



Schedule of Named Insureds		
Named Insured		
#	Named Insured	Description/ Operations
1		
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General Liability Application					
Named Insured					
Each Occurrence Limit	\$1,000,000		Aggregate Limit	\$2,000,000	
Fire Legal Liability Limit	<input type="text"/>		Deductible Amount	<input type="text"/>	
Excess Policy Limit	<input type="text"/>		Deductible Type	<input type="text"/>	
Do you have a tort ordinance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are tort claims heard in tribal court	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are the tort liability caps in ordinance					
What is the statute of limitations in ordinance					

Classification	Exposure		Rating Basis	Exposure Units
Banking or Internet Lending	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenue	
Bingo Hall	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Admissions	
Camping or RV Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Casinos and Gaming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gaming Square Footage	
Convenience Stores	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Dams, Lakes, or Reservoirs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number Dam, Lakes or Reservoirs	
Day Care, Day Camps, or Nurseries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Children	
Fire Department (Volunteer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number Personnel	
Fishing Ponds or Hatcheries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Food Processing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Gas Stations/LPG Sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gallons Sold	
Gift Stores	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Golf Courses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Group Homes, Halfway Houses, Shelters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Professionals	
Hospital, Clinic or Nursing Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Professionals	
Hotel or Motel Lodging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Horseback Riding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Horses, revenue	
Housing for Tribal Members	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number Housing Units	
Lodging- Hotel or Motel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Manufacturing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Marinas, Boats, or Fishing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Operation of Tribal Government	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expenditures (Net)	
Public Utilities-Electric, Gas/LPG	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payroll	
Public Utilities-Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payroll	
Public Utilities-Water/Sewer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payroll	
Restaurants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Retail Sales (Non-Hospitality)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Rifle or Pistol Ranges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenue	
Schools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number Students	
Spa Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Spa professionals	
Swimming Pools, Beaches, Water Slides, Water Park	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Daily admissions	
Vacant Land-for Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Acres	
Warehouses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenue	
Wholesale Sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	



Additional Classifications				
Classification	Exposure		Rating Basis	Exposure Units
Logging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payroll	
Mining	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Sand & Gravel Pit or Quarry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Oil & Gas Exploration/Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Revenues	
Construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payroll	
Sub-Contractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost	

Describe Other Services



Law Enforcement Supplement

Named Insured		Limit	\$1,000,000
Are police officers 638 funded, and if so, indicate approximate percentage funded thru 638 contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

How Many	
Officers	
Jailers	
Armed	
Unarmed	
Officers with arrest authority	
Jail Cells	
Beds	
For which of the following does the tribe have written policies	
<input type="checkbox"/> Arrest and Detention	<input type="checkbox"/> Use of Force
<input type="checkbox"/> Reports following use of force	<input type="checkbox"/> Emergency Response
<input type="checkbox"/> Vehicle Pursuit	<input type="checkbox"/> Use of Volunteers
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Custody vs. Cite & Release
<input type="checkbox"/> Armed Vehicle Off Duty	<input type="checkbox"/> Moon lighting
<input type="checkbox"/> Search and Seizure	
Do all officers receive training in	
<input type="checkbox"/> Baton	<input type="checkbox"/> Chemical Weapons
<input type="checkbox"/> Control Holds	<input type="checkbox"/> CPR
<input type="checkbox"/> Domestic Conflicts	<input type="checkbox"/> First Aid
<input type="checkbox"/> Stress Management	<input type="checkbox"/> Stun Guns
Which of the following are included as part of the hiring process	
<input type="checkbox"/> Written Exam	<input type="checkbox"/> Psychological Exam
<input type="checkbox"/> Background Check	<input type="checkbox"/> Certified Physical Exam
<input type="checkbox"/> Screening by Interview Board	

Do police officers carry Special Law Enforcement Certification (SLEC) cards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there commissions or accreditations from other agencies (If yes, please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of firearms: How often must office re-qualify		
Is there an annual minimum in-service training update (if yes, please specify # of hours)	<input style="width: 80%;" type="text"/>	# of Hours <input style="width: 50%;" type="text"/>
Does the tribe have Mutual Aid agreements in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In what cities/counties are Mutual Aid agreements in place		
Does the tribe operate a jail (If yes, please attach general procedures manual with application)	<input style="width: 80%;" type="text"/>	Type <input style="width: 50%;" type="text"/>
Is the department policy and procedures manual distributed to all personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the tribe authorize employee moonlighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List prohibited activities in moonlight policy		
Does you department handle your own dispatch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the department dispatch for other entities (If yes, please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the total population served		
Are incoming calls to dispatchers recorded	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long are tapes maintained		

***If retro date is any date other than inception, please provide evidence of continuous coverage or copy of tail coverage.*



Law Enforcement Supplement

Named Insured	
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How Many	
EMTs	
Annual Calls	
Emergency Calls	
Non-Emergency Calls	

Who Dispatches Your Calls	
<input type="checkbox"/> 911	<input type="checkbox"/> In-House If in house, who dispatches <input type="text"/>
<input type="checkbox"/> Outside Resources (Please explain)	
Please explain outside resources	

Are your EMT's funded through 638 funding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are pre-employment and periodic physical exams required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all technicians certified prior to patient care	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Indicate any of the following operations your service performs

<input type="checkbox"/> Air Ambulance Operations	<input type="checkbox"/> Special Events EMS	<input type="checkbox"/> Water rescue operations
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Jail Detention Facility Supplement

Named Insured					
Jail is operated by	<input type="checkbox"/> BIA	<input type="checkbox"/> Tribe	<input type="checkbox"/> Other		
Minimum certified capacity			Any suicide attempts in the past 5 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Walk-through every 30 minutes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any attempt resulted in a suicide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Written inmate grievance procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any claims or lawsuits in last 5 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Screening /classification of inmates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Suicide prevention measures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work release or halfway houses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inmate video monitoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Separation by age and gender	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of last regulatory inspection					

Recommendations and outcome from inspection



Tribal Officials Errors and Omissions Supplement				
Named Insured				
Limit	\$1,000,000	Deductible	<input type="text"/>	**Retroactive Date
Do any officials or employees have knowledge of an act, error or omission which might lead to a claim			<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the past three years has any party presented claims to the tribe alleging discrimination, wrongful taking of property or segregation			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the tribe have a Constitution and By-laws (Please attach a copy)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the tribe have a Tort Ordinance (Please attach a copy)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the statute of limitations in Tort Ordinance				
What are the tort liability caps in Tort Ordinance				
Are tort claims heard in Tribal Court			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the tribe have a Gaming Compact (Please attach a copy)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many members serve on the Tribal Council				
How long is the term of service for Council members				
Are Tribal Officials elected or appointed			<input type="checkbox"/> Elected	<input type="checkbox"/> Appointed
<i>**If retro date is any date other than inception, please provide evidence of continuous coverage or copy of tail coverage.</i>				



School Supplement

Named Insured			
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Are schools 638 funded, and if so, indicate approximate percentage funded	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Type of school	Number of Students	Number of Teachers
Headstart		
Grades k-4		
Grades 5-8		
Grades 9-12		
Vocational-Technical		
Business		
Other:		

Is childcare provided before or after school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are background checks required of all employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are background checks required of all volunteers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are liability waivers required to be signed by parents for athletic events	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are students provided accident medical insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there medical professionals present at contact sports events	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are students bused to school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are busses operated by the tribe	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are students transported on field trips or athletic events in personal autos	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the school have written policies and training for Investigation of sexual misconduct, harassment and abuse, hiring, firing and employee discipline	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Abusive Conduct Supplement					
Named Insured					
Limit	<input type="text"/>	Deductible	<input type="text"/>	**Retroactive Date	<input type="text"/>
Number of Children by age category	Age:1-5 <input type="text"/>	Age:6-12 <input type="text"/>	Age:13-19 <input type="text"/>	Age:20+ <input type="text"/>	
Number of Full-time staff paid			Number of Volunteer Staff		
Hours of Operation	Monday - Friday	From:	<input type="text"/>	To:	<input type="text"/>
	Saturday - Sunday	From:	<input type="text"/>	To:	<input type="text"/>
	Holidays	From:	<input type="text"/>	To:	<input type="text"/>
Are criminal background checks run on all employees working with children				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a policy addressing abuse, molestation or sexual harassment in all forms				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the policy communicated annually in the appropriate language to	Staff <input type="text"/>	Volunteers <input type="text"/>	Parents/ Community <input type="text"/>		
Are employees/volunteers required to sign acknowledgement of receipt and understanding of the abuse, molestation and sexual harassment policy				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is documentation maintained on annual training regarding abuse, molestation and sexual harassment for staff, students and volunteers				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe all field trips (if any)					<input type="checkbox"/> N/A
Have you ever had any abuse (including physical or sexual) sexual misconduct or sexual molestation (please describe below)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you lease space to a daycare or pre-school program not operated by you				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the operators of this exposure have their own liability insurance, including coverage for abuse or molestation with limits at least equal to your limits (If no, please explain)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you named as additional insured on the operator's liability policy (which includes coverage for abuse or molestation)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
**If retro date is any date other than inception, please provide evidence of continuous coverage or copy of tail coverage.					



Daycare Supplement					
Named Insured					
Daycare center licensed by	State <input style="width: 80%;" type="text"/>	County <input style="width: 80%;" type="text"/>	City <input style="width: 80%;" type="text"/>	Are Meals Provided	<input style="width: 80%;" type="text"/>
Ratio of Children to adult		Max number of children allowed to attend		% 638 Funded, if any	
Age range of children	If providing care for infants, describe how separated from the older children				
Daycare provided for employees	Daycare provided for customer's children, i.e. casinos				
Playground fenced	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Electrical outlets guarded	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you obtain permission to make emergency health decisions				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you ever dispense medication (If yes, please explain)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are children released only to authorized persons				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any records of claims, criminal/ civil actions against anyone for alleged child abuse or neglect <i>(if yes please explain)</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you offer transportation to or from the center				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do employees regularly use personal autos to carry children				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe playground equipment					
Describe playground supervision and safety procedures					



Employee Benefits Liability			
Named Insured			
Limit	\$1,000,000	**Retroactive Date	
Plans to be Covered			
Are you aware of any occurrence(s) that have or would have resulted in a claim now or in the past three years? (If yes, please explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the administration of program assigned to a specific person or unit? (If yes, please explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If multiple locations exist, is administration centralized? (If no, please explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
**If retro date is any date other than inception, please provide evidence of continuous coverage or copy of tail coverage.			



Garage Liability Supplement		
Named Insured		
Exposure	Sales Revenue	Repairs Payroll
Private passenger auto (including pickups and vans)		
Motorcycles/Boats/Snowmobiles		
Motor homes/Utility Trailers/Campers		
Truck tractors/Trailers/Semi Trailers/5th wheels		
Farm Machinery/Contractors Equipment		
Tow Truck operations		
Other (Please describe)		
Do you modify any vehicles for style, performance or handling characteristics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you install trailer hitches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you do any welding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you conduct any spray painting operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a spray booth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have storage of oil, gasoline, or other petroleum products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you recap tires	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you sell tires	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you rent or loan autos to customers while their autos are left with you for service or repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pick up or deliver autos	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you subcontract work to others	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide a warranty (if yes please provide a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Marina Operations Supplement					
Named Insured					
Fueling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hauling and launching	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mooring under common roof	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Liquor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overnight mooring of boats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Liquor Revenue		
Are boat repairs done	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Boat rentals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maximum Number boats/ yachts stored			House boat rentals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Average value of yachts			With/without operators	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number stored in summer			Number of floating docks		
Number stored in the winter			Dry dock	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of fixed piers			Insured value for docks		
Length of Pier			Insured value for piers		
How are boats stored			<input type="checkbox"/> Storied		<input type="checkbox"/> Individual Slips



Liquor Liability Supplement					
Named Insured					
Limit	<input type="text"/>	Deductible	<input type="text"/>		
Type of operation (restaurant, tavern, bar, hotel)- <i>Please describe</i>		Gross Alcohol Sales			
Hours of Operation	Monday - Friday	From:	<input type="text"/>	To:	<input type="text"/>
	Saturday - Sunday	From:	<input type="text"/>	To:	<input type="text"/>
	Holidays	From:	<input type="text"/>	To:	<input type="text"/>
Is TIPS training (or similar program) required for all employees in contact with patrons, including valet employees?(If no, please describe service policy for serving intoxicated customers)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there live entertainment				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a dance floor				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a bouncer or other security person				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the business operated seasonally				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your liquor license ever been suspended or revoked				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are procedures in place for checking identification for age				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Alcoholic Beverages "Comped" <i>(If yes, percentage of total liquor revenue)</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there a "happy hour/two-for-one" or similar consumption promotions				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employees allowed to drink alcohol at this establishment				<input type="checkbox"/> Yes	<input type="checkbox"/> No



Employment Practices Liability				
Named Insured				
Limit	<input type="text"/>	Deductible	<input type="text"/>	**Retroactive Date
Total Employees This Year		Last Year		Prior To Last Year
Does the Tribe have a written employee handbook that all employees receive?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the employee handbook been reviewed by legal counsel?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Tribe have a full time Human Resources professional?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Tribe provide employee training for harassment?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use outside counsel for employment advice?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have written policies for harassment, sexual harassment and family medical leave?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a written annual employee evaluation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employment files kept for all employees?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there uniform employee contracts?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a written grievance policy in place?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many employees have been involuntarily terminated in the past three years (All Locations)				
Please explain the reason for terminating these employees (if applicable)				
Does the tribe require terminations be reviewed by both legal counsel and human resources?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you aware of any incidents which might give rise to a claim under this Policy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all employees receive training in proper implementation of your human resource policies and procedures?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<small>**If retro date is any date other than inception, please provide evidence of continuous coverage or copy of tail coverage.</small>				



Healthcare Errors and Omissions Supplement				
Named Insured				
Limit	<input type="text"/>	Deductible	<input type="text"/>	**Retroactive Date
Is there a 638 contract in place			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are these individuals working solely for the tribe			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any employees or officials have knowledge of an act, error or omission which might lead to a claim <i>(If yes please explain)</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Professionals				
EMT		Physician		
Nurse Practitioner or Physician Assistant		Nurse, RN, LPN		
Pharmacist		Dentist		
Pharmacist Assistant		Dental Assistant		
Social Service Technician		Dental Hygienist		
Please use below to specify type and number of other professionals not listed above				
**If retro date is any date other than inception, please provide evidence of continuous coverage or copy of tail coverage.				



Miscellaneous Errors and Omissions Supplement

Named Insured				
Limit	<input type="text"/>	Deductible	<input type="text"/>	**Retroactive Date
Is there a 638 contract in place			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are these individuals working solely for the tribe			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any employees or officials have knowledge of an act, error or omission which might lead to a claim <i>(If yes please explain)</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Number of Professionals

Accountant		Attorneys	
Architect/Engineer		Volunteer Firemen	
Spa employees		School Teachers	

Please describe the duties of any employees that will require this coverage

**If retro date is any date other than inception, please provide evidence of continuous coverage or copy of tail coverage.



Volunteers Firemen's Errors & Omissions Supplement			
Named Insured			
Number of fire companies comprising entity		Number of members	
Are there any paid members? (If yes, provide number and description of duties below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Number of firefighting units (vehicles) involved	
Is fire department responsible for building inspections (if yes, explain extent of responsibility below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has there ever been a claim(s) made or suit(s) filed against the applicant allegation(s) or negligence regarding the discharge of the applicant's professional duties (if yes, explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have knowledge of any matter(s) which would cause a reasonable person to infer that a claim(s) or suit(s) might arise (if yes, explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant maintain any sort of formal training program for its members (if no, explain below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No



Governmental Expenditures Supplement	
Named Insured	
Mailing Address	
Main Street Address	
City, State, Zip Code	

Year

		Actual values for the current 12 months
1. Total Operating Expenditures		
2. Deductions from Operating Expenditures		
	Capital Improvements <i>Must exceed 5% of the Total Expenditures (Bondable items, new construction, major improvements, major item purchases and interest paid on these items)</i>	
	Dollars paid to independent contractors for work performed <i>(Need certificate of insurance on file)</i>	
	Welfare benefit payments <i>(Money paid for burials, Per Capita distributions, Major medical insurance, Elders assistance, Aid to dependent children, Aid to the blind, Food assistance programs)</i>	
	Other expenditures: <i>(Housing projects, Medical care facilities (Clinics), Jails, Schools, Road construction, Utilities (water, gas, steam), Boats, Docks, Marinas, Separately identified enterprises)</i>	
	638 Funds	
	IHS Funds	
	Total Deduction from Operation Expenditures (Total Group 2)	
3. Net Government Expenditures Calculation (Group 1 minus Group 2)		



Casino/ Gaming

Named Insured _____

Named of Gaming Facility _____

Controls in place for Hiring and Training Employees

Background checks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Credit checks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MVR's required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drug tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rotation of job duties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vacation time required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee training	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Total Number of Security Guards	
Number of Security Guards Armed	
Number of Security Guards Unarmed	
Distance to nearest responding police station (miles)	
Response time (minutes)	
Average daily cash exposure	
Maximum cash exposure	
Percentage in machines	
Percentage in Cashier Cage	
Percentage in the Vault	
Percentage of slot machines coin operated	
Percentage of slot machines ticket operated	
How many shuttle busses, courtesy limo/ vans do you operate	
Radius of operation for these vehicles	
Average number of trips taken per day	
Percentage of liquor sales is "comped"	

Is an alarm system installed for all safes and vaults	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do cashiers have hold up alarms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are clothes without pockets required in the counting room	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a separate employee lounge for all employee personal effects	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any personal items allowed in cage, count rooms, pit area, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any areas not covered by surveillance cameras	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have waivers for damage to vehicles left with valet	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Comments



Casino/Gaming Operations Business Interruption Worksheet

Named Insured	
Location	

	Actual Values for Year Ended	Estimated Values for Year Ended
A. Total gross win from gaming operations		
B. Revenue from hotel operations (include food and beverage)		
C. Other income (investment, rent, special events)		
D. Total income (A+B+C)		
E. Deduct cost of non-continuing expenses		
1. Good or supplies consumed		
a) In casino operations		
b) In hotel operations		
c) All other		
2. State gaming tax		
3. Services purchased from outsiders (not employees of the insured) which do not continue under contract		
a) In casino operations		
b) In hotel operations		
c) All other		
4. Bad debt		
a) In casino operations		
b) In hotel operations		
c) All other		
5. Payroll expenses for group II employees (ordinary payroll) including insurance premiums and all taxes on said payroll		
a) In casino operations		
b) In hotel operations		
c) All other		
6. Cost of heat, light and power in excess of minimum contract expense		
a) In casino operations		
b) In hotel operations		
c) All other		
7. Miscellaneous Expenses (attach itemized list)		
a) In casino operations		
b) In hotel operations		
c) All other		
Total deductions (add lines 1-7)		
F. Payroll Expenses		
a) Ordinary payroll included	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of days to be included	<input type="text"/>	
G. Annual business income value		



Other Than Casino/Gaming Operations Business Interruption Worksheet	
Named Insured	
Mailing Address	
Main Street Address	
City, State, Zip Code	

	Actual Values for Year Ended	Estimated Values for Year Ended
Revenues		
Total annual net sales		
Cash discounts received		
Commission or rents		
Other		
Total revenue		
Non-continuing expenses		
Raw stock or cost of goods sold		
Materials and supplies		
Merchandise sold		
Services purchased from outsiders		
All other		
Total non-continuing Expenses		
Payroll expenses		
Ordinary payroll included	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of days to be included	<input type="text"/>	
Annual business income value		



Hotel and Event Center Operations Supplement					
Named Insured					
Pool	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	Fenced <input style="width: 50px;" type="text"/>
Pool roped to show depth drop-offs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does pool comply with safety standards of the state	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is chlorine stored in a locked facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are employees specifically trained in the use of chlorine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifeguards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pool Depth		
Diving board	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Height of diving board		
Water slide	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Height of slide		
Water park	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Whirlpool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sauna	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spa	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How Many	
Hotel Rooms	<input style="width: 50px;" type="text"/>
Rooms Sprinklered	<input style="width: 50px;" type="text"/>
Stories	<input style="width: 50px;" type="text"/>
Fire Alarms	<input style="width: 50px;" type="text"/>
Smoke Alarms	<input style="width: 50px;" type="text"/>
Restaurants	<input style="width: 50px;" type="text"/>
Bars/Lounges	<input style="width: 50px;" type="text"/>
Night Club/Dance Floors	<input style="width: 50px;" type="text"/>

Are plans for evacuation routes clearly posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the facility provide daycare (<i>If yes, complete daycare supplement</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What options are available for lodging guests to store their valuables	<input type="checkbox"/> Hotel Safe	<input type="checkbox"/> In Room Safe
Are guests advised of their safekeeping options	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a sign posted on the inside door or other prominent location in each room explaining the liability of an Innkeeper	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What limit of liability is stated in the Innkeepers sign in each room		
Minimum driving age for your valet drivers		
Are your spa professionals licensed by the state <input style="width: 50px;" type="text"/>	# of spa professionals	<input style="width: 50px;" type="text"/>

Number of Meeting Rooms	<input style="width: 50px;" type="text"/>	Total Square Feet	<input style="width: 100px;" type="text"/>
Capacity of largest single room for meetings	<input style="width: 50px;" type="text"/>	Capacity of largest single room for Banquets	<input style="width: 100px;" type="text"/>

Number and type of cooking vessels (ovens, stoves, grills, griddles)			Is the system professionally serviced by outside contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Is the hood and duct system cleaned by an outside contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Deep Fat Fryers			How often is the system serviced		
Is the kitchen equipped with an automatic UL300 compliant wet suppression system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How often are the hoods, duct systems and grease filters cleaned		
Is the system equipped with an automatic fuel shut off	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the kitchen equipped with an adequate number of Type K fire extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the system equipped with remote manual shut off controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many K fire extinguishers do you have		
Does the system cover all cooking and ventilation equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are the kitchen staff properly trained in the use of fire extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Special Events Supplement					
Named Insured					
Type of Event	Date	Admission Fee Per Person	Estimated Gross Revenue	Estimated Attendance	Estimated Liquor Sales

Who is promoting the event			
Is the type of event professional or amateur		<input type="checkbox"/> Professional	<input type="checkbox"/> Amateur
Is this event being operated by a third party vendor		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will third party vendor name the insured as an additional insured & provide a certificate of insurance		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will a waiver of subrogation be provided		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the agreement provide a hold harmless clause in favor of the insured		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any events held outdoors		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bleacher seating for any events		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquor at any events	<input type="text"/>	Revenue	<input type="text"/>
Any outside vendors on-site	<input type="text"/>	Revenue	<input type="text"/>
Medical/Security personnel provided (<i>If yes, please advise how many of each professionals</i>)			
Paramedics	<input type="text"/>	EMT	<input type="text"/>
Nurses	<input type="text"/>	Security	<input type="text"/>
Describe measures taken for crowd control and emergency services			
<p>The following events are excluded from the policy: Boxing, Caged Boxing, Ultimate Fighting, Wrestling Events, Horse Racing, Fireworks, Mixed Martial Arts, Heavy Metal Concerts, Concerts with Mosh pits*. *Coverage for these events can be provided, but will require additional information.</p>			



Fireworks Display Supplement			
Named Insured			
Is a licensed pyrotechnician igniting the fireworks		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hold harmless agreement in favor of the insured (<i>if yes, provide certificate of insurance from pyrotechnician and copy of contract</i>)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If a licensed pyrotechnician is not igniting the fireworks, please advise who will ignite			
Please specify the distance between fireworks staging area and audience			
Please specify the distance between fireworks staging area and nearest structure			
Describe where fireworks are to be displayed: River, park, open field, etc.			
Are firefighters present		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If firefighters present, are they required to stay at least 30 minutes after the display		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If firefighters are not present, please provide the distance to the nearest fire station			
Following the event, is the site carefully checked for debris including dud fireworks		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are first aid facilities provided at the event (<i>if yes, please describe below and include who will be in charge: doctors, nurses, etc.</i>)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are fireworks sold to the public		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If fireworks sold to public, what is the revenue from these sales			



Pesticide and Herbicide Supplement

Named Insured	
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What is the maximum amount of pesticide/herbicide in storage at any one time in each of the following containers	Are "Restricted Use" pesticides used (If yes, please advise how often) <input type="checkbox"/> Yes <input type="checkbox"/> No	
55 Gallon Drums		
Gallon Tanks		
Pound Bags		
Are mixing operations primarily	Do employees and /or supervisors possess EPA licenses (Applicator certification and license only required for use of "Restricted Use" chemicals) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Automated <input type="checkbox"/> Manual	If EPA licensed, please provide a copy	Expiration date of license
What is the ratio of crew level unlicensed applicators to licensed commercial applicators on staff (Ratio<10:1 is desired)	Describe personal protective equipment used (Mixers should use gloves, face shields, aprons and boots)	
	Are written procedures available for this function <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the insured maintain the following records for at least 2 years:	
	Location of pesticide application	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date, time and weather conditions at the time of application	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Trade name, EPA registration number and amount of pesticide applied	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Type, amount, location and method of pesticide disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are the following safety precautions followed for all applications:	
	Members /guests are notified verbally	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Post application / flagging and / or placarding of pesticide/herbicide	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe all other safety precautions followed



Contractors Supplement			
Named Insured			
Years of Experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you performing work for the tribe or tribal members on tribal land only <i>(If no, please describe below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a formal safety program in operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What minimum limits do you require of your subcontractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do work with government/military contracts <i>(If yes, are you waiving sovereign immunity, please attach a copy of the contract)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional insured endorsement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Waiver of Subrogation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a hold harmless agreement in favor of the tribe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have knowledge of any occurrence which might give rise to a claim <i>(If yes, please describe below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<i>Please complete the following if your employees are performing any of the following work:</i>		
Class	Payroll	Describe
Alarm systems		
Blasting		
Phone or Cable installation		
Carpentry – residential		
Carpentry – interior		
Carpentry – other		
Concrete		
Drywall/wallboard		
Excavation		
Electrical work – inside		
Electrical work – other		
Fire suppression system		
Heating/Air Conditioning		
Landscaping		
Masonry		
Painting		
Plumbing		
Underground installation of water or septic		

Roofing	
Percentage commercial work	
Any work above 2 stories	
Percentage of residential work	
Any hot tar used	
Where is the tar heated	
Size of kettles for tar	
Any other type of construction or project management that is not listed above, please describe	



Streets and Road Supplement					
Named Insured					
Do you maintain streets and roads	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are they maintained by BIA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they contracted to a contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are certificates of insurance obtained from contractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Subcontractor Cost			Payroll		
Miles Paved			Miles Unpaved		
Use of stop signs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you do any blasting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yield	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Curve	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speed advisory plates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ball bank indicator used	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T-intersection marked	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Advanced warnings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign crew	<input type="checkbox"/> Yes	<input type="checkbox"/> No	County line agreements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are accidents on county roads investigated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a road and sign inspection program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of active railroads			Number of grade level crossings		
Crossing protection <i>(if yes, please explain below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DOT sight distance formula run on these	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe rules and procedures regarding site control at construction and repair sites					

Bridges Supplement		
Named Insured		
Do you own and/or maintain and bridges	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total payroll for bridge construction operations		
Are warnings and barriers posted and maintained	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all bridges posted for size and weight limits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you construct any of your own bridges <i>(if yes, please describe below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any bridges not passed inspection or are any closed or condemned? <i>(if yes, list bridges and provide reasons for current condition)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		



Utilities Supplement				
Named Insured				
Type of Utility	Exposure Present		Annual Payroll	Annual Revenue
Electricity	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Natural Gas/ LPG	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Sewer	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Identify exposures above that have separate GL insurance (please include limits, carrier, deductible):				

Sources of Supply		
Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electricity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Natural Gas/LPG	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dams	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Electrical Power	
Do you own or operate any electrical generation facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of electrical power used on tribal land generated by tribal facilities	

Gas Systems			
Miles of gas pipeline			
Average Leakage last year		Two Years Ago	
Describe system to detect and repair leaks			

Sewer Department Supplement			
Named Insured			
Number of miles of sewer lines			
Do you maintain a sewage disposal plant			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what methods used for sewage disposal			
	Percentage of work	Payroll	Cost
Laying sewers, removal of sewage undertaken directly by you			
Laying sewers, removal of sewage performed by independent contractors			



Water Department Supplement					
Named Insured					
Annual Gallons		Annual Payroll		How often is water tested	
Age of System		Last Year of Upgrade		Who tests the water	
What is the source of water supply					
Do you install your own water pipes (If, yes describe extent of operations below)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do independent contractors install your water pipes (If, yes describe extent of operations below)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Subcontractor Cost					
Composition of pipe					

List Water Supply Tanks			
Location	Construction	Capacity	Age



Dams and Reservoirs Supplement				
<i>(If more than one dam or reservoir, please complete supplement for each)</i>				
Named Insured				
Name of structure				
National hazard code		Under direction of		
Year built		Weight		
Height		Acre Feet		
Storage Gallons				
Purpose	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Water Supply	<input type="checkbox"/> Industrial	<input type="checkbox"/> Power
Construction	<input type="checkbox"/> Earthen	<input type="checkbox"/> Steel Sheered	<input type="checkbox"/> Timber	<input type="checkbox"/> Other
Downstream exposures				
<input type="checkbox"/> Bridge	<input type="checkbox"/> Housing	<input type="checkbox"/> Railroad	<input type="checkbox"/> Crops	<input type="checkbox"/> Industrial
<input type="checkbox"/> Recreation	<input type="checkbox"/> Highway	<input type="checkbox"/> Lower dams	<input type="checkbox"/> School	<input type="checkbox"/> Hospital
<input type="checkbox"/> Pump stations	<input type="checkbox"/> Utilities	<input type="checkbox"/> Other <i>(please Explain)</i>		
Is there an emergency notification plan	<input type="text"/>	Who inspects the dam		
How often inspected		Date of last inspection		
Recommendations and status				



Natural Resources Supplement		
Named Insured		
Describe operations		
Exposure	Revenue	Payroll
Oil and Gas Exploration/Development		
Non-operating Oil and Gas lease exposure		
Mining		
Sand and Gravel pit or quarry		
Logging		
Other (Please describe)		
Identify operations above that have separate GL insurance (Please include limits, carrier, deductible)		
Is the tribe named as additional insured	<input style="width: 100%;" type="text"/>	
Are any of the operations above abandoned	<input style="width: 100%;" type="text"/>	
Any sites subject to EPA recommendations or supervision (Please describe)		
Remarks or additional information		



Recreational Facilities and Programs Supplement					
Named Insured					
How many parks do you own		How long have you owned this park		Number of Acres	
Do you own or operate any swimming pools	<input type="text"/>	How many pools do you own/operate		Annual Revenues	
Does park have security patrol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Armed	<input type="checkbox"/> Unarmed	
Are the area surrounding pools fenced			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are certified lifeguards on duty at all times pool is open			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are employees specifically trained in the use of chlorine			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is chlorine stored in a locked facility			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the park fenced or gated			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a formal maintenance program for the grounds and landscaping			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the electrical installation & maintenance done by a licensed electrician			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the park/resort service or repair engines (RV, Marine, Auto)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Describe athletic events and recreational programs you sponsor					



Shooting Range Supplemental Application

Named Insured	
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Number of rifles		Number of muzzle loaders	
Number of shotguns		Number of handguns	
Estimated gross revenues		Gunsmith services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent gunsmith used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does gunsmith have liability insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you carry black powder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of black powder inventory	
Do you have written rules prominently displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide rental or loaner firearms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is membership required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Required to signed liability waivers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a public address system that shooters can hear	<input type="checkbox"/> Yes <input type="checkbox"/> No	First aid kits located on each range	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are ear and eye protection mandatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an outdoor range	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number lanes/ Station		Maximum distance shot	
Are shooter-owned firearms inspected at check in		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain who inspects shooter-owned firearms

Are all firearms purchased from U.S. manufacturers or distributors If no, please explain below in remarks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is storage of black powder in compliance with applicable federal, state and local regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the range in compliance with any recognized standards (i.e. NRA, NFAA, IBO, NSSF, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an age restriction. If so, please describe below in remarks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is questionnaire used to obtain shooter's name, age, health and experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide lessons (If so, please explain qualifications of instructors below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there written safety policies, procedures or rules for staff / employees and or shooters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any tournaments or "spectator special events" be held (If so, please describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of employees with medical first-aid certification		

Remarks and additional information



Housing Authority Supplement

Named Insured _____

Please Describe		
Number of single family housing units		
Multi family units (describe number of units/building)		
Percentage of Units Owned		
Percentage of Units Rented		
Do housing units have smoke detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do housing units have CO2 detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Building tested for lead	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the insured have certificate for lead abatement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is annual Retesting done	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please Describe		
Day Care Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming Pool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rules Posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming Pool fenced	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there diving boards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Height of Diving Board		
Depth of Swimming Pool		
Are There Pool Depth Markers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are There Lifeguards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hours of Operation		

Schedule of maintenance plan (Please describe)



Commercial Enterprises Supplement

Named Insured

Describe operations including products manufactured or sold, comments or any foreign suppliers(include copies of contracts and agreements)

Type of Operations	Exposure		Revenue	Payroll	Additional Information <i>(Describe specific products or operations)</i>
Food processing	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Manufacturing	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Retail Sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Wholesale Sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Auto Repair or Sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Computer / Software Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Other Products - Describe					
Other Services - Describe					

Describe any commercial operations or products that have been discontinued in the past 10 years

Describe any claims or notices of incidents involving any discontinued products or operations

Describe any expansion plans that are going to be implemented for these commercial enterprises



Liquefied Petroleum Gas Supplement	
Named Insured	

Provide a breakdown of annual gallons of LP sold	Do you have emergency procedures for reported leaks or emergencies and are employees trained in them (attach a copy of procedures)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residential Delivery	Are employees on 24 hour call for customers complaints of "gas smell" or fire emergency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brokerage gallons (no possession taken)	Do you handle only odorized LP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cylinder fill/exchange	Do you participate in the propane gas association's "Gas check program"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All other gallons physically delivered	Are all installations completed according to current NFPA requirements with pressure test and leak test information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List any other gasses sold such as anhydrous ammonia or butane (and the amount in gallons)	Do you comply with regulations that restrict the indoor storage of LP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are all employees trained through the Propane Gas Association's CETP program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas Amount	Is there a program to inform customers that gas regulators should be routinely replaced per the manufacturer's recommendations (usually every 15 years) and the communication documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Is there a policy to NOT fill systems with out of date regulators	<input type="checkbox"/> Yes
	Do you provide needed personal protective equipment for employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you fill any dual use tanks (If yes, please provide procedure details in remarks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is this entity a member of the national, regional or state propane gas association	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Please specify which association this entity participates as a member, if any		
	Is there any additional professional training done (If yes, please explain in remarks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are DOT inspections stickers clean and readable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is an 18 lb. B; C rated dry chemical fire extinguisher on each truck	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is there at least one emergency shut off on the vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tank Sizes	Have all drivers received hazardous material training within the past 3 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are LP cylinders secured in their proper orientation when transported (relief valves in connection to the vapor space)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks/Additional Information	Are LP cylinder valves protected from damage with protective caps or rings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do employees check connections with a leak detection fluid, after replacing LP cylinders exchanged on site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is there a written formal "Out of Gas Procedure" with use of an "Out of Gas Tag"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are leak tests and/or pressure tests performed and documented on all new installations, repairs and existing accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Number of bulk plants		
	Are there emergency shut offs on all liquid and vapor loading and unloading lines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are there bulkheads on all loading and unloading risers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are all locations secured with locked fencing or locked valves when not attended	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are all locations equipped with pumping or compressing equipment independent of the trucks	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Zip Line Supplement		
Named Insured		
Please provide description of zip line area (Include type and highest point)		
Is the area locked and are entrance gates locked when not in use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the facility have rules of expected conduct and safety regulations posted at visible locations throughout (If yes, please provide a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a waiver and release form for participants to complete (If yes, provide a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often are inspections made on the equipment and course	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the insured use a professional inspection company	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the insured uses a professional inspection company, please advise who		
Does the insured require/provide rider safety gear (helmets, etc) (If yes, please describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people can participate at one time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How are participants transported to and from zip line (Please describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How are riders monitored or observed (Please describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there EMT, paramedic or medical first aid responders on site (If yes, please describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe training of guides/employees that operate equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional information		



Automobile Supplement					
Named Insured					
Percentage of fleet funded through 638 contracts		Auto Liability Limit (CSL)		<input type="text"/>	<input type="checkbox"/> PIP
<input type="checkbox"/> Med Pay Limit	<input type="text"/>	<input type="checkbox"/> UM/UIM Limit	<input type="text"/>	<input type="checkbox"/> Comprehensive & Collision	
<input type="checkbox"/> Hired Auto Liability		<input type="checkbox"/> Non-Owned Auto Liability		<input type="checkbox"/> Hired Physical Damage	

Controls		
Do you permit personal use of insured autos	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any employees use personal automobiles for tribal business	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a written policy regarding use of Tribe's vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your motor vehicle policy as stringent/more stringent as the 5/3/06 BIA's policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are motor vehicle records pulled and reviewed annually for all drivers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are drivers that do not meet eligibility assigned to non-driving duties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a documented vehicle maintenance program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a documented driver training program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an accident investigation program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your fleet transport explosives, ammuniton, chemicals or flammable materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your fleet participate in any long haul or trucking operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your fleet offer transportation services <i>(please describe below number of units, passenger capacity, capacity radius, number of trips, and if there is a fee charged)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	Year	Make	Model	VIN	Department	APD Deductible	AL Deductible
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

please provide a separate spreadsheet if the fleet schedule is more than the allotted space above



Crime Application

Named Insured			
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Entities Applying for Coverage	<input type="checkbox"/> Tribe	<input type="checkbox"/> Gaming	<input type="checkbox"/> Both
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	Insuring Agreement		Limit	Deductible
Employee Theft	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Faithful Performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employee Theft Limit	N/A
ERISA (<i>see below</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employee Theft Limit	N/A
Forgery or Alteration	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Inside the Premises: Theft of Money and Securities	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Inside the Premises: Robbery or Safe Burglary of Other Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Outside the Premises: Theft of Money and Securities	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Outside the Premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Computer Fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Funds Transfer Fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Money Orders and Counterfeit Money	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Guest Property – Safety Deposit Boxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Guest Property – Inside the Premises/per guest	<input type="checkbox"/> Yes	<input type="checkbox"/> No		N/A
Guest Property – Inside Premises/per occurrence	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ERISA: Advise 401K or employee pension plan assets Name of Employee Benefit Plan or 401K Plan				

Are you in the Payday Loan Business (<i>If yes, please complete the below</i>)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are two employees always present at the location when open	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the person who approves the loan separate from the disbursement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the person that makes collection separate from the disbursement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the delinquency report reviewed by a different location	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



Crime Controls Supplement			
Named Insured			
Are bank accounts reconciled by someone not authorized to deposit, withdraw, or write checks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is a countersignature for checks required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are all persons who are authorized to hire/fire employees prohibited from distributing the payroll	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is an authorized vendor list utilized and updated for all purchases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there an audit conducted by a state and/or federal agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How often is the State/ Federal audit conducted			
Is there a gaming commission that regulates this operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Position statement by management denouncing theft of any nature and declaring the intent to pursue thefts criminally and civilly to the fullest extent of the law	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Policy governing the issuance, control and collection of keys and security alarm codes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Reporting mechanism in place for suspicious incidents published in employee handbook and reviewed as part of new employee orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Written safeguards against abuses of officers, officiators, directors and other insiders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Program for rotation of "critical" employee's schedules and work assignments applied at unpredictable intervals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are computer systems protected to prevent unauthorized access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
System in place to monitor user logons and logoffs, as well as tasks performed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Which of the following are included in the pre-employment screening			
<input type="checkbox"/> Background Check	<input type="checkbox"/> Drug Test	<input type="checkbox"/> Credit	<input type="checkbox"/> Criminal
How often are deposits made		Average deposit size	
Is an armored car utilized to move money to the bank? (If not, how are deposits made)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



Crime Controls Supplement			
Named Insured			
Crime Classification of Employees			
Total Number of employees			
List number employees (including officers) who handle or have custody of money, securities or property:			
Accountants and Assistant Accountants		Maître D's and Assistant Maître D's	
Adjusters		Managers and Assistant Managers	
Administrators and Assistants		Medical Directors	
Appraisers and Clerks Acting as Appraisers		Messengers, Outside	
Attorneys		Payroll Distributors	
Auditors and Assistant Auditors		Purchasing Agents & Assistant	
Bookkeepers		Receiving Clerks	
Buyers and Assistant Buyers		Refinery gauges or Oil Companies	
Cashiers and Assistant Cashiers		Handling Refined Gasoline and Oils	
Chairpersons		Salespeople	
Chefs Who Order Food		Security Personnel	
Collectors		Service Station Attendants	
Computer Programmers		Shipping Clerks	
Comptrollers and Assistant		Stock Clerks	
Credit Clerks and Managers		Storekeepers	
Custodians		Storeroom Personnel	
Delivery Persons		Superintendents and Assistant	
Demonstrators		Supervisors and Assistant Supervisors	
Dietitians Who Order Food		Taxi Drivers	
Drivers and Helpers		Timekeepers and Assistant Timekeepers	
Floor Walkers		Truck Drivers	
Food Inspectors		Warehouse Personnel	
Head Pharmacists		Wine Cellar Personnel	
Instructors Having Custody of Money or Securities		Wine Stewards/esses	
Janitors		All Others Not Listed Above <i>(please explain below)</i>	
Ledger Keepers			



Animal Mortality Supplement	
Name of Insured	

Type of Animal									
Aquatic Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Species		Limit		Deductible		
Are ponds or holding areas temperature and environmentally controlled								<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe monitoring equipment and procedures to assure quality control and living environment for species									

Livestock	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Species		Limit		Deductible		
Please advise average number in herd									
Please advise herd management including frequency of veterinary checks, pasture management, husbandry, average age of herd, use of herd products, etc.									

Equine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Breed		Limit		Deductible		
Please advise herd management, veterinary checks, stabling, age or average age of horses, pasture management, wild or domestic, etc.									

Specialty Animal (Canine)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Breed		Limit		Deductible	
Are proposed animals in good health, please provide a veterinary certificate of health							<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are dogs kept in secure cages at all times when in transit							<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please give a brief summary of what their work entails								
Please describe any training that the animal has completed								
Specialty Animals (Canine) to be Insured								
Name of animal								
Tag/Microchip #			Date of Birth					
Sex			Purchase Price					



Fiduciary Liability Application

Named Insured	
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Does your employee benefits plan conform to ERISA compliance standards (if yes, please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have there been any changes or additions to the plan's eligibility or any newly created plans (if yes, please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name of the professional investment manager to oversee plans	
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Does the professional investment manager named above have an ERISA bond	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have an ERISA bond in force or an equivalent crime policy that provides coverage for ERISA plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does ERISA bond / equivalent crime policy, meet ERISA compliance standards, if yes, please provide carrier name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Carrier Name		ERISA / Crime Limit		Deductible / Retention	
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Is there a pension plan in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What is the percent funded	
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Current Fiduciary Liability Coverage

Carrier		Retention		Total Revenues		Number of Employees	
Limit		Retro Date		Total assets of all plans		Number of Participants	

Do you have any knowledge or information of any act, error or omission which might lead to a claim? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Cyber Application				
Named Insured		Limit	<input style="width: 80%;" type="text"/>	Retroactive date
Main Address	Mailing Address			
City	State	<input style="width: 80%;" type="text"/>	Zip Code	
Effective Date	Expiration Date		FEIN	
# of Employees	Date Established	Website's URL		
Authorized Officer	Telephone	E-Mail		
Breach Response Contact	Telephone	E-Mail		

Applicant Business Activities
(Please provide description of business below)

Does the Applicant provide data processing, data storage, or data hosting services to third parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Applicant distribute any products on a wholesale basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
% Revenue	<input style="width: 80%;" type="text"/>	

Revenue Information			
	Most Recent 12 Months:	Previous Year	Next Year (Estimate)
US Revenue	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Non-US Revenue	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Total	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Are significant changes in the nature or size of the Applicant's business anticipated over the next twelve (12) months	<input style="width: 80%;" type="text"/>		
Have there been any such changes within the past twelve (12) months	<input style="width: 80%;" type="text"/>		
Within past 12 months, has applicant completed, agreed to, or contemplated a merger, acquisition, consolidation, whether or not such transactions were or will be completed	<input style="width: 80%;" type="text"/>		

Information Security & Privacy Controls Continued		
Please state the Applicant's approximate percentage of revenues from credit card transactions within the past twelve (12) months:		
Is the Applicant compliant with applicable data security standards issued by financial institutions with which the Applicant transacts business (e.g. PCI standards)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Applicant have and enforce policies concerning the encryption of internal and external communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are users able to store data to the hard drive of portable computers or portable media devices such as USB drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Applicant encrypt data stored on laptop computers and portable media	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe any additional controls the Applicant has implemented to protect data stored on portable devices		
<input style="width: 100%; height: 20px;" type="text"/>		
What format does the Applicant utilize for backing up and storage of computer system data	<input type="checkbox"/> Tape or other media	
<input type="checkbox"/> Online backup service	<input type="checkbox"/> Other/ please specify	
Are tapes or other portable media containing backup materials encrypted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are tapes or other portable media stored offsite using secured transportation and secured storage facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If stored offsite, are transportation logs maintained	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If stored onsite, please describe physical security controls		
<input style="width: 100%; height: 20px;" type="text"/>		

Information Security & Privacy Controls		
Does the Applicant have and require employees to follow written computer and information systems policies and procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant use Commercially available Firewall protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant use Commercially available Anti-Virus protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Applicant terminate all computer access and user accounts as part of the regular exit process when an employee leaves the company or when a third party contractor no longer provides the contracted services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Applicant accept credit cards for goods sold or services rendered	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please describe any additional controls the Applicant has implemented to protect data stored on portable devices		
<input style="width: 100%; height: 20px;" type="text"/>		



Website Content Controls			
Please check all descriptions of website content posted by the applicant			
<input type="checkbox"/> No Website	<input type="checkbox"/> Information created by the applicant	<input type="checkbox"/> Content under license from a third party	<input type="checkbox"/> Streaming video or music content
<input type="checkbox"/> Unlicensed third party content (e.g. – Blog/Message Boards/ Customer Reviews)		<input type="checkbox"/> Other (please describe)	
Does the Applicant have a procedure for responding to allegations that content created, displayed or published by the Applicant is libellous, infringing, or in violation of a third party's privacy rights			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant have a process to review all content prior to posting on the Insured's internet site(s) to avoid the posting of improper or infringing content			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant screened all trademarks and service marks used by the Applicant for infringement of existing marks prior to first use			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant acquired any trademarks or service marks from others within the past three (3) years			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, were acquired trademarks and service marks screened for infringement			<input type="checkbox"/> Yes <input type="checkbox"/> No

Prior Claims and Circumstances		
Does the Applicant or other proposed insured, or any director, officer or employee of the Applicant or other proposed insured have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim or loss or obligation to provide breach notification under the proposed insurance		<input type="checkbox"/> Yes <input type="checkbox"/> No
During the past 5 years has the applicant:		
Received any claims or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information, or defamation or content infringement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Notified consumers or any other third party of a data breach incident involving the Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Experienced an actual or attempted extortion demand with respect to its computer systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If answered yes to any of the above, please provide details of any such action, notification, investigation or subpoena below:		



Builder's Risk		
Named Insured		Insured is <input style="width: 80%;" type="text"/>

Project		
Location Address		
City	State	Zip Code
	<input style="width: 80%;" type="text"/>	
Project Type	Total Area	
Public Protection Class	# of Stories	
City Limits	<input style="width: 80%;" type="text"/>	# of Buildings
Estimated Start Date of Project		
Estimated Completion Date of Project		
Estimated Term of Construction in Months		
Is Project Currently Under Construction		<input style="width: 80%;" type="text"/>
If Project Under Construction, Original Start Date		
% Completed		Values Completed
Intended Occupancy		
Approximate Distance Between Buildings		
Distance to Nearest Working Fire Hydrant		
Distance to Nearest Responding Fire Department		
Distance From Coastal Waters in Miles		
Occupancy of Nearest Exposed Structure		
Distance to Nearest Exposed Structure		
Construction type of Nearest Exposed Structure		
Are Buildings Transferred to Permanent Coverage Once Completed		
if yes to above – please indicate maximum # of bldgs. under construction at any one time and the corresponding values:		

Construction Type (please select one option)	
<input type="checkbox"/> Frame	WALLS ARE CONSTRUCTED OF WOOD OR OTHER COMBUSTIBLE MATERIALS, INCLUDING WHEN COMBINED WITH OTHER MATERIAL SUCH AS BRICK VENEER, STONE VENEER, WOOD IRONCLAD OR STUCCO ON WOOD
<input type="checkbox"/> Joisted Masonry	WALLS ARE CONSTRUCTED OF MASONRY MATERIALS SUCH AS CLAY, ADOBE, BRICK, GYPSUM BLOCK, CINDER BLOCK, HOLLOW CONCRETE BLOCK, STONE, TILE, GLASS BLOCK OR OTHER SIMILAR MATERIAL AND WHERE THE FLOORS AND/OR ROOF ARE COMBUSTIBLE
<input type="checkbox"/> Noncombustible	WALLS / FLOORS / ROOF ARE CONSTRUCTED OF AND SUPPORTED BY METAL, ASBESTOS, GYPSUM OR OTHER NON-COMBUSTIBLE MATERIAL
<input type="checkbox"/> Masonry Non-combustible	WALLS ARE CONSTRUCTED OF MASONRY MATERIALS OF THE TYPE DESCRIBED IN JOISTED MASONRY ABOVE BUT WITH A FLOOR AND ROOF CONSTRUCTED OF METAL OR OTHER NON-COMBUSTIBLE MATERIAL
<input type="checkbox"/> Fire Resistive	WALLS / FLOORS / ROOF ARE CONSTRUCTED OF FIRE RESISTIVE MATERIALS HAVING A RESISTANCE RATING OF NOT LESS THAN TWO (2) HOURS
<small>REFERENCE TO WALLS MEANS THE STRUCTURAL FRAME AND SUPPORT WALLS. REFERENCE TO FLOORS MEANS THE FLOORS AND SUPPORTS. REFERENCE TO ROOF MEANS THE ROOF DECK AND SUPPORTS</small>	

Contractor		
Contractor Name		
Number of Years in Business		
Mailing Address		
City	State	Zip Code
	<input style="width: 80%;" type="text"/>	
5 Year Loss History		
Current Year		
1st Prior Year		
2nd Prior Year		
3rd Prior Year		
4th Prior Year		

Limits of Liability	
Total Completed Value of Project	
Temporary Storage	
Loss Limit (If Applicable)	
Transit	

Optional Coverages (Must be Checked)						
<input type="checkbox"/> Windstorm	Is Project Location Eligible for Coverage in a Wind Pool	<input type="checkbox"/> Y	<input type="checkbox"/> N			
If Yes- Maximum Limit Available in Wind Pool						
<input type="checkbox"/> Earth Movement	ISO EQ Zone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> Flood	FEMA FL. ZONE	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> X	<input type="checkbox"/> V
<input type="checkbox"/> Soft Costs		Loss of Rent				
(Must Attach Complete Breakdown)				Loss of Earnings		
Deductible: All other perils (Cat. peril deductibles determined by company)						
<input type="checkbox"/> \$500 Residential Only		<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000		
<input type="checkbox"/> Other deductible:						

Site Security / Loss Control			
Watchman service on site during all non-working hours			<input type="checkbox"/> Y <input type="checkbox"/> N
Hours the watchman is on site			
Site Fence	<input type="checkbox"/> Y <input type="checkbox"/> N	Site Lighted	<input type="checkbox"/> Y <input type="checkbox"/> N
Debris removed from site at regular intervals			<input type="checkbox"/> Y <input type="checkbox"/> N
if yes to debris removal, what is the frequency			
Public water supply in service at site			<input type="checkbox"/> Y <input type="checkbox"/> N
Brush Area	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, clearance from site	
<small>Miscellaneous- Additional information (windspeed design, special construction, mortgage holder, loss payee, etc.)</small>			



Unmanned Aircraft System (UAS)/ Drone Supplement					
Named Insured					
Effective Date	Expiring Carrier			Expiring Limits	
Will your organization be operating owned or leased drones	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	Are you leasing any owned drones out to others		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you named as Additional Insured on the lessee's policy and included indemnification language in the lease/rental agreement					<input type="checkbox"/> Yes <input type="checkbox"/> No
Value and description or specifications of UAS/Drone (If more room is required, please use back of sheet or attach extra sheet of paper):					
Type	Dimension	Weight	Size	Value	Approx. Annual Flight Hours
If applicable, please list other equipage capacities of all UAS/Drones (external load, deposit object capabilities, etc.) and in what manner these capabilities will be utilized:					
How is the UAS/Drone maintained and stored					
Purpose of Use (Please check all that apply)					
<input type="checkbox"/> Aerial Photography	<input type="checkbox"/> Education Training	<input type="checkbox"/> Fire & Rescue	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Search & Rescue	
<input type="checkbox"/> Security	<input type="checkbox"/> Special Events	<input type="checkbox"/> Traffic Patrol & Accident Assistance	<input type="checkbox"/> Other		
Area of operation (Please check all that apply)					
<input type="checkbox"/> Industrial	<input type="checkbox"/> Rural	<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Other	
Please indicate the nature of your UAS/Drone Operations			<input type="checkbox"/> Public	<input type="checkbox"/> Civil	<input type="checkbox"/> Both
When and where will the UAS/Drone be operated (e.g. public or private properties, description of location or event, time of day, etc.)					
Do your procedures comply with current FAA operational limitation requirements, and is the UAS/Drone registered with the FAA					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently operate under any Certificates of Authority, Section 333 exemptions, or Part 107 waivers (If so, please attach copies)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have designated staff that is responsible for ensuring compliance with all UAS/Drone usage laws and regulations					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do procedures specify a flight ceiling of 400 feet or, if above 400 feet, UAS/Drone to stay within 400 feet from a structure					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a policy in place to prohibit any use indoors or under covered structures, operation from inside a stationary vehicle, and use over any persons not directly participating in the operation					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a designated Remote Pilot in Command (RPIC) established at the beginning of every operation					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are measures in place to ensure that a RPIC is never supervising the use of more than one UAS/Drone at a time					<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be utilizing a Visual Observer during any of your planned operations					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the RPIC conduct a preflight inspection, including specific aircraft and control systems checks, before the beginning of every operation					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all RPICs been certified, as per FAA requirements, and submitted to a TSA Background Check (If so, please attach proof of certification)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all RPICs complete training for safe operation (e.g. FAA online resources, simulator software provided with UAS/Drone, etc.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have procedures in place (such as Data Minimization Policy) to not retain any data collected by UAS/Drone that is unrelated to crimes, irrelevant to your services provided, or inadvertently collected, and do all staff/RPICs comply with it					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the destruction of all data completed once it becomes irrelevant any crime					<input type="checkbox"/> Yes <input type="checkbox"/> No



Fraud Statements				
Agency	Named Insured		Effective Date	
Policy Number	NAIC Code	Carrier		

Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC: "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in KY, NY, PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties *(not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in NY (Auto): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Applicable in PA (Auto): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicant's Signature

Date