



6. Licensed Agent (Applicable in Iowa Only): \_\_\_\_\_

7. Are you the incumbent agent? .....  Yes  No

**C. LOSS HISTORY (include insured and uninsured losses)**

- Five (5) years' company loss runs, valued within the past six (6) months, must be attached for all coverages requested. (Law Enforcement requires seven [7] years' loss runs.) You can request this data from your agent or insurer.
- For the following lines of business**, complete the following table and attach a complete description of any and all losses (paid or reserved).

Line of Business	Policy Year	Premium	Incurred Losses	No. of Claims	Company	Deductible
Property	To					
	To					
	To					
	To					
	To					
Inland Marine	To					
	To					
	To					
	To					
	To					
Crime	To					
	To					
	To					
	To					
	To					
General Liability	To					
	To					
	To					
	To					
	To					
Automobile Liability	To					
	To					
	To					
	To					
	To					
Automobile Physical Damage	To					
	To					
	To					
	To					
	To					
Umbrella/Excess	To					
	To					
	To					
	To					
	To					

Line of Business	Policy Year	Premium	Incurred Losses	No. of Claims	Company	Deductible
Equipment Breakdown	To					
	To					
	To					
	To					
	To					
Law Enforcement	To					
	To					
	To					
	To					
	To					
Public Officials	To					
	To					
	To					
	To					
	To					
Employment Practices	To					
	To					
	To					
	To					
	To					
Emergency Dispatchers	To					
	To					
	To					
	To					
	To					
Firefighters Professional	To					
	To					
	To					
	To					
	To					

3. Has any claim been made, or is any claim now pending against the public entity or any person in his/her capacity as an official or employee of the public entity? .....  Yes  No  
 If yes, give details including the nature of the complaint and the current status.

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4. Does any official or employee have knowledge of any losses, claims, litigation or incident which may give rise to a claim? .....  Yes  No  
 If yes:  
 a. Give details including the nature of the incident and current status; and  
 b. Confirm that the incident has been reported to current carrier .....  Confirmed

**D. GENERAL INFORMATION**

1. Financial Information: Please provide actual amounts from all sources for the last three (3) years:

Year	Revenue	Expenditures	Surplus (+)/Deficit (-) Provide an explanation for any significant surplus or deficit.	Accumulated Surplus

**PLEASE ATTACH MOST CURRENT BUDGET FOR ALL DEPARTMENTS.**

2. Bond Information:

- a. What is the amount of outstanding bonds? \_\_\_\_\_  No Bonds Outstanding
- b. What is your latest bond rating (Moody's or Standard & Poor's)? Rating: \_\_\_\_\_  No Current Rating
- c. Has your public entity been in default on principal or interest on any bond? \_\_\_\_\_  Yes  No  
If yes, explain: \_\_\_\_\_

3. Coverages Requested:

- Property, Inland Marine and Crime
- Commercial General Liability
- Public Officials Liability
- Emergency Dispatchers Liability (stand alone)
- Firefighters Professional Liability (stand alone)
- Law Enforcement Liability
- Employment Practices Liability
- Commercial Automobile
- Commercial Umbrella/Excess Liability

4. Current coverage information:

Coverage	Company Name	Expiration Date	Policy Limits	Premium	Deductible	Occurrence/ Claims Made	Retro Date
Property							
Earthquake							
Flood							
Inland Marine							
Crime							
General Liability							
Public Officials							
Emergency Dispatchers							
Firefighters Professional							
Law Enforcement							
Employment Practices							
Equipment Breakdown							
Automobile							
Excess/ Umbrella							

Has any such insurance been canceled, declined or nonrenewed in the last five (5) years? .....  Yes  No

(Not applicable to Missouri applicants.)

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

**E. RISK MANAGEMENT ANALYSIS**

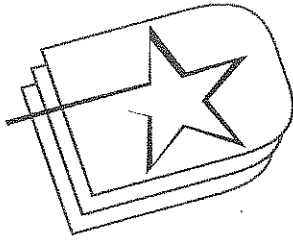
1. Contact for loss control inspection and/or mailings: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_
2. a. Does the entity have a safety/loss control program? .....  Yes  No  
b. Are there regular safety/loss control meetings conducted? .....  Yes  No  
If yes, how often? \_\_\_\_\_  
c. Does the entity have an accident investigation program?.....  Yes  No  
d. Are all premises periodically inspected for safety? .....  Yes  No  
Frequency? \_\_\_\_\_  
e. Is there a formal written program for preventative maintenance? .....  Yes  No  
Frequency? \_\_\_\_\_  
Buildings? .....  Yes  No  
Equipment?.....  Yes  No
3. Does your entity have a disaster recovery plan in place? .....  Yes  No
4. Does your entity have a written procedure for terrorism preparedness? .....  Yes  No
5. Does your entity have someone charged with the responsibility of risk management? .....  Yes  No  
If yes,  full-time  part-time  
If part-time, who performs this function? \_\_\_\_\_
6. Is the entity in compliance with the federally mandated Americans With Disabilities Act (ADA)?.....  Yes  No
7. Do you fund or supply personnel to any commission, board, authority, administrative department or other similar unit that is **independently operated** or **not directly operated by you**? .....  Yes  No  
If yes, please list (on a separate attachment) all those for which you desire coverage as additional insured(s) and provide a brief description of the relationship.
8. What is the largest city within a twenty-five (25) mile radius of your entity? \_\_\_\_\_ Population: \_\_\_\_\_

**F. AUTHORIZED ENTITY REPRESENTATIVE**

Your designee to report claims and receive notices: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_





# 3D STAR INSURANCE SERVICES, INC.

## Public Entity Application Property And Allied Lines Section

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**A. BUILDING AND PERSONAL PROPERTY COVERAGE**

Attach a signed statement of values or ACORD application including:

(1) Location address, (2) Protection class, (3) Year built (if over 30 years old, provide renovations made and dates), (4) Construction, (5) Number of stories for each structure, (6) Sprinkler status, (7) Occupancy, (8) Area/square footage. **INCLUDE ALL PROPERTY INTENDED TO BE INSURED** (including items such as parking meters, street lights, lamps, park/playground equipment, etc.).

1. Total values from S.O.V.: Building: \$ \_\_\_\_\_ Personal Property: \$ \_\_\_\_\_

a. Values are at  80%  90%  100% coinsurance.

b. Valuation shown:  Actual Cash Value  Replacement Cost

c. How are property values established? \_\_\_\_\_

d. Date of valuation: \_\_\_\_\_

e. Deductible Options:  \$500  \$1,000  \$5,000  Other: \_\_\_\_\_

2. Building and Personal Property Coverage Options:

a. Business income with extra expense: Limit: \$ \_\_\_\_\_ Location: \_\_\_\_\_

b. Ordinance or Law Coverage

(1) Building Ordinance (included in policy limit)—Make sure insurance to value is adequate. (Coverage A)

(2) Increased Cost of Construction (Coverage B) Locations: \_\_\_\_\_ Limit: \$ \_\_\_\_\_

(3) Demolition (Coverage C) Locations: \_\_\_\_\_ Limit: \$ \_\_\_\_\_

c. Inflation Guard: ..... %

3. Identify any historical buildings and explain how values were established: \_\_\_\_\_

4. Earthquake Coverage:

a. Limit: \$ \_\_\_\_\_ b. Zone: \_\_\_\_\_

c. Deductible: Zone 1 and 2:  5% or  10%  Zone 3, 4 and 5: \$25,000

5. Flood Coverage:
- a. Limit: \$ \_\_\_\_\_ b. Flood Zone: List A, B, or C on SOV for each location.
  - c. Is there any one hundred (100) year flood plain exposure within the boundaries of the entity?.....  Yes  No
  - d. Names of rivers, streams or lakes within one mile of any locations: \_\_\_\_\_
  - e. Is there coverage under the National Flood program?.....  Yes  No  
If yes, Limit: \$ \_\_\_\_\_

6. Equipment Breakdown Coverage:
- Limit: \$ \_\_\_\_\_
- Deductible Options:  \$500  \$1,000  \$5,000  Other: \_\_\_\_\_

7. Mortgagees and Loss Payees:

Name	Address	Location

**B. CRIME AND FIDELITY**

1. Money and Securities:

	Limit	Location
Loss inside	\$ _____	
Loss outside	\$ _____	
Deductible	\$ _____	

- a. Limits Breakdown: Money: \_\_\_\_\_% Securities: \_\_\_\_\_% Checks: \_\_\_\_\_%
- b. Are more than \$2,000 kept at premises overnight? .....  Yes  No  
If yes, describe safe: \_\_\_\_\_
- c. Type of safe or vault (circle one) B C G H Other: \_\_\_\_\_
- d. Number of messengers: \_\_\_\_\_

2. Public Employee Dishonesty Coverage:

- Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_
- a. Have you ever had a loss due to employee dishonesty?.....  Yes  No  
If yes, describe in Loss History on separate sheet.

3. Crime: (Complete the following when limits requested are \$100,000 or more)

- a. Audit Procedures:
  - (1) Is there an audit by a CPA, public accountant or equivalent, independent of your organization?  Yes  No  
If yes, how often (check the appropriate box):  Quarterly  Semi-Annually  Annually
  - (2) Name and address of person or firm performing audit: \_\_\_\_\_
  - (3) Are all locations audited?.....  Yes  No
  - (4) Is the audit made in accordance with generally accepted auditing standards and so certified? ...  Yes  No  
If no, explain the scope of the audit: \_\_\_\_\_

- (5) Is the audit report rendered to a regulatory authority? .....  Yes  No  
 If yes, to whom are the reports rendered? \_\_\_\_\_
- (6) Date of completion of last audit: \_\_\_\_\_
- (7) Is there an audit by an Internal Audit Department under the control of an employee who is a public accountant or equivalent? .....  Yes  No  
 If yes, to whom are the reports rendered? \_\_\_\_\_

b. Internal Controls (other than audit procedures):

- (1) Are bank accounts reconciled by someone not authorized to deposit or withdraw? .....  Yes  No  
 If no, explain: \_\_\_\_\_
- (2) Do all checks require two signatures? .....  Yes  No  
 If no, explain: \_\_\_\_\_
- (3) Are securities subject to joint control of two or more responsible employees? .....  Yes  No  
 If no, explain: \_\_\_\_\_

c. Rating Data:

(1) Classification of Employees:

List below (or attach separate sheet) the positions and number of officials/officers and employees occupying those positions to which this insurance applies.

Positions	No. of Persons	Positions	No. of Persons	Positions	No. of Persons

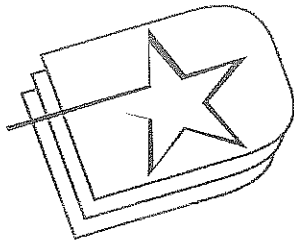
**Note: Persons required by law to be individually bonded and treasurers or tax collectors by whatever title known are automatically excluded from coverage.**

- (2) From the list (or attached separate sheet) determine the:
- (a) Number of officials/officers, not required by law to be individually bonded, who are authorized to manage, govern or control the insured's employees (**Class A**): \_\_\_\_\_
- (b) Number of employees who handle, have custody or maintain records of money, securities or property; department and other division heads; assistant department and division heads; and peace officers (including patrolmen when Faithful Performance of Duty Coverage is being written) (**Class B**): \_\_\_\_\_
- (c) Number of all other employees (**Class C**): \_\_\_\_\_

<b>C.</b>	<b>COMMERCIAL INLAND MARINE COVERAGE</b>
-----------	--

1. Accounts Receivable:  
 a. Provide limits by location: \_\_\_\_\_
2. Valuable Papers:  
 a. Provide limits by location: \_\_\_\_\_
3. Contractors Equipment (Attach a complete schedule of equipment, including values and serial numbers for each. Valuation should represent replacement cost of the equipment.)  
 a. Total limit of insurance: \$ \_\_\_\_\_  
 Valuation shown:  Actual Cash Value  Replacement Cost \_\_\_\_\_ % Coinsurance
- b. Deductible (If different from property deductible):  \$ \_\_\_\_\_
- c. Describe appraisal or method of valuation: \_\_\_\_\_  
 \_\_\_\_\_
- d. Largest single concentration (limit) of equipment: \$ \_\_\_\_\_  
 (1) Location: \_\_\_\_\_ Stored in:  Building  Open lot

4. Miscellaneous Equipment (attach a complete schedule of equipment, including values):
- a. Limit of insurance: \$ \_\_\_\_\_  
 Valuation shown:  Actual Cash Value     Replacement Cost \_\_\_\_\_% Coinsurance
- b. Largest single concentration (limit): \$ \_\_\_\_\_
- c. Location: \_\_\_\_\_
- 
5. Radio Towers (include height, wind resistance mph, how anchored and lightning protection for each tower):
- 
6. Fine Arts (Attach a complete schedule of fine arts, including values, description and location for each):
- a. Total limit: \$ \_\_\_\_\_
- b. Describe method by which values were established and date of appraisal (attach copies): \_\_\_\_\_
- 
- c. Deductible:         \$500                       \$1,000                       \$ \_\_\_\_\_
- d. Optional breakage coverage: .....  Yes     No
7. Electronic Data Processing Equipment (Attach a complete schedule by location of computers and peripheral devices, including values and serial numbers on each. Valuation should represent replacement cost of the equipment.)
- a. Valuation shown:  Actual Cash Value     Replacement Cost \_\_\_\_\_% Coinsurance
- b. Deductible:         \$500                       \$1,000                       \$ \_\_\_\_\_
- c. Total hardware value: \$ \_\_\_\_\_
- d. Data and media limit: \$ \_\_\_\_\_
- e. Extra expense limit: \$ \_\_\_\_\_
- f. Transit limit:        \$ \_\_\_\_\_
- g. Breakdown coverage deductible:  \$1,000     \$5,000



# 3D STAR INSURANCE SERVICES, INC.

## Public Entity Application General Liability Section

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**A. COVERAGES (OCCURRENCE FORM)**

	Limits	Option
1. General Aggregate Limit (other than Prod./Comp. Ops.)	\$ _____	_____
2. Products-Completed Operations Aggregate	\$ _____	_____
3. Personal & Advertising Injury	\$ _____	_____
4. Each Occurrence	\$ _____	_____
5. Fire Damage Liability	\$ _____	_____
6. Medical Expense	\$ _____	_____

Options:

a. Deductible:  None  Other: \_\_\_\_\_

b. Self-Insured Retention Limit: \$ \_\_\_\_\_

Does SIR Limit **Include** or **Exclude** Loss Adjustment Expense? (circle one)

7.  Employee benefits liability coverage: No. of Employees: \_\_\_\_\_

8.  Employers' liability (stop-gap) coverage: (Available only in ND, OH, WA, WV, WY)

Total employee payroll: \$ \_\_\_\_\_

9.  Additional interests:

Please provide description of each operation or interest of any organizations or individuals to be considered as additional insureds. Attach/describe agreements, contracts, hold harmless clauses and insurance requirements.

Name

Describe Interest/Operation

_____	_____
_____	_____
_____	_____
_____	_____

## B.

## GOVERNMENTAL SUBDIVISION SURVEY

(Any classification requiring a supplemental questionnaire will be so marked.  
Call your agent for the appropriate supplement.)

Classification	Exposure?		Any part of operation sub-contracted to others?		Separate Questionnaire
	Yes	No	Yes	No	
Airport and related facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXCLUDED</b> (E&O can be covered) Complete questionnaire N
Amusement parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXCLUDED</b>
Blasting operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item E)
Bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire A
Carnivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Cemeteries liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item J)
Chemical spraying (herbicides and pesticides)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item I)
Dams, levees or dikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire M
Day care, day camp, or nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire C
EMTs/Paramedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item A)
Exhibition and convention buildings (include arenas and auditoriums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire Q
Fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Fire department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item A)
Fireworks and other pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item D)
Garbage or refuse collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item H)
Golf courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item B)
Housing projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire H
Ice or roller rinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & C)
Lakes, reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Landfills/dumps/refuse sites/incinerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire D
Medical and ancillary care facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXCLUDED</b>
Parades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Parks and playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A through E)
Penal Institutions, jails, correctional institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXCLUDED under General Liability</b>
Racetracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item L)
Recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K
Schools and colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire J
Skate Parks—skateboarding/in-line skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & D)

**B. GOVERNMENTAL SUBDIVISION SURVEY (continued)**

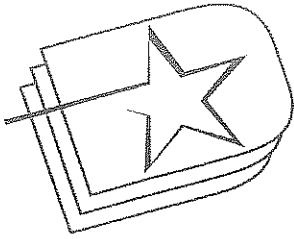
Classification	Exposure?		Any part of operation subcontracted to others?		Separate Questionnaire
	Yes	No	Yes	No	
Ski facilities and similar areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item L)
Stadiums, bleachers, grandstands (capacity over 5,000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item C)
Streets, roads, highways, bridges— existence, maintenance and construction hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire A
Swimming pools/beaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Transit authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire N
Utilities: Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire E (Item A)
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire E (Item B)
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire F
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire G
Underground storage tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXCLUDED for Pollution</b>
Water slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Wharves, piers, docks, marinas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & G)
Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & H)
Zoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item K)
Describe unique exposures not identified above: _____					

**C. INDEPENDENT CONTRACTOR OPERATIONS**

1. If any exposure is contracted, please 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
	<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

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



**3D STAR INSURANCE SERVICES, INC.**

**Public Entity Application  
Special Events (Carnivals, Fairs, Parades, Etc.)  
Questionnaire B**

*Please complete a separate questionnaire for each event.*

**PLEASE ATTACH ANY BROCHURES, SCHEDULE OF EVENTS, ETC.**

**Legal Name of Public Entity:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

1. Description and number of event(s): \_\_\_\_\_  
\_\_\_\_\_

2. Date/duration of events(s): \_\_\_\_\_  
\_\_\_\_\_

3. Location and ownership of premises used for the event(s): \_\_\_\_\_  
\_\_\_\_\_

4. Anticipated crowd attendance: \_\_\_\_\_

5. Are any bleachers used? .....  Yes  No  
Capacity: \_\_\_\_\_ (number of persons)

6. Describe entity's responsibility for event (i.e., entity provides premises, provides funds, provides personnel, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

7. List each sponsor/co-sponsor and their respective responsibilities for each event or activity: \_\_\_\_\_  
\_\_\_\_\_

8. Are independent contractors used to provide any services? .....  Yes  No  
If "yes," what services? \_\_\_\_\_  
\_\_\_\_\_

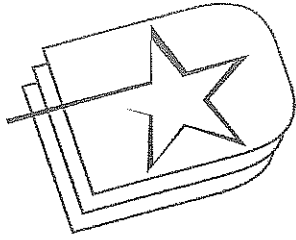
9. Describe security/crowd control/safety precautions: \_\_\_\_\_  
\_\_\_\_\_

10. Are "Certificates of Insurance" required from all sponsors indicating the entity as "additional insured" and showing adequate limits of insurance? .....  Yes  No  
Limits required: \_\_\_\_\_

11. Are alcoholic beverages (including beer) available at the event?.....  Yes  No

12. Anticipated liquor sales receipts: \_\_\_\_\_

13. Is there currently a liquor liability policy in force?.....  Yes  No



# 3D STAR INSURANCE SERVICES, INC.

## Public Entity Application Commercial Automobile Section

Attach ACORD vehicle schedule and complete the following.

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**ATTACH ACORD 137 FOR YOUR STATE AND ACORD 127**

**As statutes require, a signed rejection form or lower limits selection form may be required for the following coverages:**

- Personal injury Protection (PIP) (or equivalent no-fault coverage)
- Uninsured Motorist Insurance
- Underinsured Motorist Insurance

### UNDERWRITING QUESTIONS

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

2. Describe any location(s) with a concentration of stored vehicles whose total values exceed \$500,000.

Location	Unit Number(s) From Vehicle Schedule	Total Value(s)

3. Does the entity have any mutual aid agreements? .....  Yes  No  
If "yes," please attach copies.

4. Does the insured own or operate any vehicle designed exclusively for hauling explosives, flammable or hazardous materials? .....  Yes  No  
Describe: \_\_\_\_\_

5. Are autos hired by the public entity (other than schools)? .....  Yes  No

6. Do any employees drive their own vehicles in the scope of their employment? .....  Yes  No  
If "yes," list employees and their occupation: \_\_\_\_\_

Are Certificates of Insurance required from these employees? .....  Yes  No

7. Are employees allowed to take vehicles home after work? .....  Yes  No  
 If "yes," list employees and their occupation: \_\_\_\_\_  
 Is personal use permitted? .....  Yes  No
8. Does the insured provide any type of transportation system? .....  Yes  No  
 If "yes," explain and provide any available brochures: \_\_\_\_\_  
 \_\_\_\_\_
9. Describe automobile maintenance program, including frequency: \_\_\_\_\_  
 \_\_\_\_\_  
 Are logs maintained for all repairs and maintenance performed? .....  Yes  No
10. Describe driver hiring practices: Under age 25? .....  Yes  No  
 Over age 60? .....  Yes  No  
 Previous driver experience? .....  Yes  No  
 Physical exams on a regular basis? .....  Yes  No  
 If "yes," frequency: \_\_\_\_\_  
 Are motor vehicle reports checked? .....  Yes  No  
 If "yes," what are standards? \_\_\_\_\_  
 Describe driver training procedures (i.e., emergency vehicle training, defensive driving): \_\_\_\_\_  
 \_\_\_\_\_
11. Is there an accident investigation program? .....  Yes  No
12. Are driver safety reviews conducted annually? .....  Yes  No  
 If "yes," what are the standards for driver accountability: \_\_\_\_\_  
 \_\_\_\_\_
13. Are MVRs updated periodically for all drivers? .....  Yes  No  
 Frequency: \_\_\_\_\_
14. What action is taken if a driver does not meet your MVR standards? \_\_\_\_\_  
 \_\_\_\_\_
15. Attach list of drivers including MVR information; indicate emergency vehicle operators.



**C. DEPARTMENT POLICIES AND PROCEDURES**

1. Do you have written policies governing the following law enforcement operations?

Policy Description	Date of last revision
Use of deadly force ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of non-deadly force ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of force reports ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle "hot pursuit" ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Motor vehicle stops & searches ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Firearms & less than lethal weapons ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic violence ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Searches ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service of warrant ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling of intoxicated individuals ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Communicable diseases ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Confirm that policies and procedures are made available to all personnel? .....  Yes  No
3. Do you require use of force reports to be filed? .....  Yes  No  
 If yes, are they followed up on? .....  Yes  No

**D. EDUCATION AND TRAINING**

1. Confirm that background checks are required prior to hiring .....  Confirmed  Not confirmed
2. Confirm that all armed street officers have received formal academy training and are in compliance with minimum state requirements .....  Confirmed  Not confirmed
3. Are officers trained and qualified before using?
- Baton? .....  Yes  No  Not Used
- Control holds? .....  Yes  No  Not Used
- Mace/Chemicals? .....  Yes  No  Not Used
- Stun guns? .....  Yes  No  Not Used

**E. EMERGENCY DISPATCH**

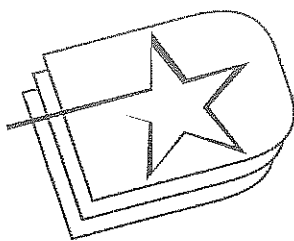
1. Confirm that all incoming calls to dispatchers are recorded and that tapes are maintained for a minimum of 30 days? .....  Confirmed  Not confirmed
2. Confirm that all dispatchers have received formal dispatch training? .....  Confirmed  Not confirmed

**F. GENERAL UNDERWRITING INFORMATION**

1. Are you involved with any of the following?

Description	Is there a written contract?	Contract approved by legal counsel?
Contracting law enforcement to any other entity? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mutual aid or reciprocal agreement? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug task force or SWAT team agreement? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Do you have a jail or holding cell? .....  Yes  No
3. a. Do you authorize officer "moonlighting"? .....  Yes  No
- b. Confirm no "moonlighting" in bars and taverns .....  Confirmed  Not Confirmed
4. Has there been continuous claims made coverage for the past five years? .....  Yes  No
- If no, please explain: \_\_\_\_\_



# 3D STAR INSURANCE SERVICES, INC.

## Public Entity Application Firefighters Professional Liability Section

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### A. COVERAGE REQUESTED

- 1. Limit of Liability: Each Wrongful Act: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_
- 2. Deductible: \$ \_\_\_\_\_
- 3. Line of Duty Death Coverage: .....  Yes  No

### B. GENERAL RISK CHARACTERISTICS

- 1. Type of Organization:
  - For Profit                       Not for Profit                       Political Subdivision
  - Municipally Owned               Other (explain): \_\_\_\_\_
- 2. Type of Department:
  - Fire Department Only               Fire and EMS                       Ambulance Corps                       Rescue Squad Only
  - Other (Relief Association): \_\_\_\_\_
- 3. Service Information:
  - a. Years in Operation: \_\_\_\_\_
  - b. Population Served: \_\_\_\_\_
  - c. Area Served (square miles): \_\_\_\_\_
- 4. Personnel:
  - a. Number of volunteers: \_\_\_\_\_
  - b. Number of paid employees: \_\_\_\_\_
  - c. Are all volunteers and paid employees covered by Workers Compensation or Disability Insurance?  Yes  No
- 5. Operations:
  - a. (1) Do you do your own dispatching? .....  Yes  No
  - (2) Do you dispatch for others? .....  Yes  No
  - b. (1) Do you have any mutual aid agreements? .....  Yes  No
  - (2) Has legal counsel reviewed and approved these agreements? .....  Yes  No
  - If no, please explain: \_\_\_\_\_
  - c. (1) Do any fire marshals in your department carry guns or other weapons? .....  Yes  No

If yes:

- (a) Do these fire marshals receive certified firearms training? .....  Yes  No
- (b) Who provides the firearms training? \_\_\_\_\_
- (2) Do any fire marshals in your department have arrest authority? .....  Yes  No
- d. Do you have an organized hazardous materials emergency response unit as part of your organization? .....  Yes  No
- (1) If yes:
  - (a) Are its responsibilities and limitations clearly documented in writing? .....  Yes  No
  - (b) Confirm the Hazardous Materials Emergency Response Unit is in compliance with all Federal standards. ....  Confirmed  Not Confirmed
- (2) If no, do you have a contract or agreement with another fire department to provide this service for you? .....  Yes  No
- e. (1) Do you conduct any local fire code inspections? .....  Yes  No
- If yes, how many annually? \_\_\_\_\_
- (2) Are you responsible for enforcement of building codes? .....  Yes  No

**C. FIREFIGHTERS PROFESSIONAL LIABILITY**

1. Operations:

- a. Do you maintain records that include the date, time and nature of each emergency response, including the names and addresses of all persons who assisted? .....  Yes  No
- b. Do you perform any pre-emergency incident planning surveys? .....  Yes  No
- If yes, please describe: \_\_\_\_\_
- c. Do you service only subscribers who pay a fee? .....  Yes  No
- d. Are there any unusually hazardous occupancies located in your territory? .....  Yes  No
- If yes, please describe: \_\_\_\_\_
- e. Are there any nuclear power plants within your territory boundaries? .....  Yes  No
- f. Are there any buildings over five (5) stories within your territory boundaries? .....  Yes  No
- If yes, describe additional training and equipment to service buildings over five (5) stories: \_\_\_\_\_

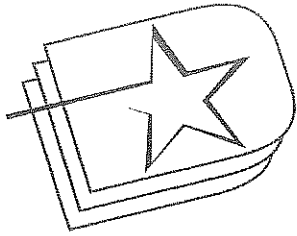
2. Policies and Procedures Manual:

- a. Confirm that your standard operating procedures manual contains formal written procedures for:
  - (1) Response planning? .....  Confirmed  Not Confirmed
  - (2) Protective gear? .....  Confirmed  Not Confirmed
  - (3) Risk assessment? .....  Confirmed  Not Confirmed
  - (4) Hazardous materials/decontamination? .....  Confirmed  Not Confirmed
  - (5) Safety? .....  Confirmed  Not Confirmed
  - (6) Drug or alcohol policy? .....  Confirmed  Not Confirmed
- b. Is the manual reviewed annually by legal counsel? .....  Yes  No
- c. Is the manual distributed to and reviewed with all personnel as part of training? .....  Yes  No
- d. When was the manual last updated? \_\_\_\_\_

3. Training:

- a. Confirm that all paid professional and volunteer firefighters are in compliance with state certification training requirements.
  - (1) Paid professional firefighters? .....  Confirmed  Not Confirmed
  - (2) Volunteer firefighters? .....  Confirmed  Not Confirmed

- (3) If not confirmed, please explain: \_\_\_\_\_
- b. What is the number of firefighters: Certified? \_\_\_\_\_ Other? \_\_\_\_\_
- c. Is there a formal training program for volunteers? .....  Yes  No  
 If no, please explain: \_\_\_\_\_
- d. Do all firefighters receive state mandated training prior to being assigned to active duty? .....  Yes  No
- e. Confirm that all paid professional and volunteer firefighters are in full and constant compliance with state mandated continuing education regulations.
- (1) Paid professional firefighters? .....  Confirmed  Not Confirmed
- (2) Volunteer firefighters? .....  Confirmed  Not Confirmed
- (3) If not confirmed, please explain: \_\_\_\_\_
- f. Is a training record kept for all firefighters? .....  Yes  No
- g. Is psychological testing required before hiring? .....  Yes  No
4. Have you ever been involved in a dispute, which could lead to a claim, involving improper response or failure to fight a fire? .....  Yes  No
5. Has there been continuous claims made coverage for the past five (5) years? .....  Yes  No  
 If no, please explain: \_\_\_\_\_



# 3D STAR INSURANCE SERVICES, INC.

## Public Entity Application Employment Practices Liability (Claims Made) Section (Population Less Than 5,000)

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### A. COVERAGE REQUESTED

1. Limit of Liability: Each Wrongful Act: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_
2. Deductible Requested: \$ \_\_\_\_\_
3. Extended Employment Practices Liability Coverage Options: \_\_\_\_\_
  - a. Back Wages?.....  Yes  No  
Limits (per wrongful act):  \$10,000  \$25,000  \$50,000  \$100,000  \$1,000,000
  - b. Mental Anguish?.....  Yes  No
  - c. Non-Monetary Defense (Indemnity coverage)? .....  Yes  No  
Limits (per wrongful act/per policy period):  \$10,000/\$50,000  \$25,000/\$50,000  \$50,000/\$50,000
  - d. Non-Monetary Defense (Company provides defense)? .....  Yes  No  
Limits (\$100,000 per wrongful act/\$100,000 per policy period)
4. Consent to Settle Coverage Option? .....  Yes  No

### B. EMPLOYEE INFORMATION

1. a. Number of Employees

	Full-time	Part-time	Seasonal
No. of Employees			

- b. The following questions will assist in obtaining a proper employee count:
  - 1) If volunteers are covered by your state's workers compensation laws, include in employee count.
  - 2) If elected or appointed officials are paid employees, include in employee count.
  - 3) If seasonal employees are included in employee count, how many months during the year are they utilized?  
\_\_\_\_\_

**C. POLICIES AND PROCEDURES**

1. Do you follow formal written procedures, and do all supervisory personnel receive training in the procedures for each of the following areas?

	<b>Written Procedures</b>	<b>Supervisory Training</b>		<b>Written Procedures</b>	<b>Supervisory Training</b>
Disputes or Grievances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual Harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. UNDERWRITING INFORMATION**

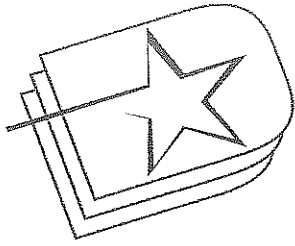
- Are formal written job descriptions in place for all positions? .....  Yes  No
- Confirm that you provide a written performance evaluation for all employees at least annually? .....  Confirmed  Not Confirmed
- Do you require advice from a human resource person or qualified legal counsel prior to terminating an employee? .....  Yes  No
- Has there been continuous claims made coverage for the past five years? .....  Yes  No

**E. LOSS HISTORY**

In the last five years:

- Has any person, former employee, volunteer or job applicant made a claim or alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination? .....  Yes  No  
If yes, provide a detailed narrative.
- Have you had any disputes involving integration, segregation, discrimination or violation of civil rights including sexual harassment or the Americans With Disabilities Act (ADA)? .....  Yes  No  
If yes, provide a detailed narrative.
- How many Equal Employment Opportunity Commission and State Human Rights Commission claims or complaints have been filed against the entity? \_\_\_\_\_

**ATTACH A LOG OF ALL SUCH CLAIMS OR COMPLAINTS.**



# 3D STAR INSURANCE SERVICES, INC.

## Public Entity Application Public Officials Liability Section

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### A. COVERAGE REQUESTED

1. Limit of Liability: Each Wrongful Act: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_
2. Coverage desired:  Claims Made  Claims Made and Reported
3. Deductible requested: \$ \_\_\_\_\_; or  
SIR Requested: \$ \_\_\_\_\_  With LAE Included  Without LAE Included  
TPA Name, Address, Telephone, and Facsimile: \_\_\_\_\_
4. Land use planning and zoning coverage option? .....  Yes  No
5. Consent to Settle Coverage Option? .....  Yes  No

### B. UNDERWRITING INFORMATION

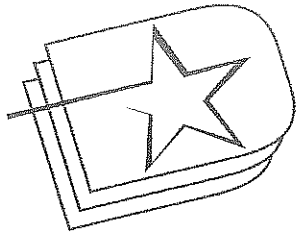
1. Name of municipal attorney: \_\_\_\_\_ Name of municipal engineer: \_\_\_\_\_
2. Do you have a formal procedure in place for requests for variance to land development statutes? .....  Yes  No
3. Do you have a written master plan for development? .....  Yes  No  
When was it adopted/revised? \_\_\_\_\_ (date)
4. Do you engage in any planning and zoning activities? .....  Yes  No
  - a. Do planning and zoning officials receive training regarding "open meeting" and hearing regulations?  Yes  No
  - b. Does your municipal attorney attend all meetings of the planning and zoning board? .....  Yes  No
5. Do you own or operate a landfill that has been designated as a hazardous waste or Superfund Site by the EPA? .....  Yes  No
6. Do you own or operate any nuclear power plants? .....  Yes  No
7. Has there been continuous claims made coverage for the past five (5) years? .....  Yes  No  
If no, please explain: \_\_\_\_\_
8. Have any of the following occurred within the last five (5) years? (If any answer is yes, provide a detailed narrative on a separate sheet of paper.)
  - a. Grand jury investigations or indictments of any public officials? .....  Yes  No
  - b. Disputes or claims alleging the wrongful granting or refusal to grant zoning changes, building permits or similar allowances? .....  Yes  No

- c. Disputes or claims alleging wrongful approval of building designs or specifications? .....  Yes  No
- d. Disputes or claims alleging civil rights violations in regards to poor environmental quality in a neighborhood? .....  Yes  No

<b>C.</b>	<b>UTILITIES/AUTHORITIES</b>
-----------	------------------------------

- 1. Does the entity administer any of the following?
  - a. Gas Utility\* .....  Yes  No  
If yes, complete supplementary questionnaire G.
  - b. Electric Utility\* .....  Yes  No  
If yes, complete supplementary questionnaire F.
  - c. Water Utility .....  Yes  No  
If yes, complete supplementary questionnaire E.
  - d. Sewer Utility .....  Yes  No  
If yes, complete supplementary questionnaire E.
  - e. Port Authority\* .....  Yes  No  
If yes, complete supplementary questionnaire N.
  - f. Transit Authority\* .....  Yes  No  
If yes, complete supplementary questionnaire N.
  - g. Airport Authority\* .....  Yes  No  
If yes, complete supplementary questionnaire N.
  - h. Housing Authority\* .....  Yes  No  
If yes, complete supplementary questionnaire H.
  - i. Schools\* .....  Yes  No  
If yes, complete supplementary questionnaire J.

(\*Note: There is no coverage for loss that results from the conduct of duties by or for such utility or authority unless specifically added to the policy.)



3D STAR INSURANCE SERVICES, INC.

### Public Entity Application Commercial Umbrella / Excess Liability

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

\$1,000,000/\$1,000,000     \$2,000,000/\$2,000,000     \$3,000,000/\$3,000,000

\$4,000,000/\$4,000,000     \$5,000,000/\$5,000,000     Other: \$ \_\_\_\_\_ /\$ \_\_\_\_\_

Umbrella self-insured retention requested:     \$10,000     Other: \$ \_\_\_\_\_

Coverage desired over:  GL     Auto     EL     PO     Law     EPL

Underlying Insurance:

Limits

Employer's Liability Carrier: \_\_\_\_\_ \$ \_\_\_\_\_ Each Accident

Policy Number: \_\_\_\_\_ \$ \_\_\_\_\_ Disease Policy/Limit

Policy Dates: \_\_\_\_\_ \$ \_\_\_\_\_ Disease Each Employee

Previous experience: If not described elsewhere, please give details of all liability claims exceeding \$25,000 or occurrences that may give rise to claims during the past five years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Final terms and conditions of coverage are outlined in each individual binder of coverage.**