

Specialty Lines

UNDERWRITERS

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Public Entity Application General Liability Section

Legal Name of Public Entity: _____ Effective Date: _____

A. COVERAGES (OCCURRENCE FORM)

	Limits	Option
1. General Aggregate Limit (other than Prod./Comp. Ops.)	\$ _____	_____
2. Products-Completed Operations Aggregate	\$ _____	_____
3. Personal & Advertising Injury	\$ _____	_____
4. Each Occurrence	\$ _____	_____
5. Fire Damage Liability	\$ _____	_____
6. Medical Expense	\$ _____	_____

Options:

a. Deductible: None Other: _____

b. Self-Insured Retention Limit: \$ _____

Does SIR Limit **Include** or **Exclude** Loss Adjustment Expense? (circle one)

7. Employee benefits liability coverage: No. of Employees: _____

8. Employers' liability (stop-gap) coverage: (Available only in ND, OH, WA, WV, WY)

Total employee payroll: \$ _____

9. Additional interests:

Please provide description of each operation or interest of any organizations or individuals to be considered as additional insureds. Attach/describe agreements, contracts, hold harmless clauses and insurance requirements.

Name

Describe Interest/Operation

B.

GOVERNMENTAL SUBDIVISION SURVEY

(Any classification requiring a supplemental questionnaire will be so marked.
Call your agent for the appropriate supplement.)

Classification	Exposure?		Any part of operation sub-contracted to others?		Separate Questionnaire
	Yes	No	Yes	No	
Airport and related facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED (E&O can be covered) Complete questionnaire N
Amusement parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED
Blasting operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item E)
Bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire A
Carnivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Cemeteries liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item J)
Chemical spraying (herbicides and pesticides)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item I)
Dams, levees or dikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire M
Day care, day camp, or nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire C
EMTs/Paramedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item A)
Exhibition and convention buildings (include arenas and auditoriums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire Q
Fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Fire department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item A)
Fireworks and other pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item D)
Garbage or refuse collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item H)
Golf courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item B)
Housing projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire H
Ice or roller rinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & C)
Lakes, reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Landfills/dumps/refuse sites/incinerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire D
Medical and ancillary care facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED
Parades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Parks and playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A through E)
Penal Institutions, jails, correctional institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED under General Liability
Racetracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item L)
Recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K
Schools and colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire J
Skate Parks—skateboarding/in-line skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & D)

B. GOVERNMENTAL SUBDIVISION SURVEY (continued)

Classification	Exposure?		Any part of operation subcontracted to others?		Separate Questionnaire
	Yes	No	Yes	No	
Ski facilities and similar areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item L)
Stadiums, bleachers, grandstands (capacity over 5,000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item C)
Streets, roads, highways, bridges— existence, maintenance and construction hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire A
Swimming pools/beaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Transit authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire N
Utilities: Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire E (Item A)
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire E (Item B)
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire F
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire G
Underground storage tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED for Pollution
Water slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Wharves, piers, docks, marinas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & G)
Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & H)
Zoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item K)
Describe unique exposures not identified above: _____					

C. INDEPENDENT CONTRACTOR OPERATIONS

1. If any exposure is contracted, please complete the following:

Type of Work	Certificates of Insurance Secured?	Contractor's Limit of Liability?	Entity Named as Additional Insured?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Does the entity have legal counsel review all contracts prior to execution? Yes No