



**NIF GOVERNMENTAL SERVICES
MUNICIPALITY APPLICATION**

NAME OF PRODUCER: _____

NAME OF ENTITY: _____

ADDRESS: _____

NAME OF CONTACT: _____ TELEPHONE _____

FAX NUMBER _____ E-MAIL _____

POLICY TERM _____ TO _____ DUE DATE _____

SECTION 1 COVERAGES TO BE QUOTED: **PROTECTION CLASS** _____

	BUILDINGS	CONTENTS	EXTRA EXPENSE	TOTAL
Frame				
Joisted Masonry				
Non-Combustible				
Masonry Non-Combustible				
Modified F/R				
Fire Resistive				
TOTALS				

DEDUCTIBLE : _____ SIR _____ COINSURANCE _____

VALUATION DATE _____ **NOTE:** Attach a complete schedule of property. For Agreed Amount insurance, attach a signed statement attesting to the current valuation of the property scheduled.

Identify any buildings in need of functional replacement cost insurance _____

Sublimits requested to be quoted for:

EQ Limit _____ Flood Limit _____

EQ Deductible _____ Flood Deductible _____

INLAND MARINE SUMMARY OF VALUES:

Contractors Equipment		EDP Equipment	
Misc Mobile Equipment		Underground Property	
Accounts Receivable		Property Off Premises	
Fine Arts		Property In Transit	
Valuable Papers			

NOTE: Attach copies of the schedules of equipment for which coverage is requested. Also include the year, model, VIN, weight and cost new.

VEHICLES: SUMMARY OF UNITS

Private Passenger - Police		Fire Trucks	
Private Passenger - Other		Ambulances	
Vans, pickups & light trucks		Buses & School Vans*	
Medium Trucks (10,001-20,000)		Motorcycles	
Heavy & Extra Heavy Trucks (other than fire trucks)		Trailers	

Total Number of Motorized Units _____

* Bus and van capacities: 0-15 _____ 16-40 _____ 41-60 _____ 61-80 _____ 81 or more _____

Deductibles: Collision _____ Other than Collision _____
 Alternate deductibles by age or type of vehicle: _____

Endorsements:

Agreed Value _____

AUTOMOBILE LIABILITY:

LIMITS SYMBOL DESCRIPTION

Liability			
UM/UM (statutory)			
UM/UM (supplemental)			
PIP (basic)			
PIP (additional)			
Medical Payments			
Non-Owned & Hired			

Deductibles: _____ SIR _____
 Garage Limits: _____ Garagekeepers Limits: _____
 Endorsements: Towing _____ Rental Reimbursement _____

Note: Attach a schedule of the vehicles and mobile equipment for which coverage is needed.

GENERAL LIABILITY:

Each Occurrence	
Personal and Advertising Injury	
Products/Completed Operations Aggregate	
General Aggregate (including Law Enforcement Liability if applicable)	
Fire Damage Legal	
Medical Expense	

Deductible: \$ _____ each occurrence SIR: \$ _____
 each occurrence each claim
 Endorsements: _____

Note: Attach a copy of the of the latest budget and, if you available, a completed net operating expenditure worksheet.

LAW ENFORCEMENT LIABILITY:

Each Occurrence limit \$ _____ Deductible each occurrence \$ _____
 Medical Expense limit \$ _____ SIR each occurrence each claim \$ _____

STOP-LOSS AGGREGATE: \$ _____

Applicable to: General Liability Auto Liability Law Enforcement Liability
 Indemnity Allocated Loss Expense

EMPLOYEE BENEFITS LIABILITY:

Each Claim Limit \$ _____ Annual Aggregate Limit \$ _____
 Number of employees: _____ Deductible/SIR \$ _____

CRIME COVERAGE:

	Limit	Deductible
<input type="checkbox"/> Forgery or Alteration		
<input type="checkbox"/> Theft, Disappearance and Destruction		
<input type="checkbox"/> Robbery and Safe Burglary		
<input type="checkbox"/> Public Employee Dishonesty - Per Loss		
<input type="checkbox"/> Public Employee Dishonesty - Per Employee		
<input type="checkbox"/> Theft (Inside)/ Robbery Outside		
<input type="checkbox"/> Money Orders & Counterfeit Paper		

Endorsements: Faithful Performance of Duty Seasonal or Designated Individual Limits

SECTION 2 - EXPOSURE INFORMATION

Population _____

EXPOSURE CHECKLIST (Designate Yes, No or IE for Insured Elsewhere)

Gas/Electric Utility		Marinas	
Water Authority *		Stadiums	
Sewer Authority *		Exhibition Centers	
Dept of Public Works		Airports/Heliports	
Open Dumps or Landfills *		Aircraft	
Closed Dumps or Landfills *		Mass Transit	
Recycling Centers		Police/Sheriff's Dept.	
Hospitals		Jails/Prisons *	
Medical Clinics		Fire Department(s)	
Nursing Homes		EMTs	
Housing Authorities		Paramedics	
Beaches		Parks	
Swimming Pools		Playgrounds	
Watercraft		Golf Courses	
Dams *		Zoos	
Lakes/Ponds/Reservoirs		Athletic Activities	
Wharves/Piers/Docks		Fireworks Displays	
Library		Fairs/Carnivals	
Primary Schools		Parking Lots/Garages	
Secondary Schools		Day Camp	

If a Yes answer, complete the corresponding Supplemental Application when * is designated.

1. Identify any capital improvement projects such as roof repairs, roadwork or building renovation planned for the upcoming policy period. _____

2. Identify the municipal employee(s) responsible for the following:

- _____ Preparation of bid specs and description of work to be done
- _____ Reference checks on competing contractors
- _____ Oversight of contractor's activities and compliance
- _____ Receipt of hold-harmless agreement and insurance certificates
- _____ Verification of building permits and required inspections

3. Identify the size, location and former use of any vacant or unoccupied buildings. _____

4. Identify the number of participants involved in the following athletic activities sponsored by the entity.

Little League Baseball		Pee Wee football		Basketball League	
Youth Soccer league		Softball		Swimming classes	

5. Identify any other athletic activities sponsored by the municipality. _____

6. Are individual release forms secured from each participant or their parent or legal guardian? _____

7. Are AD&D or medical benefits coverage provided to the participants? _____

8. Are there any bridges in excess of 150 feet maintained by the entity? _____

(If so, attach a copy of the latest state or independent inspection.)

9. Identify the number and corresponding size/acreage of each park.

Loc. 1		Loc. 6	
Loc. 2		Loc. 7	
Loc. 3		Loc. 8	
Loc. 4		Loc. 9	
Loc. 5		Loc. 10	

10. Identify the number of following:

Bleachers		Baseball fields		Skating rinks	
Ponds or lakes		Basketball courts		Climbing equipment	
Handball courts		Soccer fields		Hiking trails	
Picnic areas		Football fields			

11. Identify the types of equipment available for use in parks and playgrounds:

- | | | | |
|----------------------------|--------------------------|-----------------------------|--------------------------|
| Slides in excess of 6 feet | <input type="checkbox"/> | Swings with rigid seats | <input type="checkbox"/> |
| Swings with rigid seats | <input type="checkbox"/> | Chain or cable walks | <input type="checkbox"/> |
| Slides 6 feet or less | <input type="checkbox"/> | Swings with non-rigid seats | <input type="checkbox"/> |
| Exercise rings | <input type="checkbox"/> | Other | _____ |

12. Identify the type of ground cover in playground areas:

Soil or grass Wood Chips Pavement Other _____

13. Are all contracted service providers such as waste haulers, fireworks displayers or construction contractors required to hold the municipality harmless for claims arising out of their activities? Yes No

14. Are all contracted service providers required to provide evidence of insurance for limits of at least \$1,000,000? Yes No

15. Identify any local laws or ordinances that have been enacted to protect the entity against claims, such as those involving streets and roads, sidewalks, vegetation or snow removal.

STREETS & ROADS

1. Were any municipal employees involved in the design, paving or construction of streets and roads? Yes No If yes, identify below or on a supplement the nature and date(s) of the work performed.

2. Identify the procedure(s) for reporting hazardous roadway conditions and defects. (e.g., potholes, missing signs, sight or travel obstructions or defective signals)

3. Identify the procedure(s) and time frame for repairing hazardous roadway conditions and defects.

4. Are records kept of all reports and response times? Yes No

5. During snow removal, are snow piles kept far enough from intersections to prevent obstruction of motorists' view? Yes No

6. Is snow removed in a manner that allows pedestrians access to walkways? Yes No

7. Identify the number of streets and roads within your municipality.

Owned by:		Maintained by:	
Municipality		Municipality	
County		County	
State		State	
TOTAL		TOTAL	

8. Are any intersections, signs or signals obstructed by vegetation?
 Yes No

9. Does the municipality have ordinances prohibiting residents from allowing vegetation to obstruct drivers' vision? Yes No

10. Are intersections and sharp bends in the road clearly marked by signs informing the drivers to reduce speed? Yes No

11. Are any roadway areas commonly affected by accumulations of water, soil, leaves or other debris? Yes No If yes, please describe: _____

12. Are street divider lines and cross walks clearly painted? Yes No

13. Are any sections of roadway in need of street lighting? Yes No Are there neighborhoods in which pedestrians are required to walk in the street? Yes No If yes, please describe: _____

14. Are any guardrails in need of repair or installation? Yes No

15. Are speed limit signs posted on major roadways? Yes No

16. Are "downhill" roadways clearly marked by signs for approaching bends, driveways or intersections? Yes No

17. Are adequate warning devices used by municipal employees in the vicinity of any work they may be performing? Yes No

18. Identify any capital improvements, such as resurfacing or curb installation, planned for the upcoming year.

19. Will safety procedures, hold-harmless agreements and evidence of Insurance be established with contractors? Yes No

20. Identify from loss runs, DPW and police department records roadway sites at which accidents have occurred over the last three years.
 Did the condition or design of the road, or a combination of weather and road conditions, contribute to the cause(s) of the accidents? Yes No

Can preventative measures be taken to prevent recurrence of similar causes of loss?
 Yes No

WATER DISTRIBUTION

1. Does the municipality provide any of its own water from wells or reservoir, or does it purchase water from an independent vendor or neighboring authority?
 Vendor Neighboring Authority

2. If the water is provided by a vendor or other entity or authority, identify that provider.

3. Does the entity own any inoperative wells or treatment facilities? Yes No
 If so, were any such facilities identified as contaminated? Yes No

If the municipality provides water from wells or reservoir, complete the Water Authority Application.

SEWAGE TREATMENT

If sewage is treated by the municipality, complete the Sewer Application.

1.If not, identify where the sewage is processed. _____

2. Identify the number of lift stations and ejectors within the municipality. _____

3. With the location numbers corresponding to the property schedule, complete the following information for all lift stations.

Loc	Shed or Can	Type of Fence	Motor #1 HP	Motor #2 HP	Diesel or Electric	Depth

4. Identify the approximate number of sewer blockages experienced per month. _____

FIRE PROTECTION & EMERGENCY SERVICES

Number of firehouses		Area in square miles serviced:		
Number of firemen:	volunteer		paid	
Number of:	EMTs		paramedics	

1. Average annual number of responses by the fire department, for the last three years. _____
2. Average annual number of responses by the EMTs/paramedics for the last three years _____
3. Are all EMTs and paramedics certified or licensed? Yes No
4. Does the municipality conduct a training program? Yes No

5. Are physical exams required prior to hire or appointment? Yes No
6. Is substance abuse testing done? Yes No
7. Are response times monitored and delays or problems investigated? Yes No
8. Are the EMTs/paramedics in contact with a hospital or other medical facility when responding to a call ? Yes No
9. Have there been any claims filed against the municipality and/or the emergency service, for service related conduct, over the past five years? Yes No
- (If so, provide details) _____

10. Identify any special events sponsored or catered by the fire department or emergency service. _____

LAW ENFORCEMENT

1. Personnel Summary	Number Out/shift	
Sheriff, chief, deputy chief or individuals with the rank of sergeant or higher	_____	_____
Full-time personnel with regular street duties, detectives and investigators	_____	_____
Part-time, auxiliary or reserve officers, armed	_____	_____
Administrative personnel and dispatchers	_____	_____
Part-time, auxiliary or reserve officers, unarmed	_____	_____
Totals	_____	_____

2. Are dispatchers civilians or academy graduates? Yes No
3. Holding cells: Number of units _____ Number of individuals held last year _____
- Identify any situations in which individuals have been held for more than 24 hours.

4. Is there an audio or video system in the cell area? Yes No
5. Does the applicant entity operate a jail or prison? Yes No

NOTE: If the applicant operates a jail or prison, other than the above described holding facility, complete **Supplemental Application E**.

6. Has the entity received accreditation by the Commission on Accreditation or any other non-state institution requiring similar training? Yes No
7. Identify the entities with which you have written agreements for any joint powers, mutual aid, joint task force or other similar law enforcement. _____
8. Does your department authorize off-duty, uniformed police details? Yes No
9. Does the department or the contracted party assume liability for the activities of the officers ? Yes No

10. Are non-uniformed, moonlighting activities coordinated by the department? Yes No
 If so, identify the types of businesses known to hire department personnel _____

11. Identify the number of incidents within the last 36 months, involving a discharge of firearms.

12. Provide a description(s), including number of rounds fired. (If necessary, attach supplemental information.) _____

13. Identify the number of vehicular pursuit incidents within the last 36 months. _____

14. Number, if any, of police dogs. _____

15. How many charges or complaints of excessive force been made within the last 36 months?

16. How many charges of sexual assault or misconduct have been made within the last 5 years?

17. What are the two largest or most significant claims made against the department or its staff within the last 5 years? _____

18. Identify the latest updates in the standard operating procedures manual:

	Last Update	Last Group Training
Use of firearms and deadly force	_____	_____
Civil rights, constitutional law and safeguards	_____	_____
Vehicle pursuit driving	_____	_____
Emergency medical treatment	_____	_____
DUI/DWI	_____	_____
Domestic violence	_____	_____

19. Provide a personnel profile, other than civilian dispatchers and administrative personnel, by experience level. (Or, attach a copy of your roster if it includes such information.)

1 to 3 years _____ 4 to 8 years _____ 9 to 18 years _____ 19 to 33 years _____

More than 33 _____

20. Has any application for insurance been canceled, declined or non-renewed within the last 3 years? Yes No

21. What is the largest municipality and population within a 25 mile radius? _____

22. Identify any circumstances which may result in any claims being made against your law enforcement agency, providing detail, date of loss and potential claimant _____

LAKES & PONDS

Identify the number of municipally owned or maintained lakes and ponds, and a brief description of each.

Name	Surface area/acres	Dams	Recreational Facilities

If there are dams on any impoundments, complete the Dam Supplemental Application.

SWIMMING POOLS & BEACHES

1. Complete the following description of any municipally owned or operated swimming pools:

Location	Year Built	In/Outdoor	Length & Width	Maximum Depth	No of Diving Boards	Board Heights	Hours of Access

2. How often is the pool cleaned? _____ Chemically treated? _____

3. Have shock absorbent poolside ground covers been installed? Yes No

4. Describe the fencing around the outdoor pools. _____

5. How many lifeguards are on duty during hours of access? _____

6. Describe any other related recreational facilities, such as water slides or inflatable devices.

7. Are life preservers and ropes stationed on at least two sides of the pool? Yes No

8. Are there shallow water markers and ropes? Yes No

Are any inflatable devices allowed in the pool? Yes No

If yes, describe. _____

9. Are safety and warning rules posted by the pools? Yes No

10. Complete the following information about all beaches:

Location	Coastal Length	Maximum Depth	Diving Boards	Board Elevation	Hours of Access

11. Describe the fencing around beach areas.

12. Are safety/warning rules and hours of access posted? Yes No

13. How many lifeguards are on duty during hours of access? Yes No

14. How many lifeguard stands are there and what is their elevation? _____

15. Describe any recreational or flotation devices used in the swimming area. _____

16. Are there shallow water markers and ropes? Yes No

17. Are life preservers available? Yes No

18. Describe any watercraft owned or operated by the municipality. _____

AUTOMOBILE LIABILITY

1. Are motor vehicle reports (MVRs) obtained annually for all drivers of municipal vehicles?

Yes No

2. Who orders and reviews MVR's _____

3. What actions are taken with drivers identified as having multiple infractions or vehicle accidents? _____

4. Where are municipal vehicles repaired and serviced? _____

5. At what intervals are vehicles serviced? _____

6. Provide a profile of municipal drivers' ages (other than law enforcement officers)

	17 to 24	25 to 29	30 to 39	40 to 49	50 to 59	60 & over
Fire/ambulance service						
Dept of public works						
Administration						
Other						

7. Are driver logs maintained by operators of buses ? Yes No

CRIME COVERAGE

1. Total number of ratable employees. _____

2. Total number of mesengers _____

3. Largest amount of cash in insured's possession. _____

Location _____ Duration _____

4. Have there been any claims or losses reported within the last five years? Yes No

5. Are separate bonds purchased for the treasurer, tax collector or other person required to be separately bonded? Yes No Who underwrites the bond? _____
Amount? _____

6. Are checks, cash and other negotiable instruments transported to the bank with a guard?
 Yes No

7. Does the municipality engage in the electronic transfer of funds? Yes no
Identify the account(s) and reciprocating institution.

8. What are the average and peak balances in the entity's account(s)? _____

9. Who has access to the accounts? _____

10. Total number of employees: Class A _____ Class B _____ Class C _____

11. Do you have an alarm system? Yes No

Is it certified? Yes No

12. Identify the certification code/grade from Underwriters Laboratories Alarm Certificate.

13. Type of alarm: Central station _____ Police department connected _____
Local _____

14. Are there keys to the alarm? _____ Who has them? _____

15. Identify the class of safe:

B _____ C _____ I _____ J _____ K _____ E _____ ER _____ F _____ G _____ H _____ None

16. Are money and securities transported in an UL Inspected Messenger Bag? Yes No

17. Are money and securities transported in a vehicle used exclusively by the messenger for the entire trip? Yes No

EXPIRING INFORMATION

	INSURER	LIMIT/VALUES	DEDUCTIBLE	PREMIUM
PROPERTY				
INLAND MARINE				
EQPT BREAKDOWN				
GL				
LAW ENFORCEMENT				
AUTO				
CRIME				
PUBLIC OFFICIALS				
UMBRELLA				
TOTAL				

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another (NY: other) person files an application for insurance (NY: 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, (NY: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation) and subjects the person to criminal and civil penalties. In Maine and Virginia, insurance benefits may also be denied

NOTE: Attach insurer(s) or third party administrator's loss runs for at least the last four complete years.

Name _____ Title _____

Date _____

