



# Public Entity Application

## PUBLIC ENTITY GENERAL INFORMATION

In order to best assess your needs and provide you with an integrated and tailored program, we need the following:

- ◆ Completion of this application and any supplemental applications.
- ◆ Up-to-date schedules.
- ◆ Five (5) years of currently valued loss runs.

Submit completed application to [submissions@mguins.com](mailto:submissions@mguins.com) or mail to us at:

20595 Lorain Road • Fairview Park, OH 44126  
Toll Free: 800.545.1538 Fax: 440.333.3214

### ENTITY

Entity Name: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Entity Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Entity Physical Address: \_\_\_\_\_ County: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Entity Population: \_\_\_\_\_ Number of Full Time Employees: \_\_\_\_\_  
Primary Contact/Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Loss Control Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### KEY DATES

Effective Date: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Agency Need-by Date: \_\_\_\_\_ Bid Meeting Date: \_\_\_\_\_

### SUBMITTING AGENCY

Agency: \_\_\_\_\_ Agent's License No.: \_\_\_\_\_  
Producer: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
How did you hear about us?  Email/Web  Mailer  Referral  Trade Magazine  
 Trade Show/Seminar  Trident Sales Representative  Other \_\_\_\_\_

Please indicate your current resident license number, as all agents participating in this program must comply with their state licensing requirements.

Any person who knowingly and with intent to defraud any insurance company or another 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 facts material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, or OR; in ME and VA, insurance benefits may also be denied.)

The undersigned declares that, to the best of his/her knowledge, the information set forth in this application is true and complete.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AGENT OR BROKER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**RISK MANAGEMENT**

- Yes  No Safety/loss control program
- Yes  No Regular property inspection & maintenance program
- Yes  No Regular safety/loss control meetings
- Yes  No Procedures to prevent & report sexual harassment
- Yes  No Accident investigation program
- Yes  No Programs to be in compliance with Americans with Disabilities Act (ADA)

**PREMIUM AND LOSS HISTORY**

**A. Provide insurance company loss runs, currently valued and showing all paid and reserved losses including loss expense for the past five (5) years.**

1. Have there been any losses paid or reserved over \$25,000 in the past 5 years (regardless if covered by insurance)?  
 Yes  No If yes, attach a separate sheet with a complete description of the losses over \$25,000.
2. Does the applicant have any knowledge of any incident(s), accident(s) or occurrence(s) which may result in a claim?  
 Yes  No If yes, attach a separate sheet with a complete description.

**B. Has any company canceled or declined to renew any of these coverages? (not applicable in Missouri)**

Yes  No If yes, attach a separate sheet with a complete description.

**C. Expiring Policy Information**

Line	Premium	Carrier	Policy Limit	OCC or CM?	Deductible
General Liability	\$		\$		\$
Public Officials' Liability	\$		\$		\$
Employment Practices Liability	\$		\$		\$
Law Enforcement Liability	\$		\$		\$
Auto Liability	\$		\$		\$
Auto Physical Damage	\$		\$		\$
Property	\$		\$		\$
Inland Marine	\$		\$		\$
Crime	\$		\$		\$
Excess/Umbrella Liability	\$		\$		\$
Equipment Breakdown	\$		\$		\$
Other:	\$		\$		\$

**Please attach most recent budget.** Budget is  adopted  tentative Fiscal Year \_\_\_\_\_

Have any budget deficits occurred in the past three years?  Yes  No

**COVERAGES REQUESTED:**

- Commercial General Liability
- Public Officials' Liability
- Law Enforcement Liability
- Automobile Liability
- Automobile Physical Damage
- Commercial Excess Liability
- Property
- Commercial Inland Marine
- Commercial Crime
- Other \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY**

**I. Coverages and Limits Requested**

- Occurrence       Claims-Made      Retroactive Date (max. 5 years): \_\_\_\_\_
- Limit of Insurance: \$\_\_\_\_\_      Option: \$\_\_\_\_\_
- Deductible: \$\_\_\_\_\_      Deductible: \$\_\_\_\_\_
- Employee Benefits Liability (\$1,000 deductible applies): Standard coverage
- Failure to Supply: (Complete Utility Questionnaire)
- Employers' Liability (Stop-Gap)      Limit: \$\_\_\_\_\_
 

(Available only in NV, ND, OH, WA, WV and WY)
- Cemetery Professional Liability      Limit: \$\_\_\_\_\_
- Additional Insureds – attach detailed description of each operation and indicate the interest of the Insured to such organization or individuals.

**II. Independent Contractor Operations**

Does the entity use independent contractors?  Yes     No    **If yes, complete the following:**

TYPE OF WORK	CERTIFICATES OF INSURANCE SECURED?		CONTRACTOR'S LIMIT OF LIABILITY?	ENTITY NAMED AS ADDITIONAL INSURED?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does the entity have legal counsel review all contracts prior to execution?       Yes     No

**III. Streets/Roads/Highways/Bridges**

1. Number of paved mileage: \_\_\_\_\_    Number of unpaved mileage: \_\_\_\_\_    Number of miles maintained for others: \_\_\_\_\_
2. Annual payroll (less clerical): Maintenance/repair: \$\_\_\_\_\_    New construction: \$\_\_\_\_\_
3. Does the entity have the following:
  - Yes  No    Regular inspection and maintenance program     Yes  No    Regular inspection for missing signs
  - Yes  No    Written records of maintenance performed     Yes  No    Barricades & warning signs at road worksites
  - Yes  No    Regular inspection for road sign visibility
4. Number of bridges: \_\_\_\_\_    Are any bridges closed, condemned or do not meet inspection standards?  Yes     No
 

If Yes, list bridge name and location: \_\_\_\_\_    Are bridges posted for size and weight limits?  Yes     No

5. Does the entity contract any portion of street, road or bridge operations?  Yes  No

**IV. Emergency Services**

1. Fire Department Personnel  Regular # \_\_\_\_\_  Volunteer # \_\_\_\_\_

A. Do the training/certification procedures in place comply with state regulation requirements?  Yes  No

If no, provide details about why not: \_\_\_\_\_

B. Radius of operations: \_\_\_\_\_

C. Are mutual aid agreements in place with neighboring communities?  Yes  No

2. EMTs/Paramedics/EMTAs  Paid # \_\_\_\_\_  Volunteer # \_\_\_\_\_  Subcontracted # \_\_\_\_\_

A. Do the training/certification procedures in place comply with state regulation requirements?  Yes  No

If no, provide details about why not: \_\_\_\_\_

B. Radius of operations: \_\_\_\_\_

3. Dispatch

A. Does your department handle its own dispatch?  Yes  No If no, who handles dispatch? \_\_\_\_\_

B. Are incoming calls to dispatch recorded?  Yes  No

C. How long are tapes retained? \_\_\_\_\_

D. Are training/certification procedures in place?  Yes  No

**OTHER GENERAL LIABILITY EXPOSURES**

Supplemental questionnaires required for these exposures are indicated in the column on the right.

Exposure/Operation	Exposure		Subcontracted to Others?	Supplemental Questionnaires (SQs) are located at: <a href="http://www.tridentinsurance.net">www.tridentinsurance.net</a>
	Yes	No		
<b>Airport or Related Facilities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Excluded under our program</b>
<b>Animal Pound</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>No SQ needed</b>
<b>Blasting Operation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 1</b>
<b>Cemetery</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 3</b>
<b>Dam/ Lake/Reservoir</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 7</b>
<b>Habitational (apartment, dwellings, housing authority)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 15</b>
<b>Landfill/Dump/Refuse Site/Incinerator</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 13</b>
<b>Limited Pollution</b>				
a. Herbicide/Pesticide Spraying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Complete SQ 4</b>
b. Paint Spraying (including street/road/curb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>No SQ needed</b>
<b>Medical &amp; Ancillary Care Facilities</b>				
a. Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Excluded under our program</b>
b. Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Excluded under our program</b>
c. Medical Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Excluded under our program</b>
d. Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Excluded under our program</b>

<b>Public Facilities</b>					
a. Convention/Civic Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 5</b>
b. Library	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<b>No SQ needed</b>
c. Museum	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<b>No SQ needed</b>
d. Stadium/Bleacher/Grandstands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 23</b>
<b>Recreational Activities</b>					
a. Campground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 2</b>
b. Day Camp, Day Nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 8</b>
c. Ice or Roller Rink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 21</b>
d. Golf Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 12</b>
e. Park and Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 16</b>
f. Port/Harbor/Terminal District/Marina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 14</b>
g. Racetrack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Excluded under our program</b>
h. Skateboard Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 20</b>
i. Ski Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Excluded under our program</b>
j. Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 16</b>
k. Water Slide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 25</b>
l. Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 26</b>
<b>Rifle Ranges</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 17</b>
<b>Social Services</b>					
a. County or Group Home, Halfway House, Women's Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 6</b>
b. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 14</b>
<b>Special Events</b>					
a. Carnival, Fair, Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 22</b>
b. Concession Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>No SQ needed</b>
c. Fireworks and other Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 10</b>
d. Mechanical Amusement Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Excluded under our program</b>
<b>Utilities</b>					
a. Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 9</b>
b. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 11</b>
c. Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 19</b>
d. Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Complete SQ 24</b>
<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## PUBLIC OFFICIALS' LIABILITY

### I. COVERAGE AND LIMITS

- A. Coverage type: **Claims-Made** Retroactive Date: \_\_\_\_\_
- B. Each Wrongful Act limit: \$\_\_\_\_\_ Annual Aggregate: \$\_\_\_\_\_ Deductible: \$\_\_\_\_\_

### II. GENERAL INFORMATION

- A. List the entity's boards, commissions and other organizations:


B. Policies and Procedures

- i. Does the entity have a written policies and procedures manual for all its activities?  Yes  No
- ii. Does the entity have legal counsel regularly review the manual?  Yes  No
- iii. Is the manual distributed to all officials, managers and employees?  Yes  No
- iv. Is training provided on the manual for all new officials and managers?  Yes  No
- v. Do all officials and managers receive training when changes are made to the manual?  Yes  No

C. Planning and Zoning

- i. Does the entity have a formal written zoning and zoning appeal process?  Yes  No
- ii. Do planning and zoning officials receive training regarding "open meeting" and hearing regulations?  Yes  No
- iii. Does the entity have a written master plan for development?  Yes  No

D. Disputes/Claims information:

Have any of the following occurred within the last three years? (If yes, attach description.)

- i. Grand jury investigations or indictments of any public officials?  Yes  No
- ii. Disputes or claims involving appropriation or condemnation of property?  Yes  No
- iii. Disputes or claims alleging the wrongful granting or refusal to grant zoning changes, building permits or similar allowances?  Yes  No
- iv. Dispute or claims alleging the wrongful approval or building designs or specifications?  Yes  No

### III. EMPLOYMENT PRACTICES

A. Coverage type: **Claims-Made**

- B. Each Wrongful Act Limit: \$\_\_\_\_\_ Annual Aggregate: \$\_\_\_\_\_
- Deductible: \$\_\_\_\_\_ Retroactive date: \_\_\_\_\_ (If different than Public Officials' Liability date)

C. EMPLOYEE INFORMATION

1. Number of employees: \_\_\_\_\_
2. What was the annual employee turnover rate for the last three years?
- Current Year: \_\_\_\_\_ % 1<sup>st</sup> Prior Year: \_\_\_\_\_ % 2<sup>nd</sup> Prior Year: \_\_\_\_\_ %

3. How many involuntary employment terminations\* have occurred in the past three years?

Current Year: \_\_\_\_\_ %      1<sup>st</sup> Prior Year: \_\_\_\_\_ %      2<sup>nd</sup> Prior Year: \_\_\_\_\_ %

\* Involuntary employment termination, with respect to this application, means notification to an employee that such employee will no longer be employed by the public entity or any of its departments, whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.

D. Disputes/Claims information

Have any of the following occurred within the last three years? (If yes, attach description)

1. Disputes or claims involving integration, segregation, discrimination or violation of civil rights?  Yes  No
2. Disputes or claims alleging wrongful treatment in employee hiring, employment conditions, remuneration, advancement of employment or termination of employment?  Yes  No

E. Policies and Procedures

Does the entity have an employee handbook?  Yes  No

Does the entity have a posted anti-discrimination policy?  Yes  No

Does the entity have written policies and procedures with regard to the following? (Please check all that apply)

- Hiring                       Termination                       Disciplinary Actions  
 Grievance Procedures       Sexual Harassment               Medical Leave/Unpaid Leave

Does the entity provide training for all new supervisors and managers on the above?  Yes  No

Is the employee handbook distributed to all employees?  Yes  No

Does the employee handbook contain a comprehensive "employment at will" statement?  Yes  No

Does legal counsel review the employee handbook?  Yes  No

When did legal counsel last review the employee handbook? \_\_\_\_\_

Is training provided to supervisors and managers when changes to the Employee Handbook are made?  Yes  No

Does the entity require terminations to be reviewed by legal counsel in addition to its Human Resources department?  Yes  No

Are all prospective employees required to complete an employment application prior to hire?  Yes  No

Does the entity have policies and procedures to prevent and report sexual harassment?  Yes  No

**LAW ENFORCEMENT LIABILITY**

**I. COVERAGE AND LIMIT**

A.  Occurrence       Claims-Made      Retroactive Date: \_\_\_\_\_

B. Each Wrongful Act Limit: \$ \_\_\_\_\_      Annual Aggregate: \$ \_\_\_\_\_      Deductible: \$ \_\_\_\_\_

**II. PERSONNEL INFORMATION**

Personnel Type	# Full-time	# Part-time
Officers with power of arrest		
Jailers/matrons/detention guards		
Reserve officers with power of arrest		
Police canines or equines		



What is the minimum education requirement for hiring officers & jailers?

High School     College     Other \_\_\_\_\_

### III. UNDERWRITING INFORMATION

A. Does the entity contract law enforcement services to any public or private entity?  Yes  No

If yes, describe: \_\_\_\_\_

B. Does the entity belong to any multi-jurisdictional law enforcement organization such as a drug task force?  Yes  No

If yes, describe the entity's involvement: \_\_\_\_\_

C. Does entity participate in a multi-jurisdictional penal institution?  Yes  No

If yes, describe the entity's involvement: \_\_\_\_\_

### IV. TRAINING

Is the entity accredited by CALEA?  Yes  No **If no, complete items A. – F.**

A. Identify mandatory screening checks required prior to hiring:

Criminal background     Psychological     MVRs     Drug testing     Other: \_\_\_\_\_

B. Describe law enforcement training that is required of officers with powers of arrest: \_\_\_\_\_

C. Describe training that is required of jailers/detention guards prior to assignment: \_\_\_\_\_

D. Indicate which personnel require formal academy training:

Officers with arrest power     Jailers/matrons/detention guards     Reserve officers

E. Indicate where officers practice/qualify for use with their firearms: \_\_\_\_\_

F. Describe continuing in-service educational and training program: \_\_\_\_\_

How many hours per employee? \_\_\_\_\_

### V. POLICIES AND PROCEDURES

A. Does the entity have written policies governing the following?

Use of deadly force     Yes  No    Handling of persons under the influence     Yes  No

Use of non-deadly force     Yes  No    Handling of mentally disturbed     Yes  No

Vehicle "hot pursuit"     Yes  No    Handling of persons in physical distress     Yes  No

Domestic violence     Yes  No    Armed while off duty     Yes  No

Moonlighting     Yes  No    Use of volunteers     Yes  No

B. Are policies and procedures distributed to all personnel?  Yes  No

C. Are these reviewed periodically with personnel as part of training?  Yes  No

D. Are these reviewed regularly by the entity's legal counsel?  Yes  No How often? \_\_\_\_\_

E. Date of last revision of the entity's policy and procedure manual? \_\_\_\_\_

### VI. JAIL OPERATIONS (Attach copy of last Jail inspection)

Jail     Holding cell     Detention center     Other \_\_\_\_\_

Date constructed: \_\_\_\_\_ Date renovated/updated: \_\_\_\_\_ #of cells: \_\_\_\_\_ # of beds: \_\_\_\_\_ Square footage: \_\_\_\_\_

Maximum state-certified capacity: \_\_\_\_\_ Average # of inmates: \_\_\_\_\_ Average stay: \_\_\_\_\_

Is the facility operating under court order or in violation of any local, state or federal codes or standards?  Yes  No

If yes, explain: \_\_\_\_\_

Does the entity have a walk-through schedule? Yes No If yes, advise on the time frame: \_\_\_\_\_

Describe the internal medical facilities and staff: \_\_\_\_\_

Date of last inspection: State Corrections: \_\_\_\_\_ Fire Inspector: \_\_\_\_\_ Department of Health: \_\_\_\_\_

Do you house other entity's prisoners or do other entities house yours? Yes No

If yes, describe: \_\_\_\_\_

Indicate the existence of the following:

Walk-through every 30 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written inmate grievance procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Suicide prevention measures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening & classification of inmates	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inmate monitoring systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work release of halfway houses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Separation of juveniles from adults	<input type="checkbox"/> Yes <input type="checkbox"/> No

### VII. EMERGENCY DISPATCHING

A. Who provides dispatch services for your fire department, police/sheriff and/or EMS? \_\_\_\_\_

B. Are incoming calls to dispatchers recorded? Yes No Length of time tapes are maintained: \_\_\_\_\_

C. What is the average number of calls received per month? \_\_\_\_\_

D. Describe the training program for emergency dispatchers: \_\_\_\_\_

### COMMERCIAL AUTOMOBILE COVERAGE

Please attach a completed Excel worksheet/schedule (available at [www.tridentinsurance.net](http://www.tridentinsurance.net)) or an ACORD and forward a copy of the most current drivers list, including emergency vehicle operators.

#### I. LIMITS

Limit of Liability:	\$_____	Liability deductible:	\$_____
UM/UIM:	\$_____	Medical Payments:	\$_____
PIP/No Fault:	\$_____	Additional No-fault:	\$_____
Comprehensive:	\$_____	Deductible:	\$_____
Collision:	\$_____	Deductible:	\$_____
GKLL – Limits:	\$_____	GKLL – Deductible:	\$_____
GKLL Locations:	\$_____		

#### II. UNDERWRITING INFORMATION

A. Are all owned or leased vehicles covered under this program? Yes No If no, provide details: \_\_\_\_\_

B. Any location with a concentration of stored vehicles where total values exceed \$500,000? Yes No

LOCATION	UNIT NUMBER(S) FROM VEHICLE SCHEDULE	TOTAL VALUE(S)
		\$
		\$

C. Does the entity have the following:

Mutual aid agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accident investigation program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preventative maintenance program	<input type="checkbox"/> Yes <input type="checkbox"/> No	MVRs ordered prior to hire	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver training program	<input type="checkbox"/> Yes <input type="checkbox"/> No	Autos hired by Entity	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. How are vehicles stored overnight?

Garaged  Fenced Lot  Lighted lot  Other  \_\_\_\_\_

E. Does the entity own or operate any vehicles designed exclusively for hauling explosives, flammables or hazardous materials?

Yes No If yes, provide details: \_\_\_\_\_

F. Do any employees drive their own vehicles in the entity's business? Yes No

If yes, list employee and occupation: \_\_\_\_\_

Are COIs obtained from these employees? Yes No

G. Are employees allowed to take vehicles home? Yes No

Is personal use permitted? Yes No

List employees and occupations: \_\_\_\_\_

H. Does the entity provide any type of transportation services? Yes No

Indicate type:  Elderly transportation  Other: \_\_\_\_\_

I. Does the entity conduct periodic MVR checks? Yes No Frequency: Annually  Bi-annually  Other

What action is taken on drivers with adverse driving records? \_\_\_\_\_

### COMMERCIAL EXCESS LIABILITY SECTION (Note: Only available over Trident Underlying Policies)

Limit: \$\_\_\_\_\_ (Maximum limit available is \$5,000,000) Limit option(s): \$\_\_\_\_\_

Coverage to apply over:

General Liability  Public Officials  Law Enforcement  Auto Liability  Employers Liability

### PROPERTY AND ALLIED LINES

An Excel worksheet/schedule is available for your use at <http://www.tridentinsurance.net/forms/Applications.htm>, or you may use an ACORD schedule. It must include Address, Protection Class, Construction, Age, Square Footage, Number of Stories, and Occupancy for each structure. Values must be at least 90% for Blanket or Agreed Value Coverage.

#### I. COVERAGES REQUESTED

A.  Blanket  Specific  Agreed Amount Coins % \_\_\_\_\_

B.  ACV  RC

C. Deductible: \$ \_\_\_\_\_

D.  Inflation Guard: \_\_\_\_\_%

E.  Extra Expense limit: \$ \_\_\_\_\_

F.  Flood limit: \$ \_\_\_\_\_ Deductible: \$50,000 Minimum deductible applies

G.  Earthquake limit: \$ \_\_\_\_\_ Deductible: \$50,000 Minimum deductible applies

**II. UNDERWRITING INFORMATION**

A. Any vacant buildings?  Yes  No

If yes, provide details about future plan for occupancy, frequency of maintenance and insured visits to the premises: \_\_\_\_\_

B. Any buildings currently under construction?  Yes  No

If yes, provide a completed builder's risk supplement.

C. Date of latest property valuation: \_\_\_\_\_

**III. EQUIPMENT BREAKDOWN**

A. Is coverage desired?  Yes  No Limit: \$\_\_\_\_\_

**IV. 360 COVERAGE ENHANCEMENTS**

COVERAGE	INCLUDED LIMIT OF INSURANCE	REQUESTED LIMIT OF INSURANCE	DEDUCTIBLE
Accounts Receivable	\$100,000	\$	\$
Communication Equipment	\$50,000	\$	\$
Computer Equipment	\$50,000	\$	\$
Extra Expense and Business Income	\$100,000	\$	\$
Fine Arts	\$50,000	\$	\$
Money , Securities and Stamps	Inside Premise \$5,000 Outside Premise \$5,000	Inside Premise \$ Outside Premise \$	\$ \$
Property In Transit	\$50,000	\$	\$
Valuable Papers and Records	\$100,000	\$	\$

**INLAND MARINE**

Please attach an itemized schedule including values, locations, serial numbers and categories for all inland marine items. Without a schedule, a \$500 limit per item applies.

Inland Marine Categories	Limit	Deductible
Emergency Services	\$	\$
General Office Equipment	\$	\$
Parks & Recreation	\$	\$
Streets & Highway	\$	\$
Water & Sewer	\$	\$
Miscellaneous Scheduled Equipment	\$	\$
Miscellaneous Unscheduled Equipment	\$	\$
Leased, Rented or Borrowed Equipment	\$	\$
Other:	\$	\$

Are there any locations with a concentration of stored equipment where total values exceed \$500,000?  Yes  No

If yes, please identify location(s) below.

LOCATION	CATEGORY OF EQUIPMENT	TOTAL VALUE(S)
		\$
		\$

## CRIME SECTION

### I. COVERAGE DESIRED:

- |  | Limit    | Deductible |
|--|----------|------------|
| A. Forgery or Alteration (Form B)        | \$ _____ | \$ _____   |
| B. Loss Inside Premises (Form C)         | \$ _____ | \$ _____   |
| C. Loss Outside Premises (Form C)        | \$ _____ | \$ _____   |
| Increased Limits for Specific Period     |          |            |
| From: _____ To: _____                    |          |            |
| D. Public Employee Dishonesty:           | \$ _____ | \$ _____   |
| <input type="checkbox"/> Coverage Form O |          |            |
| <input type="checkbox"/> Coverage Form P |          |            |
| E. Excess Indemnity:                     |          | \$ _____   |

Name/Position title	Number of employees in position

K. Number of Employees: Class A (handles money): \_\_\_\_\_ Class B (all other): \_\_\_\_\_

### II. SECURITY PROVISIONS

- A. Is an audit performed?  Yes  No Frequency:  Monthly  Semi-annual  Annual  Other \_\_\_\_\_
- B. Employee background checks conducted?  Yes  No
- C. Employee references checked?  Yes  No
- D. Are bank statements reconciled at least monthly?  Yes  No
- E. At least two signatures required on checks?  Yes  No

**NOTE: SOME COVERAGES MAY BE PROVIDED ON A CLAIMS-MADE BASIS. PLEASE READ THE POLICY PROVISIONS CAREFULLY.**