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Public Entity Application
Miscellaneous Exposure
Questionnaire P

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

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

**A. EMERGENCY SERVICES EXPOSURE**

**1.** EMTs/Paramedics/EMTAs:

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| --- | --- | --- | --- |
| **Number of:** | **Full-Time** | **Part-Time** | **Volunteer** |
| EMTs/EMTAs |       |       |       |
| Paramedics |       |       |       |

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| **a.** Describe training/certification procedures:       |

**b.** Approximate number of annual calls:       Radius of operations:

**c.** Are all EMTs/Paramedics certified or licensed? [ ]  Yes [ ]  No

**d.** Is substance abuse testing done? [ ]  Yes [ ]  No

**2.** Fire Department: [ ]  Regular [ ]  Volunteer

**a.** Number of firefighters: Paid:       Volunteer:

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| **b.** Describe training/certification procedures:       |

**c.** Approximate number of annual calls:       Radius of operations:

**d.** Do any fire marshals carry guns or other weapons? [ ]  Yes [ ]  No

**e.** Total square footage at all fire stations/firehouses:

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| **f.** Describe all fund raising activities:       |

**g.** Are mutual aid agreements in place with neighboring communities? [ ]  Yes [ ]  No

**Attach copies.**

**(1)** Has legal counsel reviewed and approved the agreements? [ ]  Yes [ ]  No

**B. GOLF COURSES EXPOSURE**

**1.** Name of golf course:

**a.** Location:

**b.** Number of holes:

**2.** Golf Receipts: $

**3.** Cart Receipts: $

**4.** Are all chemicals used for spraying the golf courses EPA approved? [ ]  Yes [ ]  No

**5.** Are employees fully trained in handling and dispensing of these chemicals? [ ]  Yes [ ]  No

**6.** Is a Pro Shop present on the premises? [ ]  Yes [ ]  No

List services provided:

Merchandise Receipts: $

**7.** Are food and beverages sold? [ ]  Yes [ ]  No

If yes, Annual Sales: Food $      Non-Alcoholic Beverages: $

 Alcoholic Beverages: $

**8.** Is any cooking done on the premises? [ ]  Yes [ ]  No

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| If yes, describe fire protection of cooking surfaces and deep fat fryers:       |

**9.** Are any tournaments held at this facility? [ ]  Yes [ ]  No

If yes, approximate attendance:

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| --- |
| Additional information:       |

**C. STADIUMS/BLEACHERS/GRANDSTANDS EXPOSURE**

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| --- | --- | --- | --- |
|  | **STADIUMS** | **BLEACHERS** | **GRANDSTANDS** |
| **1.** What are total receipts for: |       |       |       |
| **2.** Describe construction: |       |       |       |
| **3.** Number of separate stadiums/bleachers/grandstands? |       |       |       |
| **4.** Seating capacity of each stadium/bleacher/grandstand? |       |       |       |

**D. FIREWORKS EXPOSURE**

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| **1. a.** List the types of events and scheduled dates:       |

**b.** Estimated attendance at event:

**2.** Are displays conducted by licensed pyrotechnicians [ ]  Yes [ ]  No

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| If no, please explain qualifications and experiences of individuals:       |

If yes, is display performed by subcontractor? [ ]  Yes [ ]  No

Does the subcontractor carry liability coverage of at least $1,000,000 CSL? [ ]  Yes [ ]  No

Is the Entity included as an additional insured on the subcontractor’s policy? [ ]  Yes [ ]  No

**3.** How many fireworks launchers are there?

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| **4.** Where is display held? (River, park, open field, etc.)?       |

**5.** How long will display last?

**6.** Will emergency vehicles be on premises? [ ]  Yes [ ]  No

If yes, number and type of vehicles:

**7.** Distance from crowd:

**8.** Distance to nearest structure:

**E. BLASTING EXPOSURE**

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| **1.** Describe all blasting operations:       |

**2.** Is blaster certified? [ ]  Yes [ ]  No

Number of years experience:

**3.** Number of shots per year:

**4.** Is blasting contracted out? [ ]  Yes [ ]  No

If yes, provide a copy of the Certificate of Insurance.

**If no, please provide details of:**

**a.** Safety precautions:

**b.** Site monitoring:

**c.** Transport/storage of explosives:

**F. RIFLE RANGES**

**1.** Indoor? [ ]  Yes [ ]  No

Outdoors? [ ]  Yes [ ]  No

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| **2.** What security measures are taken (including signage)?       |

**3.** Police only? [ ]  Yes [ ]  No

**4.** Open to public? [ ]  Yes [ ]  No

If public, is a range officer on duty whenever the shooting areas are operating? [ ]  Yes [ ]  No

**5.** Skeet? [ ]  Yes [ ]  No

Stationary targets? [ ]  Yes [ ]  No

**6.** What is the distance to the nearest buildings?

**7.** Is the range near an industrial or residential section? [ ]  Yes [ ]  No

**8.** Does the insured host competitions on the premises? [ ]  Yes [ ]  No

**G. GARBAGE COLLECTION**

**1.** Who owns and operates it?

**2.** Where is the collection going?

**3.** Is the landfill certified? [ ]  Yes [ ]  No

**4.** What type of trash?

Household: [ ]  Yes [ ]  No Commercial: [ ]  Yes [ ]  No Industrial: [ ]  Yes [ ]  No

**H. CHEMICAL SPRAYING**

**1.** Purpose and frequency of spraying operations:

**2.** What employees do the spraying?

**3.** Are the employees properly licensed? [ ]  Yes [ ]  No

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| **4.** Please list the chemicals used:       |

**5.** Where are the chemicals stored?

Is Pesticide or Herbicide Applicator Coverage desired? [ ]  Yes [ ]  No

**I. CEMETERIES**

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| **1.** Describe operations performed by insured (crematories, etc.):       |

**2.** How many plots in cemetery?

**3.** How many new burial plots are expected for the next twelve (12) months?

**4.** How many burials have been performed in the past three years?

**J. ZOO EXPOSURE**

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| **1.** What type of animals are kept (i.e., man-eaters, farm birds, reptiles, snakes, etc.)?       |

**2.** Is petting allowed? [ ]  Yes [ ]  No

**3.** Are visitors allowed to feed the animals? [ ]  Yes [ ]  No

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| --- |
| **4.** Explain security and controls for **2.** and **3.:**       |

**5.** Is a charge being made for **2.** or **3.?** [ ]  Yes [ ]  No

If yes, what are the annual receipts?

**6.** Is this operation sponsored by the insured? [ ]  Yes [ ]  No

**7.** If this operation is contracted by the insured, are “Certificates of Insurance” obtained? [ ]  Yes [ ]  No

Limits of liability the insured requires from the contractor:

**K. MISCELLANEOUS EXPOSURES**

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| Provide complete details of the operation(s):       |

**Refer to EPS-GEN-APP application form for the state fraud warnings.**