

**SELECTIVE INSURANCE
MUNICIPAL SUPPLEMENTAL APPLICATION**

Please provide the following with your submission:

- **Completed ACORD forms**
- **Five years hard copy loss runs**
- **Statement of Values for property coverage**
- **Drivers list**
- **Current approved budget**

GENERAL INFORMATION

Municipality: _____ Policy Number: _____
Address: _____
Contact: _____
Phone: _____
Fax: _____
E-Mail/Website: _____
Population: _____

Please complete the following:

INDEPENDENT CONTRACTORS

1. Are all independent/outside contractors required to provide your municipality with certificates of insurance naming the municipality as an additional insured? (Yes / No)
If Yes: What is the dollar limit of liability insurance required? \$ _____
2. Are hold-harmless provisions required in contracts protecting the municipality's interests? (Yes / No)

RISK MANAGEMENT

1. Does the municipality have a formal written safety plan, which includes employee training and a safety committee? (Yes / No)
2. To what extent does the municipality perform MVR, criminal, child abuse, drug and alcohol and/or workers compensation background checks?

3. To what extent are there formal written programs for preventative maintenance?
(Example: machinery, equipment, autos and underground sewer and water pipes)

4. Are any owned buildings listed on the historical register? (Yes / No)
List the buildings that are on the National or Local Historical Register:

Building Name & Address	Use	Year Built

5. Do the municipal employees do any work at heights exceeding 6 feet, which would require approved fall protection? (Yes / No) _____
6. Does the municipality do any spraying of pesticides? (Yes / No) If yes, are employees provided with training, personal protective equipment, and proper certifications? (Yes / No) _____
7. Are municipal employees exposed to confined space work such as manholes, tanks, and trenches over 5 feet deep, and are they provided with appropriate personal protective equipment and training? (Yes / No) _____
8. Are there formal Return to Work and Light Duty programs in place? (Yes / No / NA). If yes, please describe: _____
9. Does the municipality have a Physicians' Panel in place or commitment made to accept the panel we provide? (Yes / No / NA) _____

STREETS, ROADS, HIGHWAYS AND BRIDGES

1. Number of miles of streets, roads and highways owned by the municipality?
Paved _____ Unpaved _____
2. Number of miles of streets, roads and highways plowed or maintained, but owned by the state or county. _____
3. Does municipality construct its streets and roads? (Yes / No).
If yes please describe type of work completed. _____
4. What type of work is subcontracted, and are hold harmless agreements in place protecting the interest of the municipality? _____
5. Number of bridges owned/maintained by municipality? _____
6. How often are owned bridges inspected? _____
By whom? _____
- (Please attach last bridge inspection)**
7. Does municipality have a written maintenance log of work activities completed for streets, roads and bridges? (Yes / No)

ENVIRONMENTAL CONTROLS

Applicable

Not Applicable

Dumps/Garbage Transfer Stations/Incinerators/Recycling/Hazardous Waste Sites

Location	# Acres	Age	Fenced?	Supervised?	Open?	Date Closed

1. Does the municipality own, operate or control an *active* landfill or hazardous waste site? (Yes / No).
 If yes, provide full details: _____
 Are there any *closed* landfills or hazardous waste sites within the municipality's boundaries? (Yes / No). If yes, provide full details and attach **Certificate of Closure**: _____
2. What type of waste was accepted at facility? Residential _____ Commercial _____ Industrial _____.
3. Was landfill or hazardous waste site closed without any pollution incidents and without any governmental violations? (Yes / No).
4. Are there any Superfund Sites located within the municipality's boundaries? (Yes / No). If yes, identify the location, name of site, and type of hazard:
 - a. Is there any pending environmental litigation? (Yes / No).
 - b. If yes, please describe: _____

5. Provide the number of underground storage tanks: _____ Age of each tank: _____ Construction: _____
 Contents: _____ Capacity: _____ Method of leak detection: _____
 Do tanks meet with State/Federal laws? (Yes / No).
 Are there any known or suspected pollution problems? (Yes / No) _____

6. Do municipal employees collect garbage, ash or refuse? (Yes / No) _____
7. Have all buildings been checked for asbestos, lead paint and/or mold? (Yes / No)
 If asbestos and/or mold found, was it removed? (Yes / No). Please provide details:

RECREATIONAL FACILITIES AND PROGRAMS **Applicable** **Not Applicable**

Parks and Playgrounds

Name of Parks and Locations	# Acres	From list below, indicate the activities at each park.

Activities: Playground, Tennis Courts, Ice Skating, Skateboarding, Baseball Fields, Football Fields, Soccer Fields, Camping, Archery Ranges, and Shooting Ranges

1. Do those entities that use the athletic fields provide the municipality with a certificate of insurance naming the municipality as an additional insured? (Yes / No)
2. Is playground equipment regularly inspected? (Yes / No) _____
3. Does the municipality organize any athletic activities and/or events? (Yes / No). If yes, please provide details:

PUBLIC SAFETY

Police Departments

Applicable **Not Applicable**

1. Does the municipality have an active police department? (Yes / No)
2. Does the municipality operate a jail? (Yes / No)
3. Does the municipality operate a holding cell? (Yes / No)
4. Does the municipality carry a separate police professional policy? (Yes / No)

Carrier: _____ Limits of Liability: _____

(If Selective is to provide coverage, please complete Police Professional Application)

Fire Departments, First Aid or Rescue Squads

Applicable **Not Applicable**

1. Name and address of fire department, first aid or rescue squad: _____

2. Does the municipality operate their own fire department, first aid or rescue squad? (Yes / No)
3. Number of volunteers: _____ Number of paid members: _____
4. Number of EMT's: _____ Number of Paramedics: _____
5. Please indicate level of the entity's licensing/certification level:
_____ Advanced Life Support _____ Basic Life Support
6. Is the municipality's first aid or rescue squad Health Insurance Portability and Accountability Act (HIPPA) compliant? (Yes / No)
7. Is fire department insured under municipality's policy? (Yes / No). If yes, please provide the following:
 - Does the fire department have a hazardous material team? _____
 - Total scheduled/blanket value of Portable Equipment \$ _____
 - Does fire department have a cooking exposure? (Yes / No). If yes, are there any grills or deep fryers?

 - Is there an automatic extinguishing system? (Yes / No). Wet system ____ Dry Chemical ____

MUNICIPAL UTILITY AUTHORITIES (Water and/or Sewage)

Water Utility

 Applicable
 Not Applicable

1. Does the municipality own or operate a water department? (Yes / No)
2. What year was the system built? _____
3. Year of last upgrade: _____
4. Number of customers served: _____ Residential _____ Commercial _____ Industrial
5. Number, capacity and year last inspected of each owned municipal water utility/tower.

6. Miles of water mains: _____
7. Number of gallons distributed annually: _____
8. Is the maintenance and repair of water lines handled in-house, contracted or both?

9. Does the municipality request Certificates of Insurance from all subcontractors, with limits of insurance equal to your limits of liability and hold harmless agreement in municipality's favor? (Yes / No).
10. Does municipality have an EPA compliance program in place? (Yes / No)
If yes, who is responsible for auditing compliance? _____
11. Has the system ever been cited or fined for noncompliance with required standards? (Yes / No)
If yes, please provide details _____
12. Does the municipality have their own certified lab? (Yes / No)
If no, where is testing done? _____
13. What type of chlorine is used? (Liquid, compressed gas, sodium hypochlorate or UV system). _____
14. Is any water authority property used for recreational purposes? (Yes / No)
If yes, what type of activities? _____
15. Is the **"One Call"** system used before digging? (Yes / No)

In June 2002 the President signed PL 107-188, the Public Health, Security, and Bioterrorism Preparedness and Response Act (**"Bioterrorism Act"**) that includes provisions to help safeguard the nation's public drinking water systems against terrorist and other intentional acts. The Bioterrorism Act of 2002 also delineates community drinking water systems according to population served. The new legislation requires that vulnerability assessments be completed by certain dates according to size delineation. Additionally, once community drinking water systems complete a vulnerability assessment, they are required within six months to develop or revise their emergency response plans and incorporate the results of the vulnerability assessment. The table below shows the various size designations set forth in the new Bioterrorism Act and lists vulnerability assessments and emergency response plans. At this time there are no similar legislative provisions for wastewater utilities.

System Size (based on population served)	Vulnerability Assessment Completion Deadline	Emergency Response Plan Completion Deadline
25 - 3,300	Not Applicable	Not Applicable
3,301 - 49,999	June 30, 2004	December 31, 2004

1. If your municipality's population is greater than 3,300, have you conducted a vulnerability assessment and have you submitted this assessment to the USEPA within the specific completion dates? (Yes / No)
2. If your municipality has completed a vulnerability assessment, have you revised your emergency response plan? (Yes / No) If yes, did you coordinate this plan with your local emergency planning committees? (Yes / No)
3. Has the USEPA provided you with guidance on how to conduct vulnerability assessments, preparing emergency response plans, and address threats on community water systems serving populations of 3,300 or less? (Yes / No). **If yes, please attach emergency response plan.**

Sewer Utility

Applicable **Not Applicable**

1. Does the municipality maintain a sewage treatment plant? (Yes / No)
2. Number of customers served: _____ Residential _____ Commercial _____ Industrial
3. Number of gallons processed daily? _____
4. Maximum capacity in gallons: _____
5. Has the municipality ever had a capacity problem? (Yes / No)

6. Has municipality ever had sewer back-up problems? (Yes / No). If yes, please explain:

7. Provide number of sewer miles: _____ Sanitary _____ Storm
8. Age of sewer lines: _____
9. What type of facility is operated? _____ Treatment Plant _____ Lift Stations _____
_____ Pumping Stations.
10. How is sludge disposed of? _____
11. What regulatory agency is responsible for monitoring? (DEC, EPA Health Department)? _____
12. Date of last state/federal inspection: _____
13. Does the municipality have a written line maintenance and inspection procedure in place? (Yes / No)

14. What type of chlorine is used (liquid, compressed gas, sodium hypochlorate or UV system)?

15. Is the **"One Call"** system used before digging? (Yes / No)

ADDITIONAL EXPOSURE CHECKLIST

Please check all of the operational exposures of the public entity below. Note that coverage may not be available for all operations or exposures.

Activity/Exposure	*Do you have this Exposure? (Yes/No)	Insured Elsewhere	Insured By the Municipality	**Subcontracted
Airport/Aircraft				
Amusement Park				
Dams and Reservoirs				
Fairs, Carnivals and Special Events				
Fireworks				
Foster Care				
Golf Course				
Hospital				
Marina				
Mass Transit/Bus/Rail				
Medical Clinic				
Museums				
Nursing Home				
Public Officials Professional				
Police Professional				
Public Housing				
Shooting Range				
Skateboard Park				
Stadiums				
Utilities:				
- Gas				
- Electric Distribution				
- Electric Generation				
Water Activities				
- Swimming Pools				
- Beaches and Lakes				
- Waterslides				
Watercraft				

**For exposure items checked “Y” please complete the following questions.*

***If exposure is subcontracted to a separate entity, please provide Certificate of Insurance showing adequate limits of liability and a hold harmless agreement in the municipality’s favor.*

Dams and Reservoirs

1. Does the municipality own, operate or maintain any dams or reservoirs (Yes / No). **If Yes, attach most current engineering report.**
2. Is the body of water used for recreational purposes? (Yes / No). If yes, please describe:

3. Dam name and location: _____
4. Size of dam:
 Length? _____
 Height? _____

5. Have all outstanding recommendations been completed? (Yes / No) _____
6. Does a current emergency evacuation plan exist? (Yes / No) If yes, has the plan been filed with the appropriate state agencies? (Yes / No)

Fairs, Carnivals, Festivals and Special Events

Location of Event	Description of Event	Date(s) of Event	Estimated Attendance

1. Are amusement rides provided? (Yes /No).
 - a. If yes, do you require that all subcontractors provide certificates of insurance naming you as additional insured? (Yes / No).
 - b. Does the municipality require liability limits of one million dollars or more? (Yes / No).
 - c. Is hold harmless agreement in municipality's favor? (Yes / No).
2. Does municipality own amusements? (Yes / No). If yes, describe in detail type of amusement rides?

If owned, does a regulatory authority inspect all rides? (Yes / No) _____

3. Are alcoholic beverages served or sold at any of these events? (Yes / No). If yes, please describe:

Fireworks Display

1. Does municipality sponsor fireworks displays? (Yes / No)
2. List types of events and scheduled dates: _____
3. Does a licensed, insured, independent pyrotechnician conduct displays? (Yes / No).
 - a. If yes, do you require that all subcontractors provide certificates of insurance naming you as additional insured? (Yes / No).
 - b. Is there a hold-harmless agreement in the municipality's favor? (Yes / No)

Golf Courses

1. Does the municipality own or operate a golf course? (Yes / No)
2. Name, size and location of course: _____
3. Is the golf course insured under the municipality's policy or separate policy? _____
4. If the golf course is insured under municipality's policy, please complete the following:
 - Is there a cooking exposure? (Yes / No)
 - Wet Chemical or UL 300 Automatic Extinguishing System in place? (Yes / No)

3. Facility Design

- Did a contractor with experience in designing this type of facility design the skateboard park?(Yes / No)

- Is there a separation between walkways, rest areas, and spectators' areas and the skating area?
(Yes / No) _____
- Has adequate drainage been provided for the half pipes, bowls and other areas of the skating surface to eliminate water from the skating areas? (Yes / No)

4. Facility Supervision

- Are attendants on site at all times the skateboard park is open? (Yes / No)
- Are head protection, elbow, kneepads and wrist protection required? (Yes / No) _____
- Are park rules posted? (Yes / No) _____
- Are waivers required for all participants using the park? (Yes / No) If yes, how does municipality verify that the proper waivers are on file for all participants? _____

- Are directions and a phone number posted for use in reporting problems with the facility? (Yes / No)
- Is there a phone on the premises, which can be used to summon emergency medical assistance or a public safety officer if needed? (Yes / No)

5. Facility

- Is the park fenced? (Yes / No)
- Is the fence locked and secured when the park is not open to the public? (Yes / No)
- Is the park lighted for use after dark? (Yes / No)
- What are the hours of operation? _____
- Are signs posted with hours of operation and special skate times? (Yes / No)

- Are the park and its equipment secured when park is closed? (Yes / No). If yes, please provide details:

6. Miscellaneous

- Attach a copy of all rules and regulations.

WATER ACTIVITIES (Swimming Pools, Beaches, Lakes and Waterslides)

Swimming Pools

1. Type/Physical Characteristics

- Indoor _____ Minimum Depth _____ Maximum Depth _____
Number diving boards _____ Height _____
- Outdoor _____ Minimum Depth _____ Maximum Depth _____
Number diving boards _____ Height _____
- Are walkways, steps, coping and ladder treads slip resistant? (Yes / No)
- Are steps a contrasting color to the rest of the pool? (Yes / No)
- Are handrails in place that extend beyond the top and bottom steps? (Yes / No)
- Are walkways around the pool at least 5 feet wide? (Yes / No)
- Is there a playground or other area that children frequent near the pool? (Yes / No)

2. **Regulatory Compliance**

- Does the pool meet all local building codes and ordinances relative to construction and operation?
(Yes / No) _____

3. **Access**

Outdoor Pool:

- Is there a fence? (Yes / No)
- Does the fence have a minimum height of four feet? (Yes / No)
- Is the fence secured with locks and self-latching gates? (Yes / No)

Indoor Pool:

- Is the pool separated from the other common areas? (Yes / No)
- Is the pool area locked when not in use? (Yes / No)
- Is access to the pool area by key only? (Yes / No)

4. **Supervision, Life Saving and Emergency Equipment**

- Have all lifeguards earned a Red Cross Advance Life Safety Certificate? (Yes / No)
- Do children use the pool heavily? (Yes / No)
- If so, must an adult accompany the child? (Yes / No)
- Are water vibration alarms used when the pool is closed? (Yes/No)

_____ First Aid Kit _____ Life Ring with Tow Line _____ Telephone
_____ Shepherd's Hook _____ Backboard _____ Other (describe)

5. **Miscellaneous**

- Is any part of the swimming pool operations subcontracted? (Yes / No) If yes, are Certificates of Insurance obtained and are adequate limits of liability available and hold harmless agreements in entity's favor in place? (Yes / No)
- Is pool water properly tested and treated? (Yes / No)
- Is maintenance performed by the insured's employees or subcontracted? (Yes / No)
- What type of chlorine is used? (Liquid, compressed gas, sodium hypochlorate, UV system or ozone generation) _____
- Are chemicals properly stored in a dry, well-vented area that is not accessible to the public? (Yes / No)
- Are premises kept clear of debris and excess water as much as possible? (Yes / No)

6. **Signage**

- Are signs used in the pool area to:
 - Cite pool rules? (Yes / No)
 - Provide emergency procedures? (Yes / No)
- Are the whole number depth markings indicated on both the pool deck and above the water level on the sides of the pool? (Yes / No) _____
- Are all signs well defined, simple and highly visible? (Yes / No)

Beaches and Lakes

1. Does the municipality own or operate a beach or lake? (Yes / No)
2. If yes, describe in full detail approximate size and depth of lake or beach area: _____

3. Identify all activities: Swimming _____ Fishing _____ Boating _____ Ice Fishing _____
Ice Skating _____ Other _____
4. If ice fishing and/or ice-skating is allowed, how often is the thickness of the ice checked and how often are these activities regulated? _____
5. Is swimming area roped or marked? (Yes / No)
6. Are certified lifeguards on duty during scheduled swimming hours? (Yes / No)
7. Are swimming hours clearly posted? (Yes / No)
8. If no swimming is allowed, are warning signs posted? (Yes / No)
9. Is any diving allowed? (Yes / No)
10. If yes, describe height of diving boards: _____
11. Are there any floating docks? (Yes / No)
12. Is beach or lake area patrolled regularly during nonoperation hours? (Yes / No)
13. Are there boat rentals? (Yes / No). If yes, please explain the exposure (size and type of boat) and controls in place: _____

Water Slide

1. Location: _____
2. Waterslide landing is in: Swimming Pool _____ Separate Pool _____ Other _____
3. Construction
 - Age: _____
 - Dimensions: Towers --- Height _____ Length _____ Depth of bed way _____
Depth of landing pool _____
4. Height of end of slide (measured from surface of landing pool): _____
Access to slide: Ladder _____ or Stairs/Platform _____
5. Number of lifeguards assigned solely to the slide during all hours: _____
6. Where are lifeguards stationed? _____
7. Are lifeguards provided with whistles, bullhorns, walkie-talkies and/or lifesaving equipment? (Yes / No)
8. Receipts (if separate from pool) \$ _____
9. What age, height, and size limitations does the insured enforce? _____
 - Are they clearly posted and strictly enforced? (Yes / No)
10. Does the insured have written policies:
 - Posted addressing safety rules (Yes / No)
 - For inspection maintenance (Yes / No)
 - For management, supervision and training of employees? (Yes / No)
11. Is the water slide ever leased to private parties? (Yes / No)
If yes, provide explanation: _____
12. Is the waterslide operated under the control of any person or organization other than the insured at any time? (Yes / No)
If yes, provide explanation: _____