
Dwellings - Four family	Each Dwelling					
Electric Utility (Light and Power Companies)	Each Connection					
EMTS, Nurses Professional	Each EMT or Nurse					
Exhibition, Convention, Arenas, Auditoriums	Area					
Fireworks (Sponsored by the Entity)	Each Event					
Firing Range Open to the Public	Each Range					

Garbage or Refuse Landfill or Dump	Each Site					
Gas Companies	Each Connection					
Golf Courses	Gross Sales					
Healthcare Facilities	Each Facility					
Housing Projects, Public Housing	Units					
Libraries	Square Footage					
Inflatable Amusement Devices	Each Device					
Marinas and Boat Yards	Gross Sales					
Preschool, Head Start, Recreation Programs for Children Under Age 5	Each Child					
Recreation Programs including, Zip Lines, Bungee Jumping or Climbing Walls	Number of Participants					
Restaurant	Gross Sales					
Saddle Horses for Rent	Each Animal					
Sewer - Wastewater Collection with Treatment	Each Connection					
Sewer - Wastewater Collection w/out Treatment	Each Connection					
Skate Park	Each Park					
Skating Rink - Ice	Each Rink					
Ski Facilities	Each Facility					
Solar Energy Systems – (Solar Arrays or Solar Panels)	Each Array					
Stadiums (Greater than 5,000 seating)	Seating Capacity Greater Than 5,000					
Streets, Roads, Highways or Bridges	Each Mile					
Swimming Pools	Each Pool					
Transportation Dial and Ride	Annual Calls					
Transportation Regular Route Pickup	Each Bus					
Water Distribution w/out Treatment	Each Connection					

Water Distribution with Treatment	Each Connection					
Waterslides	Each Slide					
Wharves, Piers, Docks	Each Warf, Pier or Dock					
Wind Turbines	Each Turbine					
Zoos	Each Zoo					
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.	

Fire And Emergency Services	**Number**
Number of paid firefighters?	
Number of volunteer firefighters?	
Number of EMT's	
Is the Fire and/or Emergency Service a separate legal entity?	
Is the Fire and/or Emergency Service currently separately insured?	
If currently separately insured, what coverages are provided and by whom?	
Does our entity have any control over the volunteers or employees of the Fire and/or Emergency	

Services?	
If Yes, explain the entities responsibilities and oversite.	
Are the fire vehicles registered in the entities name?	
How many of the vehicles are EMS certified?	

Herbicide/Pesticide Applicators – Licenses		
Name of Licensed Applicator (Where required by State law)	**License Expiration Date**	**Copy of License Provided**

Inflatable And Other Amusement Devices Note: Inflatables and Amusement Devices are excluded and must be disclosed below to be covered.	**Yes/No/Other**
Does the entity rent any inflatable devices?	
How many does the entity rent annually?	
How often does the entity rent annually?	
Describe the inflatable device(s) rented.	
Does the vendor assemble and disassemble the inflatable device?	
Who operates the inflatable device?	
Does the vendor provide evidence of Liability insurance showing at least $1,000,000 per occurrence limit?	
Is entity named as an additional insured on the vendor policy?	
Who reviews the rental agreement?	
Is the rental agreement signed by an authorized entity representative?	
Does the entity own inflatable devices?	
How many does the entity own?	
How often does the entity use owned inflatables devices annually?	
Describe the owned inflatable devices.	
Are owned inflatable devices operated at entity sponsored events only?	
Are owned inflatable devices rented to others?	
Does the entity own or rent any other amusement devices? (ie: miniature trains, mechanical rides, mobile zip line, mobile climbing wall,	
If Yes, describe each device and whether it is owned or rented.	

Parks and Playgrounds	**Yes/No/Other**
Number of parks?	
Is there playground equipment at the park(s)?	
Are there any buildings at the park(s)?	

If Yes, what type of facilities?	
Are all buildings listed on SOV?	
If No, why are those buildings not included on the SOV?	
Is all Property in the Open listed on the SOV?	
If No, describe that property and why it is not included on the SOV?	
What amenities are at the parks? (ie: basketball court, horseshoe pit, shelters, etc.)	
Is there any equipment to rent or borrow at the parks? (ie: paddle boats, kayaks, canoes, etc.)	
If Yes, describe rentals.	

Pollution Exceptions Questionnaire Indicate Yes or No if limited pollution is needed for the following operations.	**Yes/No**
Pesticide or herbicide chemical application	
Water treatment chemical application for the sole purpose of purifying or treating water	
Swimming pool chemical application for the sole purpose of treating water for recreational swimming	
Street and road chemical application during snow and ice removal	
Fire and hazmat chemical application during emergency operations	
Mace, Pepper Spray and Tear Gas Release in an emergency situation as part of law enforcement operations	

Sexual Abuse Injury	**Yes/No**
Did the entity have separate Sexual Abuse Injury Coverage?	
If Yes, was the coverage Claims Made or Occurrence?	
If Claims Made, current Sexual Abuse Injury retroactive date.	

Solar Array	**Yes/No/Other**
Address of array	
Describe the locations proximity to any building.	
Year built?	
Who is the manufacturer?	
Who is the installer?	
Describe the maintenance schedule.	
Who is the service contractor?	
What is the maximum KVA?	
What is the 100% Replacement Cost value?	
Do you sell excess power?	
What is the 100% Business Income value?	

What is the current Business Income limit?	
What is the current Extra Expense limit?	

Therapy Animals – Ownership And Use	**Yes/No/Other**
Are any therapy animals present in any operations or events?	
If Yes, provide the type and number of animals.	
If Yes, does the entity own the animal(s)?	
If No, is the dog covered under insurance by the owner?	
Is the therapy animal registered?	
Provide a copy of the animal's most recent certification.	
Describe how the animal is incorporated into the curriculum.	
How often do therapy animals visit entity facilities?	
Is the therapy animal on a leash or restraint in the presence of others?	
Provide any additional information on therapy animal use and controls.	

Wind Turbines Complete the Questions below for all turbines Complete the Schedule below for each turbine	**Yes/No/Other**
What is the 100% Replacement Cost value?	
Do you sell excess power?	
What is the 100% Business Income value?	
What is the current Business Income limit?	
What is the current Extra Expense limit?	

Turbine #	**Location/ Address**	**Year Built**	**Manufacturer**	**Installer**	**Height**	**Maximum KWA**	**Maintenance Schedule**	**Written service agreement on file (Yes/No)**

Special Events

Name of Event	Average Attend-ance	Describe/List Activities	# Days	Does Each Vendor Provide Liability Insurance	Does Each Vendor Name the Entity on Their Insurance	Vendor Insurance Policy Minimum Limits of Insurance	Is Liquor Provided	Who Serves/Sells Liquor	Is a Separate Liquor Liability Policy In Place	Separate Liquor Policy Limits of Insurance

UNMANNED AERIAL SYSTEMS

Coverage Information – PLEASE ATTACH THE FOLLOWING	
(1) A UAS schedule per the enclosed Schedule which includes the type and specifications of each UAV, specifications of the base station and transmitter, size and content of payload, description of the operations or intended use, the replacement cost and storage location. (2) A current list of certified UAS pilots and copies of the FAA Certificate of Authorization for each pilot. (3) Five years of loss runs from prior carriers for any years not covered through the Astra program. The loss run reports should be no older than six months prior to the expiration date of the policy.	
Expiring Information	
Expiring Carrier	
Expiring Property Damage Limit	
Expiring Property Damage Deductible	
Expiring Liability Limit	
Expiring Liability Deductible	
Expiring Premium	
Underwriting Information	**Yes/No/Other**
Enter Property Damage Limits on UAS Schedule	
Property Damage Deductible (Minimum Property Damage Deductible - $1,000)	
Requested Liability Limit of Coverage (Maximum Limit of Coverage - $500,000)	
Liability Deductible (Minimum Liability Deductible – No Deductible)	
Is there a Certificate of Authorization and Waiver (COA) from the FAA for your UAS operation?	
If Yes, what conditions are your entity approved for?	
How will information gathered by protected and controlled?	
How is the navigation systems secured when not in use?	
Are there UAS operations offshore or over other hazardous areas?	
If Yes, describe operations.	
Do your entity UAS operations include the application of chemicals?	
If Yes, describe operations, locations and chemicals.	
Describe lost communication procedures.	
Risk Management	**Yes/No/Other**
Indicate if the UAS includes the fail safe technologies	
Indicate if the UAS includes geofencing	
Indicate if the UAS includes low battery warning	
Indicate if the UAS includes auto landing	
Indicate if the entity has written policies and procedures assessing operating environment	
Indicate if the entity has written policies and procedures assessing weather conditions	

Indicate if the entity has written policies and procedures assessing flight restrictions	
Indicate if the entity has written policies and procedures assessing notification of those directly participating in the operation	
Indicate if the entity has written policies and procedures addressing emergency procedures	
Indicate if the entity has written policies and procedures addressing contingency procedures	
Indicate if the entity has written policies and procedures addressing roles and responsibilities of the pilot in command and anyone operating the UAS under the direction of the pilot in command	
Indicate if the entity has written policies and procedures addressing protection of individual privacy and civil rights	
Indicate if the entity has written policies and procedures addressing retention, disclosure, destruction of information	
Indicate if the entity has written policies and procedures addressing the need of warrants for law enforcement use	

Unmanned Aerial Systems Schedule						
UAS #	**Manufacturer and Specifications of UAV**	**Manufacturer and Specifications of Base Station and Transmitter**	**Payload Size and Content**	**Total Weight of UAV and Payload**	**Primary Purpose/ Operation**	**Replacement Cost of UAS**

MALICIOUS ACT COVERAGE

Malicious Act	Amount
Malicious Act – General Aggregate	
Death Benefit – Aggregate	
Death Benefit – Per Insured	
Medical Expenses – Aggregate	
Medical Expenses – Per Insured	
Emergency Medical Services – Aggregate	
Emergency Medical Services – Per Insured	
Funeral Services – Aggregate	
Funeral Services – Per Insured	
Personal Counseling – Aggregate	
Personal Counseling – Per Insured	
Travel Services – Aggregate	
Travel Services – Per Insured	

LAW ENFORCEMENT LIABILITY COVERAGE

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

Law Enforcement Medical Expense	Amount
Any One Person	
Any One Accident	

General Information	Number
Number of Full Time Arresting Officers	
Number of Part Time Arresting Officers	
Number of Certified Auxiliary Officers with Arrest Power and Carrying Weapons	

Number of Non-Certified Auxiliary Officers with No Arrest Power and Not Carrying Weapons	
Number of Canine Officers	
Does the entity operate a Temporary Holding Facility	
Number of Beds in a Temporary Holding Facility	
Number of Persons processed through the Temporary Holding Facility on a weekly basis regardless of the time spent	

Law Enforcement Questionnaire	**Yes/No/Other**
Is the department CALEA certified?	
Does the department use any outside policies or training contractors (i.e. Lexipol)	
When was the last policies and procedures updated?	
Does the department authorize use of tasers?	
Does the department have a firing range?	
Is the range open to the public?	
Does the department utilize dashboard cameras?	
Does the department utilize body cameras?	
Does the department prohibit moonlighting?	
If not prohibited, describe the types of moonlighting activities deemed acceptable and the average percentage of staff who moonlight.	

Detention Facilities Other Than Temporary Holding Facilities
1. Complete the Supplemental Detention Facility Questionnaire. 2. Provide a copy of the latest state inspection.

PUBLIC OFFICIAL'S 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 or appointed 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 (Not Including Law / Firefighters / EMT's which are reported elsewhere)	
Number of Part Time Employees (Not Including Law / Firefighters / EMT's which are reported elsewhere)	
Number of Seasonal Employees (Not Including Law / Firefighters / EMT's which are reported elsewhere)	

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 Motorist Limit – Each Accident (For PA options see below)	
Underinsured Motorist Limit – Each Accident (For PA options see below)	
Medical Payments Limit	

Pennsylvania Only					**Amount**
Uninsured Motorist – Each Accident	Nonstacked		Stacked		
Underinsured Motorists – Each Accident	Nonstacked		Stacked		
Uninsured Motorists – Each Person/Each Accident	Nonstacked		Stacked		
Underinsured Motorists – Each Person/Each Accident	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?	
Does the entity haul any explosive, flammable or hazardous materials (Not including weapons or munitions transported by police personnel or SWAT teams.)?	
If Yes, describe the materials, frequency, distance and controls.	
Are employees covered by Workers Compensation?	
Provide replacement cost on buses ten (10) years or newer	
What is the highest total value of all vehicles at any one location	
Provide the address or description of that location	
Describe the location security (controls, fences, lights, alarms, etc.)	
What is the estimated ACV of the single location with the highest total values. (Applies only to values in excess of $2,500,000)	

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)

Garagekeepers Coverage				
Entities that own garages should consider Garagekeepers coverage. If this coverage is necessary, determine the Limit by multiplying the maximum number of autos in your care, custody or control at any one time by the average value per vehicle.				
Location/Address of Garage Operations	**Limit**	**Comprehensive Deductible each Customer's Auto**	**Comprehensive Deductible Max per Event**	**Collision Deductible each Customer's Auto**
	$	**$**	**$**	**$**

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	Coll Deductible	Inventory #

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	