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

|  |
| --- |
| GOVERNMENTAL SUBDIVISION SURVEY |
| **CLASSIFICATIONS** | **Exposure?** | **Any part of operationsubcontracted to others?** | **Complete Questionnaire forexposures not previouslyreported** |
| 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) |
|  |  |  |  |  |  |  |
| Describe unique exposures not identified above:        |

**INDEPENDENT CONTRACTOR OPERATIONS AND VENDORS**

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?** |
|       | [ ]  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.

|  |  |  |
| --- | --- | --- |
| **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 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

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

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

|  |
| --- |
|  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.** **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.

|  |
| --- |
|       |

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