PUBLIC RISK UNDERWRITERS
OF INDIANA, LLC

PART OF THE BROWN & BROWN TEAM

PUBLIC ENTITY (TOWNSHIP) PROGRAM

ITEMS NEEDED WITH SUBMISSION:

1.) Public Entity Information, Submitting Agency, Proposed Effective Date, Bid Date and Pricing Guidelines

2.) Completed Acord Applications for each line of coverage needed

3.) Completed Supplemental Applications for each line of coverage needed

4.) Current and 3 prior year loss runs

302 South Reed Road | P.O. Box 1247 | Kokomo, IN 46903-1247 | toll free 800.382.8837 | phone 765.457.9161 | fax 765.868-3310
www.ipep.com

PUBLIC ENTITY PROSPECT PROGRAM

I. APPLICATION INFORMATION

A. Name Insured_____

B. Address_____City_____

County_____State_____Zip Code_____

Phone: _____Population (include resident students)_____

C. Contact for inspection_____email:_____

II. SUBMITTING AGENCY INFORMATION

A. Agency Name_____

B. Address_____City_____State__Zip Code_____

C. Phone _____Facsimile No _____

D. Agent/Broker_____Email:_____

III. PROPOSED EFFECTIVE DATE_____BID DATE_____

IV. COVERAGE CARRIER PREMIUM X-DATE NOTES

Genl Liab_____

E & O _____

Law_____

Auto_____

Prop_____

I M_____

B & M_____

Umbr_____

Other _____

EMC INSURANCE

Township Supplemental Application

Account Name			
Effective Date		Date Completed	

General Information

Population:	Inspection Information Contact Name: Contact Phone:

Property Section

Yes	No		
☐	☐	Any buildings with a roof over 20 years old?	
		If yes:	Which Building(s):
			Roof Type(s):
			Frequency of roof inspection(s):
			Expected replacement year:

General Liability Section

Yes	No		
☐	☐	Does the entity have buildings or premises made available to the general public for functions or gatherings such as weddings, dances, athletic events, fairs, other, etc.?	
		If yes:	Which Building(s):
☐	☐	Are there any stadiums, bleachers or grandstands that would hold more than 5,000 attendees?	
☐	☐	Will the Fire Department or EMT's be covered under this policy? # of EMT's	
☐	☐	☐ N/A	Total Number of EMT's:
☐	☐	☐ N/A	Total Area Serviced by Fire Department:
☐	☐	Independent of the Fire Department, does the entity operate a for-profit rescue unit or ambulance service?	
☐	☐	Does the entity own, manage, or operate a telecommunication company or utility?	
		☐ N/A	Telecommunications Payroll (excluding payroll): $
☐	☐	Does the entity own or maintain a dam, reservoir, levee, or sewage lagoon? **(if yes, please contact underwriting for Dam, Reservoir, Levee, Sewage Lagoon Questionnaire)**	
☐	☐	Does the entity own or maintain a closed landfill – please note, an open landfill does not qualify for EMC. **(if yes, please contact underwriting for landfill Questionnaire)**	
☐	☐	Are Certificates of Insurance, with a minimum of $500,000 Liability always required on maintenance or repair performed by subcontractors?	
☐	☐	Are paths or areas set aside specifically for ATV or motorbike operation?	
☐	☐	Independent of the Fire Department, does the entity operate a for-profit rescue unit or ambulance service?	
☐	☐	Does the entity operate a climbing wall?	
☐	☐	Does the entity own, manage or operate a golf course?	
☐	☐	Does the entity own any ice skating rinks?	
☐	☐	Does the entity own any sandpits, or beaches where swimming is permitted?	

Copy of current budget required ☐ Included

Miles of Streets / Roads the Township is responsible for servicing and/or maintaining:

☐ None / Not Applicable

Skateboard Facility Section

Is a written set of rules governing the use of the facility clearly posted at each entrance?		☐ Yes	☐ No
Do the governing rules include the following:			
	Wearing of helmets, elbow & kneepads, and wrist supports?	☐ Yes	☐ No
☐ N/A	Children under age 7 must be accompanied by an adult?	☐ Yes	☐ No
	No food or drink allowed in the skate area?	☐ Yes	☐ No
Is a written notice posted warning of the hazards and dangers associated with the use of the skateboard facility?		☐ Yes	☐ No
Is a written notice posted stating that the skateboard facility is only to be sued by persons operating skateboards?		☐ Yes	☐ No
Are the ramps and pipes no more than 6 feet high?		☐ Yes	☐ No
Was the skateboard facility professionally designed and constructed?		☐ Yes	☐ No

☐ None / Not Applicable

Swimming Pool Section

Is pool in compliance with Virginia Graeme Baker Pool and Safety Act?		☐ Yes	☐ No
Do all diving boards, platforms, starting blocks, ladders and steps have slip resistant surfaces?		☐ Yes	☐ No
Number of springboards:	Height of all diving boards:		
Depths of water beneath diving and springboards:			
Is there a designated children's section roped off?		☐ Yes	☐ No
Is first aid equipment provided and easily accessible?		☐ Yes	☐ No
Is the pool equipped with a shepherds hook and life rings?		☐ Yes	☐ No
Are eating, smoking, or drinking allowed in the pool area?		☐ Yes	☐ No
Are glass containers permitted in the pool area?		☐ Yes	☐ No
Is the pool equipped with an automatic ph/chlorine monitor/feeder?		☐ Yes	☐ No
Where are pool chemicals stored and describe how access might be gained to these chemicals.			
Is there a wave simulator?		☐ Yes	☐ No
Is there a waterslide?		☐ Yes	☐ No
	Are swimmers required to demonstrate the ability to swim across the pool prior to being permitted on the waterslide?	☐ Yes	☐ No
	Was waterslide installed in compliance with Consumer Product Safety and state regulations?	☐ Yes	☐ No
	Is waterslide supervised by lifeguards at the top and the bottom?	☐ Yes	☐ No
	Only one person permitted on the waterslide at one time?	☐ Yes	☐ No
☐ N/A	Is sliding feet-first the only type of sliding that is permitted?	☐ Yes	☐ No
	Pool area where sliders enter the water roped off and free of other swimmers?	☐ Yes	☐ No
	Explain any "No" responses:		
	What is the height of each water slide?		
	How deep is the water beneath the slide(s)?		
	What is the minimum age permitted to use the slide?		

☐ None / Not Applicable

Special Events Section

Event Name	Date(s) or Duration	Description of Activities	Est. Daily Attendance

- Please list and describe any additional events on an additional sheet; provide flyers or website if available

Will Alcohol be served at any described events? ☐ Yes ☐ No

☐ N/A

Who will be serving the alcohol?

Will servers be TIPS Trained? ☐ Yes ☐ No

Estimated annual receipts for all alcohol sales?

Will any described events feature inflatable rides or jump houses? ☐ Yes ☐ No

☐ N/A

Which Events?

Minimum Age/Size?

Are children separated by age/size? ☐ Yes ☐ No

Who will be supervising?

Does the entity rent or own the inflatables? ☐ Rent ☐ Own

- If owned, they cannot be rented or loaned to others

If rented, is the rental company responsible for setup and teardown? ☐ Yes ☐ No

Does rental company provide a certificate showing the entity an AI? ☐ Yes ☐ No

Are events co-sponsored? ☐ Yes ☐ No Which Events?

Any events sponsored independently? ☐ Yes ☐ No Which Events?

☐ N/A

Is there a written contract in place? ☐ Yes ☐ No

Does the contract require the co-sponsor to hold the insured harmless and provide additional insured status to the entity? ☐ Yes ☐ No

NOTE: Any activities including vehicular racing contests, demolition derbies, mechanical or amusement rides, or fireworks will be excluded from coverage.

☐ None / Not Applicable

Spraying Activity Section

What type of spraying activities are they performing?

Where are all excess chemicals being stored?

What training or certification is required of those performing the spraying?

What safety precautions are taken to minimize the risk of a claim?

Is Public Notification Provided? ☐ Yes ☐ No

Auto Section

Yes	No	
☐	☐	Does the entity have a Fleet Safety Program?

If yes: Which of the following are addressed by the Fleet Safety Program?

Yes	No		Yes	No	
☐	☐	Driver Selection	☐	☐	Authorized Vehicle Use
☐	☐	Distracted Driving	☐	☐	Driver Training
☐	☐	Vehicle Maintenance	☐	☐	Accident Reporting

☐	☐	Does the insured participate in a Medicaid Transportation program?

If yes: Which vehicles will be utilized for this practice?

What is he maximum distance for any one trip?

What is the average distance for any one trip?

What are the expected receipts for this operation?

Yes	No	
☐	☐	May one vehicle transport more than one individual at the same time?
☐	☐	Have all drivers been approved by the transport company and disclosed to EMC?
☐	☐	Will the entity be granted discretion to cancel a scheduled trip due to actual or forecasted severe weather?
☐	☐	Will non-medical stops be permitted (ex. stopping to get groceries)

Crime Section

Number of Employees who handle money or securities:

Yes	No				
☐	☐	Is Acord 141 completed in its entirety? (Required)			
☐	☐	Are Passwords used to access the computer system?			
			How often are passwords changed?		
		☐ N/A	Does the system lock after repeated unsuccessful sign-on attempts?	☐ Yes	☐ No
			Does the entity change passwords after an employee leaves?	☐ Yes	☐ No
☐	☐	Does software automatically lock after periods of inactivity?			
☐	☐	Is Computer Fraud being requested?			
			Do Computers have up-to-date virus checking software?	☐ Yes	☐ No
			Are firewall software programs used in your computer?	☐ Yes	☐ No
			Is a written computer policy strictly enforced?	☐ Yes	☐ No
			Are computer monitors located in a manner that limits unauthorized viewers from seeing the screens?	☐ Yes	☐ No
		☐ N/A	Do you transfer funds or other assets by computer, telephone, or other wire method?	☐ Yes	☐ No
			Is a password required to access the transfer system?	☐ Yes	☐ No
			Name(s) and Position(s) of those authorized to make transfers:		
			Is requested Computer Fraud limit over $100,000? **(f yes, please contact underwriting for Computer Fraud Questionnaire)**	☐ Yes	☐ No

Linebacker (Employment Practices and Errors & Omissions) Section

Total Expenditures for current fiscal year (other than for projects financed by bonds): $

Total Income for current fiscal year (other than borrowed funds.): $ Total Deficit/Surplus: $

Yes	No		
☐	☐		Is entity involved in any disputes regarding integration, segregation, discrimination or civil rights?
☐	☐		Has there been any riot or civil commotion in the past three years?
☐	☐		Have there been any assault and battery claims made against the entity or any of its officials or employees within the past three years?
☐	☐		Has any bond proposal been defeated by the voters within the past three years?
☐	☐	☐ N/A	Was a modified proposal resubmitted or is it expected to be resubmitted?
☐	☐		Does applicant do any data processing or computer software development for others?
☐	☐		Has the entity had any disputes, claims or complaints involving appraisals or building permits, design or code enforcement?
☐	☐		Has the entity had any disputes, claims, or complaints involving open or closed landfills in the past five years?
☐	☐		Has the entity had any disputes, claims or complaints involving wrongful taking, zoning or land use rights?
☐	☐		Does entity employ, retain, or consult with an attorney on matters involving zoning law changes, exercising right of eminent domain, antitrust, etc.?
☐	☐		Does entity employ a human resources coordinator?
☐	☐		Is a written employment manual including all personnel policies and procedures distributed to all employees?
☐	☐	☐ N/A	Does employee manual include a reservation of rights to change/modify/terminate policies?
☐	☐	☐ N/A	Is the manual reviewed by counsel experienced and qualified in employment law?
☐	☐		Does entity have a written policy with respect to sexual and non-sexual harassment?
☐	☐		Does entity have a formal written procedure for employee disputes/complaints?
☐	☐		Does entity have a written progressive disciplinary procedure?
☐	☐		Does the entity have any complaints filed with the EEOC within the past three years?
☐	☐		Has any official or employee been involuntarily dismissed from employment within the past three years?
☐	☐		Has there been any strike, slowdown or other disruption of applicant's employees within the past three years?

Coverage Requested ☐ Claims Made ☐ Occurrence

Limits Requested

- ☐ $100,000 Each Loss / $1,000,000 Aggregate
- ☐ $250,000 Each Loss / $1,000,000 Aggregate
- ☐ $500,000 Each Loss / $1,000,000 Aggregate
- ☐ $1,000,000 Each Loss / $1,000,000 Aggregate
- ☐ $1,000,000 Each Loss / $2,000,000 Aggregate

Optional Coverages	☐ Yes	☐ No	Loss of Salary/Fringe Benefits (subject to availability)
	☐ Yes	☐ No	Limited Professional E&O Endorsement (subject to availability)
	☐ Yes	☐ No	Land Use Endorsement
Restrictive Endorsement	☐ Yes	☐ No	Board Members and Organization Only as Insured?

CyberSolutions Section

Limits Requested	$50,000	$100,000	$250,000	$500,000	$1,000,000	No Coverage Requested
Data Compromise	☐	☐	☐	☐	☐	☐
Cyber Liability	☐	☐	☐	☐	☐	☐

Yes	No	
☐	☐	Has the entity suffered a breach of personal information in the last 12 months?
☐	☐	Does the entity conduct background screens for prospective employees?
☐	☐	Is there a posted document retention/destruction policy in place?
☐	☐	Does the entity centrally maintain regularly updated computer security measures on all computers?
☐	☐	Are the entities employee, customer and other physical records maintained in a separate and secure environment with limited access?
☐	☐	Is access to personal information restricted by job position?
☐	☐	Is there an employee responsible for the security and privacy of information?
☐	☐	Does the entity have a comprehensive Information Security and Privacy Policy?
☐	☐	Does the entity provide regular security training/information to all people who have access to personally identifying information, whether in paper or electronic format?
☐	☐	Are all users issued unique ID's and passwords when connecting to or accessing the internal network?
☐	☐	Does the entity back up computer data and store it off site?
☐	☐	Does the entity use encryption techniques for secure communications and the transfer of confidential information?
☐	☐	Is the entity responsible for collecting taxes?

Township Drone Section

List and describe all Drones needing coverage

	Drone 1	Drone 2	Drone 3
Year			
Manufacturer / Model			
Serial Number or FAA Registration Number			
Fixed or Rotary Wing?			
Maximum Weight			
Maximum Speed			
Cost New	$	$	$
Department(s) using			
Coverages Desired	☐ Liability ☐ Physical Damage	☐ Liability ☐ Physical Damage	☐ Liability ☐ Physical Damage

List and describe any Drone Equipment or Ground Equipment for which coverage is desired

Cameras or other Equipment	Serial Number	Make / Model	Cost New
			$
			$
			$
			$
			$
			$

Drone Operator Information (provide any additional Drone Operator information on a separate sheet)

	Operator 1	Operator 2	Operator 3	Operator 4
Operator Name				
Date of Birth				
Does operator have a valid Pilot License?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Type of Pilot License?	☐ N/A	☐ N/A	☐ N/A	☐ N/A
Does Operator have a Section 333 Exemption?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does Operator have a Part 107 Remote Pilot Certificate?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Total hours flown in the past 12 months?				

Yes	No		
☐	☐	Are all owned drones weighing more than 0.55 pounds registered with the FAA?	
☐	☐	Does the entity plan to allow others to use the drone?	
☐	☐	Does the entity plan to use, borrow, rent, or lease drones belonging to others?	
☐	☐	☐ N/A	Will a charge be assessed to others for their use of the drone?
☐	☐	Are any listed drones used for racing?	
☐	☐	Has the entity requested special permission from the FAA to deviate from any of the operational requirements contained in the Small Unmanned Aircraft Systems Rule (Part 107)?	
☐	☐	☐ N/A	Has special permission been approved by the FAA?
☐	☐		Explain deviations from the Rule:

Yes	No	
☐	☐	Does drone have "auto land" or "return to home" capability?
☐	☐	Is drone designated to carry cargo?
☐	☐	Will anyone other than named pilots operate the drone?
☐	☐	Will any uncertified operators be supervised by someone with a Remote Pilot Certificate?
☐	☐	Have there been any previous losses to a drone, whether or not it was claimed or covered by insurance?
☐	☐	Will all drone flights be conducted within a visual line of site?
☐	☐	Will any drone flights be computer guided?
☐	☐	Will all drone flights take place during daylight hours only?
☐	☐	Is there a repair and maintenance program in place for the drones?
☐	☐	Do operators/pilots utilize a pre-flight checklist prior to flying?
☐	☐	Are established guidelines on types of weather that should be avoided when flying drones?

Primary Location(s) where drones will be operated:

Where will drone(s) be stored?

Coverage Requested ☐ Blanket ☐ Schedule

Deductible Requested ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000

Coinsurance Requested ☐ 80% ☐ 90% ☐ 100% ☐ No Coinsurance

Law Section

What is the largest city within 25 miles? Population:

Yes	No		
☐	☐	Does the entity have a seasonal change in population over 25%?	
☐	☐	Does the entity contact law enforcement services with any other entity?	
☐	☐	Does the entity contact law enforcement services with any other public or private entity?	Entity:
☐	☐	Do the entity own or operate any watercraft?	How many?:
☐	☐	Does the entity distribute a policies and procedures manual to each officer?	
☐	☐	Are policies and procedures periodically reviewed as part of a formal training?	
☐	☐	Are citizen ride alongs allowed?	
☐	☐	Is authorized employee moonlighting allowed?	
☐	☐	☐ N/A Is moonlighting allowed in bars or taverns? (if yes, moonlighting coverage will not apply)	
☐	☐	Does the entity have written procedures for any of the following? (check all that apply)	

☐ Hot Pursuit	☐ Moonlighting Activities
☐ Ride Along Programs	☐ Domestic Violence
☐ Handling Intoxicated Individuals	☐ Sexual Harassment
☐ Deadly Force	☐ Motor Vehicle Stop and Searches
☐ Non-Deadly Force	☐ Communicable Disease

Yes	No		
☐	☐	Does your department handle its own dispatch?	
☐	☐	Does your department dispatch for other entities?	Entity:
☐	☐	Does your department dispatch for: (check all that apply)	☐ Emergency Medical ☐ Fire ☐ Police
☐	☐	Do all officers meet minimum training requirements, including firearms recertification established by the state?	
☐	☐	Are any of the following included as part of the hiring process? (check all that apply)	

☐ Written Examination	☐ MVR
☐ Background check	☐ Certified Physical Exams
☐ Screening by interview board	☐ Other:

☐	☐	Do officers receive training in the following? (check all that apply)	

☐ Stress Management	☐ Use of Chemical Weapons
☐ Domestic Conflicts	☐ Use of Firearms
☐ Hostage Negotiations	☐ Use of Tazers

☐	☐	Does the department maintain a Mounted Patrol, SWAT, Harbor Patrol, or Community Relations?	
☐	☐	Has the department received accreditation from CALEA?	

Coverage Requested ☐ Claims Made ☐ Occurrence

Staffing # of Full-Time Officers: # of Police Dogs:

# of Part-Time Officers (up to 32 hours per week & including reserve, seasonal, auxiliary):

Limits Requested ☐ $500,000 / $500,000 ☐ $1,000,000 / $1,000,000

☐ $500,000 / $1,000,000 ☐ $1,000,000 / $2,000,000

Deductible: ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000

Medical payments: ☐ $5,000 ☐ $10,000

☐ None / Not Applicable

Shooting Range Section

Shooting Range is: ☐ Indoor ☐ Outdoor with fence ☐ Outdoor with no fence

Distance to nearest building: Is the shooting range locked? ☐ Yes ☐ No

Describe the usage of land around the facility:

Describe personal protective equipment required (i.e. eye/ear protection):

Is ammunition stored on premise? ☐ Yes ☐ No

☐ N/A How much ammunition is stored on premise?

Are "No Smoking" signs posted? ☐ Yes ☐ No

Types of firearms allowed:

Are individuals outside of the department permitted to use the facility? ☐ Yes ☐ No

☐ N/A Who else uses the facility?

Are waivers and hold harmless agreements required for outside users? ☐ Yes ☐ No

Describe the supervision of the firing line:

Please provide the following: ☐ Sketch of the facility and ☐ Copy of Guidelines or Rules issued for the use of the range.

☐ None / Not Applicable

Jail Section

Average daily population: Number of Cells / Beds: /

Average length of stay: Maximum Capacity:

Type of monitoring system used:

Age of jail facility: Year Renovated:

Any suicides or attempted suicides in the facility in the past five years? ☐ Yes ☐ No

Are any of the below practices included in policies and procedures? (check all that apply) ☐ Yes ☐ No

☐ Walk through every 30 minutes	☐ Medical Screening
☐ Intake Screening	☐ Strip search
☐ Suicide Prevention	☐ Juvenile/Adult/Women prisoners

Does the department employ or contract with any of the following? (check all that apply) ☐ Yes ☐ No

☐ Physician	☐ Nurse
☐ Dentist	☐ Psychologist

Do all of the above carry their own professional liability insurance? ☐ N/A ☐ Yes ☐ No

Claims Made Prior Acts Section

Yes	No		
☐	☐		Does Applicant know of any claim that has been made and/or is now pending which was not covered by the previous insurer(s) but could be covered under the scope of this insurance?
☐	☐		Does the Applicant have any knowledge of an occurrence, which might result in a future claim under the scope of this insurance?
☐	☐	☐ None	Have you notified the previous insurer(s) in writing with details of all known claims as well as incidences which might lead to future claims within the scope of this insurance?

Previous Carrier Information (for previous coverage written on a Claims Made form)

	Linebacker (EPLI / E&O)	Employee Benefits	Abuse / Molestation	Law Enforcement
Name of Prior Carrier				
Policy Limits				
Prior Coverage Effective Dates				
First year in Claims Made				
Proposed Retro Date				

Prior Acts Disclosure

The undersigned authorized officials of the applicant's governing body declare that to the best of their knowledge the statements set forth herein are true. The undersigned agrees that if the information supplied on this questionnaire changes between the date of this questionnaire and the effective date of the insurance, the undersigned will immediately notify the company of such changes, and the company may withdraw or modify and outstanding quotations and/or authorization or agreement to bind any insurance.

Declaration and Attestation

The policy will be subject to a deductible, which can be consumed by either losses, defense costs paid by the Company, or costs paid by the applicant, but subject to the Company's knowledge and consent. The amount of the deductible will vary in accordance with the table of premiums and deductibles filed on behalf of the Company with the Insurance Department.

The authorized signer of this application represents or warrants to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. The authorized signer also represents or warrants that any fact, circumstance or situation indicating the probability of a claim or action now known to any entity official or employee has been declared, and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind the insurance company to offer nor the authorized signer to accept insurance, but it is agreed this application and any attachments thereto shall be the basis of the insurance and will be incorporated by reference and made a part of the policy should a policy be issued.

This application provides the Company with certain indicators as to underwriting acceptability. It does not provide information on policy coverages nor does it alter the terms of the policy.

Applicable in Indiana

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 the person to criminal and civil penalties.

Applicable in Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she 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.

Applicant _____ _____
Date

Signed _____ _____
Authorized Entity Representative Title

Agent/Agency Name _____