

Specialty Lines

UNDERWRITERS

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Public Entity Application Property And Allied Lines Section

Legal Name of Public Entity: _____ Effective Date: _____

A. BUILDING AND PERSONAL PROPERTY COVERAGE

Attach a signed statement of values or ACORD application including:

(1) Location address, (2) Protection class, (3) Year built (if over 30 years old, provide renovations made and dates), (4) Construction, (5) Number of stories for each structure, (6) Sprinkler status, (7) Occupancy, (8) Area/square footage. **INCLUDE ALL PROPERTY INTENDED TO BE INSURED** (including items such as parking meters, street lights, lamps, park/playground equipment, etc.).

1. Total values from S.O.V.: Building: \$ _____ Personal Property: \$ _____

a. Values are at 80% 90% 100% coinsurance.

b. Valuation shown: Actual Cash Value Replacement Cost

c. How are property values established? _____

d. Date of valuation: _____

e. Deductible Options: \$500 \$1,000 \$5,000 Other: _____

2. Building and Personal Property Coverage Options:

a. Business income with extra expense: Limit: \$ _____ Location: _____

b. Ordinance or Law Coverage

(1) Building Ordinance (included in policy limit)—Make sure insurance to value is adequate. (Coverage A)

(2) Increased Cost of Construction (Coverage B) Locations: _____ Limit: \$ _____

(3) Demolition (Coverage C) Locations: _____ Limit: \$ _____

c. Inflation Guard:..... %

3. Identify any historical buildings and explain how values were established: _____

4. Earthquake Coverage:

a. Limit: \$ _____ b. Zone: _____

c. Deductible: Zone 1 and 2: 5% or 10% Zone 3, 4 and 5: \$25,000

5. Flood Coverage:

- a. Limit: \$ _____ b. Flood Zone: List A, B, or C on SOV for each location.
- c. Is there any one hundred (100) year flood plain exposure within the boundaries of the entity? Yes No
- d. Names of rivers, streams or lakes within one mile of any locations: _____
- e. Is there coverage under the National Flood program? Yes No
If yes, Limit: \$ _____

6. Equipment Breakdown Coverage:

Limit: \$ _____
 Deductible Options: \$500 \$1,000 \$5,000 Other: _____

7. Mortgagees and Loss Payees:

Name	Address	Location

B. CRIME AND FIDELITY

1. Money and Securities:

	Limit	Location
Loss inside	\$	
Loss outside	\$	
Deductible	\$	

- a. Limits Breakdown: Money: ____% Securities: ____% Checks: ____%
- b. Are more than \$2,000 kept at premises overnight? Yes No
If yes, describe safe: _____
- c. Type of safe or vault (circle one) B C G H Other: _____
- d. Number of messengers: _____

2. Public Employee Dishonesty Coverage:

Limit: \$ _____ Deductible: \$ _____
 a. Have you ever had a loss due to employee dishonesty? Yes No
If yes, describe in Loss History on separate sheet.

3. Crime: (Complete the following when limits requested are \$100,000 or more)

- a. Audit Procedures:
 - (1) Is there an audit by a CPA, public accountant or equivalent, independent of your organization? Yes No
If yes, how often (check the appropriate box): Quarterly Semi-Annually Annually
 - (2) Name and address of person or firm performing audit: _____
 - (3) Are all locations audited? Yes No
 - (4) Is the audit made in accordance with generally accepted auditing standards and so certified? ... Yes No
If no, explain the scope of the audit: _____

- (5) Is the audit report rendered to a regulatory authority? Yes No
 If yes, to whom are the reports rendered? _____
- (6) Date of completion of last audit: _____
- (7) Is there an audit by an Internal Audit Department under the control of an employee who is a public accountant or equivalent? Yes No
 If yes, to whom are the reports rendered? _____

b. Internal Controls (other than audit procedures):

- (1) Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No
 If no, explain: _____
- (2) Do all checks require two signatures? Yes No
 If no, explain: _____
- (3) Are securities subject to joint control of two or more responsible employees? Yes No
 If no, explain: _____

c. Rating Data:

(1) Classification of Employees:

List below (or attach separate sheet) the positions and number of officials/officers and employees occupying those positions to which this insurance applies.

Positions	No. of Persons	Positions	No. of Persons	Positions	No. of Persons

Note: Persons required by law to be individually bonded and treasurers or tax collectors by whatever title known are automatically excluded from coverage.

(2) From the list (or attached separate sheet) determine the:

- (a) Number of officials/officers, not required by law to be individually bonded, who are authorized to manage, govern or control the insured's employees (**Class A**): _____
- (b) Number of employees who handle, have custody or maintain records of money, securities or property; department and other division heads; assistant department and division heads; and peace officers (including patrolmen when Faithful Performance of Duty Coverage is being written) (**Class B**): _____
- (c) Number of all other employees (**Class C**): _____

C. COMMERCIAL INLAND MARINE COVERAGE

1. Accounts Receivable:

a. Provide limits by location: _____

2. Valuable Papers:

a. Provide limits by location: _____

3. Contractors Equipment (Attach a complete schedule of equipment, including values and serial numbers for each. Valuation should represent replacement cost of the equipment.)

a. Total limit of insurance: \$ _____

Valuation shown: Actual Cash Value Replacement Cost _____ % Coinsurance

b. Deductible (If different from property deductible): \$ _____

c. Describe appraisal or method of valuation: _____

d. Largest single concentration (limit) of equipment: \$ _____

(1) Location: _____ Stored in: Building Open lot

4. Miscellaneous Equipment (attach a complete schedule of equipment, including values):
- a. Limit of insurance: \$ _____
 Valuation shown: Actual Cash Value Replacement Cost _____ % Coinsurance
- b. Largest single concentration (limit): \$ _____
- c. Location: _____
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5. Radio Towers (include height, wind resistance mph, how anchored and lightning protection for each tower):
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6. Fine Arts (Attach a complete schedule of fine arts, including values, description and location for each):
- a. Total limit: \$ _____
- b. Describe method by which values were established and date of appraisal (attach copies): _____
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- c. Deductible: \$500 \$1,000 \$ _____
- d. Optional breakage coverage: Yes No
7. Electronic Data Processing Equipment (Attach a complete schedule by location of computers and peripheral devices, including values and serial numbers on each. Valuation should represent replacement cost of the equipment.)
- a. Valuation shown: Actual Cash Value Replacement Cost _____ % Coinsurance
- b. Deductible: \$500 \$1,000 \$ _____
- c. Total hardware value: \$ _____
- d. Data and media limit: \$ _____
- e. Extra expense limit: \$ _____
- f. Transit limit: \$ _____
- g. Breakdown coverage deductible: \$1,000 \$5,000