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|  | Euclid Public Sector  234 Spring Lake Drive  Itasca, Illinois 60143  Phone (630) 238-1900  Website: [www.euclidps.com](http://www.euclidps.com/) Mailbox: [mail@euclidps.com](mailto:mail@euclidps.com) |

**Public Entity Supplemental Application  
Casualty Information Section**

**(Attaches to EPS-GEN-APP Applicant Information Section)**

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

**A.** **GENERAL LIABILITY SECTION**

**COVERAGES (OCCURRENCE FORM)**

**Limits**

1. General Aggregate Limit (other than Prod./Comp. Ops.) $

2. Products-Completed Operations Aggregate $

3. Personal & Advertising Injury $

4. Each Occurrence $

5. Damage to Premises Rented to You $

6. Medical Payments $

Options:

a. Deductible:  None  Other:

7. Employee Benefits Liability Coverage: No. of Employees:

8. Employers’ Liability (Stop-Gap) Coverage: (Available only in ND, OH, WA, WY) Limits: $     \_\_\_\_\_\_\_\_\_

9. Failure to Supply Coverage (Not Automatically Provided) Limits: $     \_\_\_\_\_\_\_\_\_

10. 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

11. Any of the following exposures require a supplemental questionnaire that can be located on our E&S/Specialty Portal:

1. Electric Utility
2. Gas Utility
3. Civic Center
4. Airport and related facilities
5. Day care, Day camp, or nursery
6. Exhibition and convention buildings (including arenas, and auditoriums)
7. Transit operations

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| GOVERNMENTAL SUBDIVISION SURVEY | | | | | | | | | | | |
| **CLASSIFICATIONS** | **Exposure?** | | | | **Any part of operation subcontracted to others?** | | | | **Complete Questionnaire for exposures not previously reported** | | |
| Airport and related facilities |  | |  | |  | |  | | **EXCLUDED** (E&O can be covered) Complete questionnaire N | | |
| Amusement parks |  | |  | |  | |  | | EXCLUDED | | |
| Blasting operations |  | |  | |  | |  | | Complete questionnaire P (Item E) | | |
| Bridges |  | |  | |  | |  | | Complete questionnaire A | | |
| Carnivals |  | |  | |  | |  | | Complete questionnaire B | | |
| Cemetery Operations |  | |  | |  | |  | | Complete questionnaire P (Item I) | | |
| Chemical spraying (herbicides and pesticides) |  | |  | |  | |  | | Complete questionnaire P (Item H) | | |
| Dams, levees or dikes |  | |  | |  | |  | | Complete questionnaire M | | |
| Day care, day camp, or nursery |  | |  | |  | |  | | Complete questionnaire C | | |
| EMTs/Paramedics |  | |  | |  | |  | | Complete questionnaire P (Item A) | | |
| Exhibition and convention buildings (include arenas and auditoriums) |  | |  | |  | |  | | Complete questionnaire Q | | |
| Fairs |  | |  | |  | |  | | Complete questionnaire B | | |
| Fire department |  | |  | |  | |  | | Complete questionnaire P (Item A) | | |
| Fireworks and other pyrotechnics |  | |  | |  | |  | | Complete questionnaire P (Item D) | | |
| Garbage or refuse collection |  | |  | |  | |  | | Complete questionnaire P (Item G) | | |
| Golf courses |  | |  | |  | |  | | Complete questionnaire P (Item B) | | |
| Housing projects |  | |  | |  | |  | | Complete questionnaire H | | |
| Ice or roller rinks |  | |  | |  | |  | | Complete questionnaire K (Items A & C) | | |
| Lakes, reservoirs |  | |  | |  | |  | | Complete questionnaire K  (Items A & F) | | |
| Landfills/dumps/refuse sites/incinerators |  | |  | |  | |  | | Complete questionnaire D | | |
| Medical and ancillary care facilities |  | |  | |  | |  | | EXCLUDED | | |
| Parades |  | |  | |  | |  | | Complete questionnaire B | | |
| Parks and playgrounds |  | |  | |  | |  | | Complete questionnaire K (Items A through E) | | |
| Penal Institutions, jails, correctional institutions |  | |  | |  | |  | | **EXCLUDED under General  Liability** | | |
| Racetracks |  | |  | |  | |  | | Complete questionnaire P (Item K) | | |
| Recreational activities |  | |  | |  | |  | | Complete questionnaire K | | |
| Schools and colleges |  | |  | |  | |  | | Complete questionnaire J | | |
| Skate Parks—skateboarding/in-line skating |  | |  | |  | |  | | Complete questionnaire K  (Items A & D) | | |
| Ski facilities and similar areas |  | |  | |  | |  | | Complete questionnaire P (Item K) | | |
| Stadiums, bleachers, grandstands (capacity over 5,000) |  | |  | |  | |  | | Complete questionnaire P (Item C) | | |
| Streets, roads, highways, bridges— existence, maintenance and construction hazards |  | |  | |  | |  | | Complete questionnaire A | | |
| Swimming pools/beaches |  | |  | |  | |  | | Complete questionnaire K  (Items A & F) | | |
| Transit Operations |  | |  | |  | |  | | Complete questionnaire N | | |
| Utilities: Sewer |  | |  | |  | |  | | Complete questionnaire E (Item A) | | |
| Water |  | |  | |  | |  | | Complete questionnaire E (Item B) | | |
| Electric |  | |  | |  | |  | | Complete questionnaire F | | |
| Gas |  | |  | |  | |  | | Complete questionnaire G | | |
| Underground storage tanks |  | |  | |  | |  | | EXCLUDED for Pollution | | |
| Unmanned Aircraft System (Drone)  Water slides |  | |  | |  | |  | | Complete questionnaire K  (Items A & F) | | |
| Wharves, piers, docks, marinas |  | |  | |  | |  | | Complete questionnaire K  (Items A & G) | | |
| Watercraft |  | |  | |  | |  | | Complete questionnaire K  (Items A & H) | | |
| Zoos |  | |  | |  | |  | | Complete questionnaire P (Item J) | | |
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| Describe unique exposures not identified above: | | | | | | | | | | | |

**INDEPENDENT CONTRACTOR OPERATIONS AND VENDORS**

1. If any exposure is contracted, please complete the following:

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| **Type of Work** | **Certificates of  Insurance Secured?** | **Contractor’s Limit  of Liability?** | **Entity Named as Additional Insured?** |
|  | Yes  No |  | Yes  No |
|  | Yes  No |  | Yes  No |
|  | Yes  No |  | Yes  No |
|  | Yes  No |  | Yes  No |
|  | Yes  No |  | Yes  No |
|  | Yes  No |  | Yes  No |

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

3. Does the entity utilize a uniform written contract for all subcontractors?  Yes  No

If “Yes” check the items below that are included in the contract.

Hold harmless wording

Defense and Indemnification wording

Safety Delegation

Additional Insured status on a Primary and Non-Contributory Basis

4. Is the entity named as an additional insured on subcontractor’s liability policies?  Yes  No

5. Does the entity have a formalized risk management procedure or program?  Yes  No

If “Yes” check the items below that are included

Written Safety or Loss Prevention Manual

Employee Training Manual

Property, or Equipment inspection, and maintenance logs

Accident investigation program

**B.** **COMMERCIAL AUTO SECTION**

**Attach Acord Application**

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.

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| **Location** | **Unit Number(s) From Vehicle Schedule** | **Total Value(s)** |
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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 gas, oil, LPG, explosives, hazardous materials, or hazardous chemicals?  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

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| 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

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| 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 at hire, and on an annual basis?  Yes  No

If “yes,” what is considered an acceptable MVR?

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| 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

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| If “yes,” what are the standards for driver accountability: |

13. Are MVRs updated periodically for all drivers?  Yes  No

Frequency:

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| 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.** **COMMERCIAL UMBRELLA / EXCESS LIABILITY SECTION**

Limits available up to $10,000,000

$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 - $10,000

Coverage desired over:  GL Auto  EBL  EL  PO  Law  EPL  Firefighters Emergency Dispatchers

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.

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