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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 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.**