

## Package Policy Application

CLIENT INFORMATION	
Entity Name	
Address	
City, State, Zip, County	
Website	
Entity Type	

POLICY TERM			
Effective Date		Expiration Date	

POLICY DELIVERY	
Email	

CONTACTS				
Name	Position/Title	Phone	Cell	eMail



Entity Name:

**PROPERTY COVERAGE**

Building and Personal Property	Amount
Blanket Building and Personal Property	
Business Income with Extra Expense	
Legal Liability	
Ordinance or Law Limit - Combined Demolition Cost and Increased Cost of Construction	
Deductible - Building and Personal Property	
Deductible – Electric Substations and Transformers	
Flood and Mudslide	
Deductible - Flood and Mudslide	
Earthquake and Volcanic Eruption	
Deductible - Earthquake and Volcanic Eruption	

Property Coverage Extensions and Conditions Indicate if higher limits than standard limits shown are needed.	Standard	Requested
Accounts Receivable	\$250,000	
Animal Injury or Mortality	\$40,000	
Arson Reward	\$25,000	
Builders Risk	\$500,000	
Cemetery Structures	\$25,000	
Fine Arts	\$25,000	
Fire Department Service Charge	Actual Fire Department Service Charge	
Fire Protection Devices	\$5,000	
Lock Re-Keying	\$2,500	
Newly Acquired or Constructed Property – Real Property	\$2,000,000	
Newly Acquired or Constructed Property – Personal Property	\$1,000,000	
Outdoor Property	\$100,000	
Paved Surfaces	\$100,000	
Personal Effects	\$2,500	

Entity Name:

Property Coverage Extensions and Conditions Indicate if higher limits than standard limits shown are needed.	Standard	Requested
Pollution Clean Up and Removal	\$100,000	
Property in Transit	\$100,000	
Property Off Premises	\$10,000	
Underground Pipes, Flues or Drains	\$1,000,000	
Unnamed Locations	\$750,000	
Utility Services (Off Premises Power Interruption)	\$25,000	
Valuable Papers – Cost to Research	\$250,000	

Equipment Breakdown Coverage	Amount
Equipment Breakdown	
Deductible - All Other Property	
Deductible - Deep Well Pumps, Electric Substations, Transformers	

Special Property (Inland Marine) Coverage	Amount
Special Property - Scheduled	
Special Property - Unscheduled - Subject to \$15,000 Any One Item	
Deductible - Special Property	

Scheduled Fine Arts Coverage	Amount
Scheduled Fine Arts	
Deductible - Scheduled Fine Arts	

Transmission And Delivery Lines Coverage	Amount
Transmission And Delivery Lines	
Deductible - Transmission And Delivery Lines	

Computer Coverage	Amount
Equipment Limit (\$5,000 Minimum Provided)	
Media and Data Limit (\$5,000 Minimum Provided)	
Property Away from Premises	
Computer Virus	

Entity Name:

Computer Coverage Continued	Amount
Deductible - Computer Coverage	
Business Income Limit	
Deductible - Business Income	
Extra Expense (\$5,000 Minimum Provided)	
Deductible - Extra Expense	

Library Materials Coverage	Amount
Scheduled Library Materials	
Library Materials in Storage (\$5,000 Minimum Provided)	
Library Materials on Exhibition (\$5,000 Minimum Provided)	
Library Materials in Transit (\$5,000 Minimum Provided)	
Library Materials on Loan (\$5,000 Minimum Provided)	
Unscheduled Rare Books and Periodicals (\$1,000 Minimum Provided)	
Scheduled Rare Books and Periodicals	
Library Fine Arts	
Deductible - Library Materials	

Crime Coverage	Amount
Inside the Premises – Theft of Money and Security	
Deductible – Inside the Premises	
Outside the Premise	
Deductible – Outside the Premise	
Public Employee Dishonesty	
Deductible - Public Employee Dishonesty	
Forgery and Alteration	
Deductible - Forgery and Alteration	
Computer Fraud	
Deductible - Computer Fraud	
Funds Transfer Fraud	
Deductible - Funds Transfer Fraud	
Social Engineering Fraud	
Deductible - Social Engineering Fraud	

**Entity Name:**

**Coverage Information – PLEASE ATTACH THE FOLLOWING**

- (1) A statement of values (SOV) including address, occupancy, protection class, coverage values, and valuation for each building owned or occupied by the entity.
- (2) Five years of loss runs from prior carriers for any years not covered through the Ohio Plan. The loss run reports should be no older than six months prior to the expiration date of the policy.
- (3) Latest property appraisal on any building.

**PROPERTY, CRIME AND INLAND MARINE EXPOSURES AND SCHEDULES**

Flood – Respond to the following if requesting Flood Coverage.	Yes/No
Do you have any buildings located in Flood Zone A?	
If Yes, list the Location/Building # as described on the Statement of Values or the Building Name of each:	
Have you experienced any incidents of flooding in the last four years?	
If Yes, describe the location, the nature of the flooding and the date on which it occurred.	

Libraries	Yes/No/Other
Does the library operate a café?	
If Yes, what does the library serve and how is it prepared?	
If Yes, what are the Annual sales from the cafe?	
Does the library rent bicycles?	
If Yes, are bike inspections performed and documented before and after rental?	
If Yes, who performs needed maintenance?	
If Yes, what documentation is secured from patron renting bikes?	
Does the library rent or loan any tools/equipment to others?	
If Yes, list equipment available to rent or loan?	
If Yes, are inspections performed and documented before and after rental?	
If Yes, are waivers required for items rented or loaned holding the library harmless?	
If Yes, what documentation is secured from patron renting tools or equipment?	
Does the library hold fix-it clinics?	
If Yes, how often?	
If Yes, provide a list of items available to bring in to the fix-it clinic?	
If Yes, is a volunteer form and background check required and performed on volunteers?	

**Entity Name:**

<b>Crime - COMPLETE WHEN REQUESTING MORE THAN \$100,000 LIMIT OR WHEN REQUESTING COVERAGE FOR BONDED EMPLOYEES</b>						
<b>Audit Procedures and Controls</b>						<b>Yes/No/Other</b>
Amount of money handled during an annual term?						
Largest amount at any one time under any one individual's control?						
Are funds deposited same day as received?						
Are audits performed on a regular basis?						
Frequency of audits?	Annual		Semi-Annual		Other	
If Other, describe frequency.						
Were any discrepancies or internal control deficiencies commented on the latest audit?						
If Yes, attach a copy of the audit.						
Are credit checks secured for employees with access to financial transactions?						
Are criminal background checks done on all employees with access to financial transactions?						
Are bank accounts reconciled by someone not authorized to deposit or withdraw?						
Who has the authority to withdraw funds from depository by check?						
Is a countersignature of checks required?						
Who provides countersignature?						
To whom and when are delinquencies reported?						
Do you have one or more dedicated PC's for EFT activity?						
Do you use a dedicated clearing account for EFT's and block all other entity accounts from completing EFT transactions?						
Do you segregate EFT controls such as initiating and authorizing EFT's?						
Do you have multi-factor out-of-band authentication for EFT's?						
Do you monitor and reconcile EFT's daily to quickly identify unauthorized transactions?						
Have you rejected any proposed security controls offered by your financial institution?						
Describe other controls used by you or your financial institution to authenticate EFT's such as specified recipient accounts, limitations on adding recipient accounts, etc.						



**Entity Name:**

Faithful Performance	
Do your statutes/resolutions allow the fiscal officer or other positions to be covered under a crime policy rather than being bonded?	
Are bonded positions to be included under employee dishonesty?	
List all positions or individuals to be included under the crime policy rather than a bond on the Crime Schedule below by position title.	
Are bonds still in place for bonded positions?	

Special Property (Inland Marine) Schedule				
Item#	Description (Include Year, Make, Model)	Serial No.	Inventory No.	Replacement Cost

**Total**

Library Materials Schedule			
Prem#	Blg#	Address	Library Materials Limit

**Total**

Rare Books and Periodicals Schedule		
Item #	Description	Appraised Value

**Total**

Fine Arts Schedule			
Item #	Description	Appraised Value	Is Appraisal on File

**Total**







Entity Name:

**CRIME SCHEDULE**

Complete if any individuals who are required to carry a bond are to be covered under the crime coverage.

Crime Position/Individual Schedule				Has the individual ever,					
Position	Individual's Full Name	Limit	Excess of Bond (Yes/No)	1. Been declined for a bond or crime coverage?	2. Had any lawsuits or judgment against them? (Personal or Professional)	3. Filed for bankruptcy?	4. Been convicted of a crime?	5. Been party to a surety bond claim?	If Yes, to 1. through 5., provide details. Attach separate page if necessary.

Entity Name:

**LIABILITY COVERAGE**

General Liability – Occurrence Form	Amount
Bodily Injury and Property Damage - Each Occurrence	
Personal & Advertising Injury – Each Offense	
General Aggregate	
Product–Completed Operations Aggregate	
Medical Expense	
Any One Person	
Any One Accident	
Deductible – Bodily Injury and Property Damage	
General Information	
Number of Public Officials	
Number of Full Time Firefighters (If Firefighter and EMT - Include under Firefighter)	
Number of Part Time Firefighters (If Firefighter and EMT - Include under Firefighter)	
Number of Volunteer Firefighters (If Firefighter and EMT - Include under Firefighter)	
Number of EMTs (Do not include anyone counted under categories above)	

Employee Benefits Liability – Occurrence Form	Amount
Employee Benefits Liability	
Employee Benefits Liability Aggregate	
Deductible - Employee Benefits Liability	

Employers Liability (Ohio Stop Gap)	Amount
Bodily Injury by Accident - Each Accident	
Bodily Injury by Disease - Each Employee	
Bodily Injury by Disease - Aggregate	
Deductible - Employers Liability	
General Information	
Number of Full Time Employees (Not Including Law / Firefighters / EMT's)	
Number of Part Time Employees (Not Including Law / Firefighters / EMT's)	
Number of Seasonal Employees (Not Including Law / Firefighters / EMT's)	
Gross Payroll	

Entity Name:

Malicious Act	Amount
Malicious Act – General Aggregate	
Death Benefit – Aggregate	
Death Benefit – Per Member	
Medical Expenses – Aggregate	
Medical Expenses – Per Member	
Emergency Medical Services – Aggregate	
Emergency Medical Services – Per Member	
Funeral Services – Aggregate	
Funeral Services – Per Member	
Personal Counseling – Aggregate	
Personal Counseling – Per Member	
Travel Services – Aggregate	
Travel Services – Per Member	

Public Officials and Employment Practices Liability	Amount
Public Officials Errors and Omissions Injury - Each Wrongful Act	
Public Officials Errors and Omissions Injury - Annual Aggregate	
Deductible - Public Officials Errors and Omissions Injury	
Employment Practices Injury - Each Wrongful Act	
Employment Practices injury - Annual Aggregate	
Deductible – Employment Practices Injury	
Non-Monetary Defense Annual Aggregate	
Deductible - Non-Monetary Defense	
Back Wages Annual Aggregate	
Deductible - Back Wages	
Is Public Officials/Employment Practices Coverage Occurrence or Claims Made?	

Law Enforcement Liability	Amount
Law Enforcement Liability - Each Wrongful Act	
Law Enforcement Liability - Annual Aggregate	
Medical Expense	



Law Enforcement Liability	Amount
Any One Person	
Any One Accident	
Deductible - Law Enforcement Liability	
Is Law Enforcement Coverage Occurrence or Claims Made?	
<b>General Information</b>	
Number of Full Time Arresting Officers	
Number of Part Time Arresting Officers	
Number of Certified Auxiliary Officers with Arrest Power and Carrying Weapons	
Number of Non-Certified Auxiliary Officers with No Arrest Power and Not Carrying Weapons	
Number of Canine Officers	
Does the entity operate a Detention Facility	
Certified Hours	
Certified Capacity of the Detention Facility, if other than a Temporary Holding Facility	
Average Daily Capacity of the Detention Facility if other than a Temporary Holding Facility	
Number of Beds in a Temporary Holding Facility	

**Entity Name:**

Law Enforcement Liability	Amount
Number of Persons processed through the Temporary Holding Facility on a weekly basis regardless of the time spent	
<b>Prior Acts</b> Coverage for unknown claims made during the current policy period arising out of an event occurring precedent to the policy period, but subsequent to the Retroactive Date, even if the entity was insured with a different carrier when the event occurred. This coverage is typical to Claims Made and Claims-Paid policies.	
<b>Coverage</b>	<b>Retroactive Date</b>

Coverage Information – PLEASE ATTACH THE FOLLOWING
(1) The latest full year municipal budget with line items by fund. (2) Five years of loss runs from prior carriers for any years not covered through the Ohio Plan. The loss run reports should be no older than six months prior to the expiration date of the policy.

**LIABILITY SCHEDULES AND QUESTIONNAIRES**

**Liability Exposures**

Review the Operations/Exposure List below and provide the requested information relative to those Operations/Exposures applicable to your entity.

Operation/Exposure and Exposure Base	Subcontracted (Yes/No)	Description	Exposure Amount

**Operations/Exposure List**

Operation/Exposure	Exposure Base
Adult, Child Day Care Facilities	Each Facility
Amusement Rides/Devices	Receipts
Arenas, Stadiums, Grandstands - (>5,000 Seating Capacity)	Seating Capacity
Beaches with Public Swimming	Each
BMX Trails/Tracks	Each Site
Bonfires	Each
Campgrounds	Each Site

Operation/Exposure	Exposure Base
Inflatable Amusement Devices - Owned	Each
Landfills, Dumps, Recycling Centers	Each
Marinas	Receipts
Medical Care, Health Care, Nursing Facilities	# of Beds
Residential Dwelling/Apartment	# of Units
Roller Rinks	Each
Skate, Rollerblade Parks	Each

Operation/Exposure	Exposure Base
Climbing Walls	Each
Commercial or Industrial Rental Properties	Each Lease
Dams, Dikes, Spillways	Each
Diving Boards/Platforms	Each
Docks, Piers, Wharves	Each
Electric Utility	# of Connections
Equine Rental	Each Animal
Fireworks (Sponsored by the Entity)	Each Event
Gas Utility	# of Connections
Golf Courses	Receipts
Health Care Clinics	Each
Ice Rinks	Each
Incinerators	Each
Inflatable Amusement Devices – Non-Owned, Rented	Each

Operation/Exposure	Exposure Base
Snowmobiles	Each
Special Events	Each
Streets and Roads	Miles
Swimming Pools	Each
Transportation Dial and Ride	# of Annual Calls
Transportation Regular Route Pick Up	# of Buses
Vacant Buildings	Each
Wastewater Utility with Treatment	# of Connections
Wastewater Collection without Treatment	# of Connections
Water Utility with Treatment	# of Connections
Water Distribution without Treatment	# of Connections
Watercraft	Each Craft
Waterslides	Each Slide
Other	TBD

**Special Events**

Name of Event	Average Attendance	Is Liquor Provided	Number of Days	Who Serves/Sells Liquor	Is a Separate Liquor Liability Policy In Place

<b>Pollution Exceptions Questionnaire</b> Indicate Yes or No if limited pollution is needed for the following operations.	Yes/No
Pesticide or herbicide chemical application	
Water treatment chemical application for the sole purpose of purifying or treating water	
Swimming pool chemical application for the sole purpose of treating water for recreational swimming	
Street and road chemical application during snow and ice removal	
Fire and hazmat chemical application during emergency operations	

<b>Public Officials Questionnaire</b>	Yes/No/NA
Do new board members attend formal training sessions/seminars designed for new public officials?	
Are all prospective employees required to complete an employment application prior to hire?	
Are references checked for all new hires?	



<b>Public Officials Questionnaire</b>	<b>Yes/No/NA</b>
Are background checks performed on all new hires?	
Does the entity have written employee policies and procedures?	
Are the policies and procedures distributed or available to all employees?	
Does legal counsel review the employment policies and procedures?	
When did legal counsel last review the employment policies and procedures?	
Are staff notified and provided training as needed when changes to the employee policies and procedures are made?	
Are terminations reviewed by legal counsel prior to final action being taken	

<b>Contracted/Shared Services Questionnaire</b>	<b>Yes/No</b>
Do you subcontract any operations/services that are not specifically listed under Liability Exposures? (For example, Law Enforcement, Fire or EMT)	
If Yes, describe the operations.	
Do you have any operations/services that are provided by another public entity as it is defined by the Ohio Revised Code or where the other public entity may act in a fiduciary capacity? (For example, Municipal Court operations, JEDDs or JEDZs)	
If Yes, describe the operations.	
Do you have written contracts governing all subcontracted operations?	
If No, indicate which operations do not have written contracts.	
Do you have any shared services, joint service agreements or task forces?	
If Yes, describe the shared services and provide a copy of the governing documents or contracts.	

<b>Inflatables</b>	<b>Yes/No/Other</b>
Do you rent any inflatable devices?	
If Yes, how many do you rent annually?	
If Yes, how often do you rent annually?	
If Yes, describe the inflatable device(s) rented.	



Inflatables					Yes/No/Other	
Does Vendor assemble and disassemble the inflatable device?						
Who operates the inflatable device?		Vendor		You		Other
If Other, advise who?						
Does Vendor provide evidence of Liability showing at least \$1,000,000 per occurrence limit?						
Who reviews the rental agreement?						
Is the rental agreement signed by an authorized entity representative?						
Do you own inflatables?						
If Yes, how many do you own?						
If Yes, describe the inflatable device(s) owned.						
If Yes, provide schedule of events including the number of times the device(s) will be used annually.						
If Yes, are owned inflatables operated at entity sponsored events only?						
If Yes, are owned inflatables rented to others?						

### AUTOMOBILE AND PHYSICAL DAMAGE COVERAGE

Automobile Liability	Amount
Bodily Injury & Property Damage Liability	
Deductible – Bodily Injury & Property Damage Liability	
Uninsured/Underinsured Motorist	
Medical Payments	

Hired Car Physical Damage	Limit	Comprehensive Deductible	Collision Deductible
Other than Emergency Autos			
Emergency Autos			

Coverage Information – PLEASE ATTACH THE FOLLOWING
<p>(1) A vehicle schedule which includes the vehicle description, department, cost new or replacement cost (fire/ambulance vehicles), vehicle identification number (VIN) and storage location. The vehicle description must include year, make and model.</p> <p>(2) A current drivers list including name, date of birth, driver’s license number and state of issuance.</p> <p>(3) Five years of loss runs from prior carriers for any years not covered through the Ohio Plan. The loss run reports should be no older than six months prior to the expiration date of the policy.</p>



Entity Name:

Vehicle Schedule												
Veh #	Inv #	Year	Make/Model	VIN	Department	Storage Location	GVW (Trucks)	Physical Damage				
								Cost New	Replacement Cost / Stated Amount	Comp Deductible	Coll Deductible	Valuation

Valuation Key  
 ACV = Actual Cash Value  
 RC = Replacement Cost  
 Stated Amount

Entity Name:

**ADDITIONAL INTERESTS**

<b>Additional Interests</b>						
<i>Indicate any requests for additional interests including the reason/relationship of the additional interest to the named member and whether or not a contract/agreement exists.</i>						
Name	Address	City	State	Zip	Interest Type Indicate Additional Interest and/or Loss Payee for each member.	Interest

Attach a copy of all contracts/agreements other than lease agreements.



**Entity Name:**

**EXPIRING INFORMATION**

<b>Property</b>	
Expiring Carrier(s)	
Expiring Building and Personal Property Limit	
Expiring Property Deductible	
Expiring Prior Property Premium	

<b>Liability</b>	
Expiring Prior Carrier(s)	
Expiring Liability Limits	
Expiring Prior Liability Deductibles	
Expiring Prior Liability Premium	
Expiring Retroactive Date (if claims-made or claims-paid)	

<b>Automobile</b>	
Expiring Carrier(s)	
Expiring Number of Automobiles	
Expiring Automobile Physical Damage Deductibles	
Expiring Automobile Premium	

<b>Claims Questionnaire</b>	
<b>Have any of the following occurred in the last five years</b>	<b>Yes/No</b>
Has any claim been made against any person in their capacity as an official or employee of the entity?	
Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim??	
Has any claim been made regarding disputes of discrimination or violation of civil rights?	
Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment?	
Has any person alleged sexual abuse, molestation, harassment or misconduct towards an employee or the public?	
If Yes to any of the above, describe	



Entity Name:

**CYBER COVERAGE**

The following options are available: Limits: \$250,000, \$500,000 or \$1,000,000 Deductibles: \$5,000, \$10,000 or \$25,000	Amount
<b>Data Breach and Privacy Liability - Each Claim</b>	
<b>Deductible - Data Breach and Privacy Liability</b>	
<b>Data Breach Loss to Member - Each Unauthorized Access</b>	
<b>Deductible - Data Breach Loss to Member</b>	
<b>Electronic Media Liability - Each Claim</b>	
<b>Deductible - Electronic Media Liability</b>	
<b>Breach Mitigation Expense - Each Unintentional Data Compromise</b>	
<b>Deductible - Breach Mitigation Expense</b>	
<b>Bricking Sublimit</b>	
<b>Bricking Deductible</b>	

Cyber Questionnaire	Yes/No/Other
Has the entity at any time during the past four (4) years had any incidents, claims or suits involving unauthorized access, intrusion, breach, compromise, or misuse of the municipality's network or paper files, including embezzlement, fraud, theft of proprietary information, denial of service, electronic vandalism or sabotage, computer virus or other incident whether or not reported to its insurance carrier?	
If Yes, describe or attach a separate document describing each incident including the cause, internal costs, cost to third parties, length of time involved in recovery and steps taken to mitigate exposure in the future.	
Does the entity ensure paper records are shredded prior to disposal?	
Does the entity have a process to delete systems access after employee termination?	
Does the entity only use the Ohio UAN system and no other computer hardware, software, websites, mobile devices in your operation?	



**Entity Name:**

If you do utilize any other hardware, software, website or mobile devices in you operation answer the following.	
Does the entity have a dedicated manager responsible for information security and privacy?	
Does the entity have a written incident management response plan?	
Does the entity have anti-virus, anti-spyware and anti-malware software installed?	
Does the entity prohibit remote access to your network or ensure remote access is secure?	
Does the entity have written security policies and procedures for mobile devices, including personal devices, if they are connected to your network?	
Is access to equipment, such as servers, workstations and storage media including paper records, containing sensitive information physically protected from unauthorized access?	
Does the entity allow customers, taxpayers or others to pay via its website or a vendors?	
Does the entity have any written security patch management processes implemented to ensure all systems are patched within 30 days?	
Does the entity ensure sensitive data is permanently removed (e.g. degaussing, overwriting with 1's and 0's or physical destruction and not merely deleted) from hard drives and other storage media before equipment is discarded?	
Is all sensitive data encrypted in transit?	
Does the entity follow written backup procedures?	
How often are backups performed?	
Does the entity conduct prior review of any website or internet application content, including (if applicable), blogs, for copyright infringement, trademark infringement, libel or slander, violation of rights of privacy or publicity?	

**For Information Purposes - Sensitive Information** includes, but is not necessarily limited to:

1. Drivers license or other state-issued identification number; social security number; unpublished telephone number; savings account, checking account, credit card or debit card number each when in combination with the security code, access code, password or pin for such account or card number;
2. "Nonpublic personal information" as defined in the Gramm-Leach-Bliley Act of 1999, as amended, and regulations issued pursuant thereto;
3. "Protected healthcare information" (PHI) as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and regulations issued pursuant thereto, and medical and healthcare information;
4. Private personal information as defined under a security breach notification law; and
5. Private personal information as defined under a law or regulation intended to provide for the protection of such private personal information; not including any lawfully available data accessible by the general public.



Entity Name:

### UNMANNED AERIAL SYSTEMS

Coverage Information – PLEASE ATTACH THE FOLLOWING
<p>(1) A UAS schedule per the enclosed Schedule which includes the type and specifications of each UAV, specifications of the base station and transmitter, size and content of payload, description of the operations or intended use, the replacement cost and storage location.</p> <p>(2) A current list of certified UAS pilots and copies of the FAA Certificate of Authorization for each pilot.</p> <p>(3) Five years of loss runs from prior carriers for any years not covered through the Ohio Plan. The loss run reports should be no older than six months prior to the expiration date of the policy.</p>

Expiring Information			
Expiring Carrier(s)		Expiring Liability Limit	
Expiring Property Damage Limit		Expiring Liability Deductible	
Expiring Property Damage Deductible		Expiring Prior Premium	
Limit And Deductibles			
Property Damage Deductible (Minimum Property Damage Deductible - \$1,000)			
Requested Liability Limit of Coverage (Maximum Limit of Coverage - \$500,000)			
Liability Deductible (Minimum Liability Deductible – No Deductible)			

UAS Questionnaire	Yes/No/Other
Is there a Certificate of Authorization and Waiver (COA) from the FAA for your UAS operation?	
If Yes, what conditions are your entity approved for?	
How will information gathered be protected and controlled?	
How is the navigation systems secured when not in use?	
Are there UAS operations offshore or over other hazardous areas?	
If Yes, describe operations.	
Do your entity UAS operations include the application of chemicals?	
If Yes, describe operations, locations and chemicals.	
Describe lost communication procedures.	



**Entity Name:**

UAS Risk Management							
Indicate with a X if the UAS includes the following safety controls?							
Fail Safe Technologies	<input type="checkbox"/>	Geofencing	<input type="checkbox"/>	Low Battery Warning	<input type="checkbox"/>	Auto Landing	<input type="checkbox"/>
Indicate with a X if the entity has written policies and procedures assessing the following?							
Operating environment	<input type="checkbox"/>	Flight restrictions	<input type="checkbox"/>				
Weather conditions	<input type="checkbox"/>	Notification of those directly participating in the operation	<input type="checkbox"/>				
Indicate with a X if the entity has written policies and procedures addressing the following?							
Emergency Procedures							<input type="checkbox"/>
Contingency Procedures							<input type="checkbox"/>
Roles and responsibilities of the pilot in command and any one operating the UAS under the direction of the pilot in command							<input type="checkbox"/>
Protection of individual privacy and civil rights							<input type="checkbox"/>
Retention, disclosure, destruction of information							<input type="checkbox"/>
The need of warrants for law enforcement use							<input type="checkbox"/>



Entity Name:

**UNMANNED AERIAL SYSTEMS SCHEDULE**

UAS #	Manufacturer and Specification of UAV	Manufacturer and Specification of Base Station and Transmitter	Payload Size and Content	Total Weight of UAV and Payload	Description of Operation(s)	Replacement Cost of UAS	Additional Equipment Description	Additional Equipment Manufacturer	Additional Equipment Replacement Cost



**Entity Name:**

<b>Entity's Attestation</b>	
<p>The authorized signatory of this application attests to the best of his/her knowledge that statements made in the application, questionnaire and any attachments to the application are true; that no fact, circumstances or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim. Signing of this application does not bind the signatory to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued.</p> <p>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 material fact commits a fraudulent insurance act, which is a crime and subjects such person to criminal penalties.</p>	
<b>Authorized Signatory for Entity</b>	<b>Date</b>
<b>Title</b>	<b>Phone Number</b>



**PUBLIC OFFICIAL BONDS**

<b>Name</b>	<b>Position</b>	<b>Policy Number</b>	<b>Effective Date</b>	<b>Expiration Date</b>

