



**PUBLIC RISK
UNDERWRITERS**

PUBLIC ENTITY PROGRAM

- Additional Supplements -

WATER SLIDE QUESTIONNAIRE

Date

Producer Public Risk Underwriters of Indiana, LLC P.O. Box 1247 Kokomo, IN 46903-1247		Name and Mailing Address:		
Code	Subcode	Website Address		Policy/Account Number:
		Effective Date	Expiration Date	

1. Please describe where the water slide(s) is/are:

2. Please indicate whether each of the following apply to the water slide(s) on your premises. Explain all "no" responses in the area provided below:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the pool in compliance with the Virginia Graeme Baker Pool and Safety Act? |
| <input type="checkbox"/> | <input type="checkbox"/> | Installed in compliance with Consumer Product Safety Commission and state regulations. |
| <input type="checkbox"/> | <input type="checkbox"/> | Supervised by two lifeguards – one at top, one at bottom. |
| <input type="checkbox"/> | <input type="checkbox"/> | Sliding is limited to feet-first only, all other is prohibited. |
| <input type="checkbox"/> | <input type="checkbox"/> | Only one person at a time is permitted on the slide. |
| <input type="checkbox"/> | <input type="checkbox"/> | Before being permitted on slide, all swimmers are required to demonstrate the ability to swim across a pool. |
| <input type="checkbox"/> | <input type="checkbox"/> | Pool area where sliders enter the water is roped off and free of other swimmers. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ladder steps are slip-resistant. |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety rules are posted where everyone can read them. |
| <input type="checkbox"/> | <input type="checkbox"/> | Lifeguards/attendants are certified in first aid/CPR. |
| <input type="checkbox"/> | <input type="checkbox"/> | First aid equipment is provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | Explanations for no responses: |

3. What is the height of each water slide? _____

4. How deep is the water beneath the slide(s)? _____

5. What is the minimum age permitted to use the slide? _____

Completed By

Position

Date

PROVIDE A RECENT PHOTOGRAPH OF THE WATER SLIDE(S).

Where are chemicals used for the pool stored? _____

If in a separate room, how is access gained? _____

Who tests the water in the pool? _____

What precautions are taken to prevent pollution of water?

Please describe how unauthorized use prevented when pool is not in use or being drained?

WATERSLIDE(S)

1. Please describe where the water slide(s) is/are:

2. Please indicate whether each of the following apply to the water slide(s) on your premises. Explain all "no" responses in the area provided below:

Yes No

- Installed in compliance with Consumer Product Safety Commission and state regulations
- Supervised by two lifeguards – one at top, one at bottom
- Sliding is limited to feet-first only, all other is prohibited
- Only one person at a time is permitted on the slide
- Before being permitted on slide, all swimmers are required to demonstrate the ability to swim across a pool.
- Pool area where sliders enter the water is roped off and free of other swimmers.
- Ladder steps are slip-resistant
- Safety rules are posted where everyone can read them.
- Lifeguards/attendants are certified in first aid/CPR.
- First aid equipment is provided

Explanations for "no" responses

3. What is the height of each water slide? _____

4. How deep is the water beneath the slide(s)? _____

5. What is the minimum age permitted to use the slide? _____

Completed By

Position

Date

SKATEBOARD FACILITY QUESTIONNAIRE

Date

Producer Public Risk Underwriters of Indiana, LLC P.O. Box 1247 Kokomo, IN 46903-1247		Name and Mailing Address:		
Code	Subcode	Website Address:		Policy/Account Number:
		Effective Date	Expiration Date	

DISCLAIMER NOTICE: Information you provide in this form will be used for underwriting purposes only, and does not guarantee that all or any exposures listed will be covered by your policy. To determine your coverage, be sure to read the actual policy and consult with your agent.

Location of facility _____

Please attach a photo of the facility, copies or photos of all items underlined below, and written explanations of all "NO" responses.

Yes No

1. Is a written set of rules governing the use of the facility clearly posted at each entrance?
Do facility rules require the following:
- Yes No**
 Wearing of helmets, elbow & kneepads, and wrist supports?
 Children under age 7 must be accompanied by an adult?
 No food or drink allowed in the skate area?
2. Is a written notice posted warning of the hazards and dangers associated with the use of the skateboard?
3. Is a written notice posted stating that the skateboard facility is only to be used by persons operating skateboards?
4. Is the facility enclosed to control access?
5. When located in a park, do facility hours coincide with park hours?
6. Does the facility have a written maintenance schedule for city employees?
7. Are the ramps and pipes no more than 6 feet high?
8. Was the skateboard facility professionally designed and constructed?
Name(s) _____ Qualifications _____
9. Are the facility hours posted?
10. Are liability waivers required to be signed by participants over age 18 or by parents of those below that age?

Completed By

Position

Date

LANDFILL QUESTIONNAIRE

Date

Producer Public Risk Underwriters of Indiana, LLC P.O. Box 1247 Kokomo, IN 46903-1247		Name and Mailing Address:		
Code	Subcode	Website Address		Policy/Account Number:
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COMPLETE SEPARATE FORM FOR EACH LOCATION

Location of landfill _____

Description

- Open Closed Size (in acres) _____ Age _____ EPA ID# _____
- What type of area is the Landfill located in? Industrial Commercial Residential Rural
 Other (describe) _____
- Describe immediate adjacent properties (in precise detail along with a scaled diagram).

- How was, and is, access to location controlled?

- How close is nearest surface water?

- How far down is water table?

- What type of waste would there be at this location?

- What form would waste be (solid, sludge, liquid)? Indicate percentage proportions of each:

- Quantity per year (tons, cubic yards) for each year of operation:

- Describe all current activities at site, if any:

- Describe all precautionary measures to isolate the site, such as fencing, monitoring, etc.:

- Dollar amount of expenditures, if any, each year: _____

Operator, Insurance and Loss History Information

- List names and complete descriptions of all operators of landfill and period of time of their control:

- List insurance carriers, policy numbers and limits of liability for each operator for entire period of control.

3. If landfill has not been fully administered and controlled by Governmental entity, advise scope and specifics of licensure and operation. Attach copies of all pertinent contracts & ordinances.

4. Past Claim History

Date of Claim	Description of Claim	Amount Paid or Reserved

5. Is the entity, past operators, proposed insured governmental entity, or agent aware of any other incidents or conditions that may result in a claim? Yes No

If yes, describe:

Additional Information

Yes No

- 1. Has there been a designated person for environmental protection?
Give Name and Title of that Person: _____
- 2. Have governmental entity and adjacent properties obtained their water supply from deep wells?
How far is it from this landfill to nearest such well? _____
- 3. Is location subject to flooding, over-run, wind or other weather situations that could damage facility or cause removal of material from site? Please explain, if yes. _____
- 4. Is location within the 100 year flood plain?
- 5. Have any test(s), system(s), or equipment been used to monitor this site? (past & present):
Describe: _____
- 6. Have core samplings been taken? If so, indicate by whom, dates and results: _____
- 7. Have hazardous wastes been handled by this landfill?
If yes, please describe and indicate specific years of hazardous waste handling: _____
- 8. Have there ever been any major corporate sources of industrial waste?
Specify amounts & nature of waste _____
- 9. Is this governmental entity aware of any prior activities at this landfill which involved hazardous wastes or that may have increased chances of release of any waste? If yes, explain. _____
- 10. If operation of landfill was or is subcontracted, please describe hold-harmless agreements that may have appeared in any of the contracts, providing a copy of any available. _____
- 11. Was the waste buried? How often? _____
- 12. Was the waste burned? How often? _____

_____ Completed By _____ Position _____ Date

DAM, RESERVOIR, LEVEE, SEWAGE LAGOON QUESTIONNAIRE

Date _____

Producer Public Risk Underwriters of Indiana, LLC P.O. Box 1247 Kokomo, IN 46903-1247		Name and Mailing Address:		
Code	Subcode	Website Address:	Effective Date	Expiration Date
		Policy/Account Number:		

(Check one) Dam Reservoir Levee or Sewage Lagoon

Known by the name _____

Located (be specific) _____

Owned by _____

Maintenance etc. _____

All questions that follow and relate to the above must be completed.

1. Construction Details:

a. Built in (Yr) _____ By (Name) _____

b. Made of Dirt Concrete Other (Explain) _____

c. Height: _____ Width at Top: _____ Length: _____

d. Spillway(s) present? _____ Spillway Construction _____ Flood or flow gates present? _____

Rip rap present at upstream end of dam? _____

e. Rip rap size _____

f. Open intake present? _____ If yes, how is boating and swimming controlled for safety? _____

2. Purpose and/or use? (Be specific)

3. Size of body of water? _____ Use? _____

4. Downstream Details:

a. What is the Down Stream Hazard Potential Grade assigned by the National Inventory of Dams (NID)? _____

b. What is within five miles? _____

(If a town, what population? _____)

c. In the event of overflow or break, what amount of area would be affected? _____

d. What emergency plan of action is in place in the event of overflow or failure? _____

e. What are the future development plans for the area? _____

5. When has there been any overflow or break of any size? _____

Explain circumstances for each: _____

6. List activities possible and/or available at and around this item. Include the safety, security and loss control present for each.

Activity/Facility

Safety, Security and/or Loss Control Present

Examples – Boating, camping, bathrooms, marine/docking

Signs posted – motor size limit

7. If other than a sewage lagoon, is the top wide enough for ATVs, autos? _____ What other public access permitted?

If access limited, please explain: _____

8. How often is it inspected and by whom? (Provide copy of last inspection.)

9. If available, provide a copy of the National Inventory of Dams, Detailed Report.

Completed By	Position	Date
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CLUB, ORGANIZATION OR ASSOCIATION QUESTIONNAIRE

To Be Completed For EACH Club Organization Or Association

Date

Producer Public Risk Underwriters of Indiana, LLC P.O. Box 1247 Kokomo, IN 46903-1247		Name and Mailing Address:		
Code	Subcode	Website Address:	Effective Date	Expiration Date
		Policy/Account Number:		

GENERAL INFORMATION

- Name of club, organization or association: _____
 - Number of years in existence: _____
 - Legal status of entity (corp., unincorp. assn., other): _____
 - Purpose of entity:
 - Type of fund raising activities conducted in most recent three years:
- If event includes sales, describe products sold.

ADDITIONAL INFORMATION

Yes No

1. Sponsor any events?
 If yes, provide details:
 List items sold by entity:
2. Do members perform crowd control at any school or other event?
 If yes, explain:
3. Is there any sponsorship of "hazardous events" (i.e. fireworks, tractor pulls, greased pig, donkey basketball or baseball, aircraft exposures or the like)?
 If yes, explain:
4. Are alcoholic beverages furnished, served or sold during any activity or meeting? If yes, provide details; including name of carrier and limits of insurance:

Thank you for your cooperation and assistance.

Completed By _____

Position _____

Date _____

RAILROAD PROTECTIVE QUESTIONNAIRE

Date _____

Producer Public Risk Underwriters of Indiana, LLC P.O. Box 1247 Kokomo, IN 46903-1247 Code _____ Subcode _____	Name and Mailing Address (of Railroad): Website Address Effective Date _____ Expiration Date _____ Policy/Account Number: _____
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1. Name of contractor _____
2. Current EMC Policy # _____
3. Owner of Project _____
4. Address _____
5. Contractor's General Liability Limits:
 Occurrence \$ _____ Aggregate \$ _____ Umbrella Limit \$ _____
6. RRP Limits Required Occurrence \$ _____ Aggregate \$ _____
7. Location of Project _____
8. Name/Number of Project _____
9. Expected duration of job _____
10. Total Project Cost \$ _____
11. Amount of work w/ 50 feet of tracks _____
12. Approximate length of project (ft/miles) _____
13. Expected start date _____
14. Description of job and equipment involved

15. Type and # of tracks: Main _____ Branch _____ Side _____ Yard _____
16. Number of trains per day: Passenger _____ Freight _____
17. Approximate speed of trains: Usual _____ During job _____
18. Will railroad provide flagman to control rail traffic at construction site? _____
19. Who will control automobile traffic at construction site? _____
20. Will road be closed? _____
21. Will contractor have to cross track at grade or place equipment on or immediately beside track? Yes No
 If so, describe _____
22. Is there any excavation exposure to tracks or underground facilities such as pipes or cables? Yes No
 If so, describe _____
23. Is blasting near tracks expected? Yes No
 If so, describe method and exposure _____
24. If work must be conducted near overhead power lines, will lines be moved? N/A Yes No
 If not, indicate precautions to be taken? _____
25. Does work involve special problems, such as cofferdams? Yes No
 If so, describe _____
26. Describe the visibility of oncoming trains which exists in the vicinity of the work to be performed

27. Describe special forms or insuring conditions

Completed By Position Date

BLASTING AND EXPLOSIVES QUESTIONNAIRE

Date _____

Producer Public Risk Underwriters of Indiana, LLC P.O. Box 1247 Kokomo, IN 46903-1247		Insured Name and Mailing Address:		
Code	Subcode	Website Address		Policy/Account Number
		Effective Date	Expiration Date	

Please note: This form should be used when the policyholder hires another party to perform explosives blasting work. If the policyholder is performing its own blasting work, please use form IL8531.

- Blasting contractor name: _____
- Relation to the policyholder:
 - Subcontractor
 - Sub-subcontractor
 - General Contractor
 - Other-Please Describe _____
- Check all types of insurance that the blasting contractor has in place:
 - General Liability
 - Automobile Liability
 - Workers Compensation
 Do any of these policies include Blasting exclusions? Yes No
- What is the address or location where the blasting work will be performed?

- Describe the blasting operation and purpose for blasting (utilities, highway, building, demolition):

- Is the blasting contractor bonded? Yes No
 If yes, list amount and Bond Provider: \$ _____ Bond Provider _____
- Has the blasting contractor agreed to include the policyholder as an additional insured on its General Liability and Automobile insurance policies? Yes No
- Has the blasting contractor entered into a contract with the policyholder in which he agrees to indemnify and hold the policyholder harmless? Yes No
- Has the blasting contractor agreed to waive its rights of subrogation? Yes No
- What is the blasting contractor's Alcohol, Tobacco and Firearms (ATF) license number, License class and renewal date?
 License # _____ License Class (1-5) _____ Renewal Date _____
- What is the blasting permit number and name of the government agency (Fire Marshal/Department) issuing the permit?
 Permit # _____ Agency Name _____
- What is the blasting contractor's experience with the type of explosives and detonators that will be used on this job?

- List all personnel involved in the blasting operation, including duties and responsibilities and their overall experience with blasting work:

- What is the total subcontractor cost for this blasting operation: _____
- Has the blasting contractor prepared standard operating procedures (SOP) or blasters plan for the job? Yes No

16. Does the blasting contractor have a records retention procedure in place? Yes No
If yes, how long are records of each job retained? _____
17. What date is blasting work scheduled to begin? _____
18. Describe the blasting area (length, width and depth):

19. What is the anticipated length of time blasting operations will be conducted? _____
20. How many shots will be made each day; what is the anticipated number of holes per shot and what is the distance between holes?

21. What type of explosives/powder will be used and what is the total quantity stored on the job site at one time?

22. What type of detonators (electric/non-electric) will be used and what is the quantity of each stored on the job site at one time?

23. Describe how explosives will be protected at the job site (type magazine, locks, alarms, remote monitoring):

24. Are there structures, roads, railroad tracks or utilities (under, at ground level and above) within 300 feet Yes No of the blasting site?
25. Will a pre-blast survey be conducted? Yes No
If so, who will conduct this pre-blast survey? List credentials and experience of individual conducting the pre-blast survey:

26. Who will be responsible for locating and marking underground utilities? _____
27. Will seismic measurements be taken? Yes No
If yes, describe equipment and setup, type data recorded and how long data will be maintained:

28. Describe how explosives are transported from the magazines to the explosive site and vehicle placarding:

29. Describe how visitor access to blasting site is controlled:

30. Describe how personnel on the job site and occupied areas surrounding the blast site be warned prior to and after blasting (horns, signage, etc):

31. Describe how and when blasting mats will be used. If not used, please explain:

32. If used, describe the condition of the blasting mats and how often they are cleaned:

33. Describe cell phone and two-way radio use on the blasting site:

34. Describe how construction activities adjacent to the blasting site will be controlled during explosive handling activities and after the blast:

35. **Have the answers to all questions been verified by the blasting contractor?** **Yes** **No**

Documents to be supplied with the questionnaire

- Standard operating procedures (SOP) or blaster plan.
- Fire Marshal/Department Blasting permit.
- Alcohol, Tobacco and Firearms (ATF) license.
- Map of the blasting site showing exposures (buildings, roads, utilities, flammable storage tanks, etc.) approximate distances to the exposures and magazine locations.
- Certificate of Insurance from blasting contractor's insurance carrier.

Completed By

Position

Date

UTILITY – GAS OR ELECTRIC QUESTIONNAIRE

Date

Producer Public Risk Underwriters of Indiana, LLC P.O. Box 1247 Kokomo, IN 46903-1247		Name and Mailing Address:		
Code	Subcode	Website Address Effective Date	Expiration Date	Policy/Account Number:

TYPE OF UTILITY: GAS ELECTRIC

I. COMPLETE THIS SECTION FOR EITHER GAS OR ELECTRIC UTILITIES

A. GENERAL

- Owned by government or utility board district? Yes No
- Privately owned? If yes, complete a. and b. Yes No
 - Name of owner(s): _____
 - Nature of owner: Corporation LLC Partnership Association
 Other (describe) _____
- If operated by someone other than the owner, identify the operator. _____
- Number of years in operation? _____
- Number of years under current owner? _____
- Number of years under current operator? _____
- Territory served? _____

B. CUSTOMERS: Give approximate number of customers classifications *for each utility*:

	Gas	Electric		Gas	Electric
1. Domestic/Residential:	_____	_____	4. Municipal/School:	_____	_____
2. Mercantile/Retail:	_____	_____	5. Unmetered	_____	_____
3. Industrial/Commercial:	_____	_____			

List any customer accounting for more than 5% of average output.

C. ESTIMATED GROSS REVENUE – Current year plus two preceding years, separately for each utility.

	Current Year	Previous Year	Second Previous Year
Gas	_____	_____	_____
Electric	_____	_____	_____

D. EMPLOYEES:

	Number	% of annual turnover	Estimated Payrolls
1. Officers	_____	_____	_____
2. Supervisors	_____	_____	_____
3. Maintenance	_____	_____	_____
4. Clerical	_____	_____	_____

E. GENERAL OPERATIONS & MAINTENANCE

- Does operator have a written operations and maintenance plan and does he keep records necessary to administer the plan? Yes No
- Does the plan include:
 - Employee instructions for normal operations and maintenance? Yes No
 - Specified program(s) to protect the public from hazardous situations? Yes No
 - Initial and recurrent training programs for employees? Yes No
- Does operator have a written emergency plan? Yes No

4. Does emergency plan include:

- Liaison with other utilities and officials? Yes No
 Education plan for customers and general public? Yes No

5. Utility System Map

a. Does map show:

- 1) Major repairs? Yes No
 2) Critical shutoff valves? Yes No
 3) Regulator stations? Yes No

b. Who is responsible for up-dating the map? _____

c. How current is the map? _____

6. Is a customer complaint log maintained? Yes No

7. Current or Future Construction Plans

a. _____% subcontracted out.

b. _____% construction done by insured.

c. Is there a liaison set up with city to close streets and/or work areas? Yes No

d. Are service lines tested prior to going into service? Yes No

e. Is there any interchange of labor between insured and any other operations? Yes No

If Yes, explain: _____

f. List major new facilities to be added this year:

g. Net addition to capacity scheduled for current year:

h. Describe the comprehensive plan in place for replacement of aging facilities including distribution lines. If none, please explain.

i. Are above ground distribution lines being buried? Yes No

j. Does insured sell, install and/or repair household appliances? Yes No

If Yes, give sales splits for each (annual figures)

k. Provide complete loss history for the last five years including:

Date of Loss	Description	\$Paid/Reserved	Insurance Carrier

II. FOR AN ELECTRIC UTILITY, COMPLETE A THROUGH D BELOW.

A. CAPACITY

1. Total generating capacity _____
2. Peak Demand
Maximum peak last year _____ Estimated peak this year _____
3. Capacity of largest generating unit _____
 - a. If diesel, how many generators? _____
How many kilowatt hours generated by each generator?
Unit 1 _____ Unit 2 _____ Unit 3 _____ Unit 4 _____ Unit 5 _____ Total of all _____
 - b. If gas turbine, how much kilowatt hours generated per turbine? _____
Who supplies your gas? _____
 - c. If coal fired, is coal chunk , or pulverized ?
Describe kilowatts generated and give brand name (or name of manufacturer) of boilers

4. How many days of operation at 80% or more of capacity?
Last year _____ Estimate current year _____

B. FACILITIES

1. What percentage of total generating capacity is fueled by:
 - a. Water Power _____ %
 - b. Coal _____ %
 - c. Oil _____ %
 - d. Gas _____ %
 - e. Atomic power _____ %
 - f. Other _____ %
2. High voltage transmission.
Number of miles _____ Miles in densely populated areas _____ Miles in forested areas _____

C. INTER-TIES

1. Does the company participate in a regional grid or power pool? _____
2. Was the company a net importer or exporter of pooled power last year? _____
3. Are spinning reserves maintained? _____
What is average percentage of spinning reserve to total output? _____

D. INTERRUPTIONS OR BLACKOUTS

List any major interruptions during the last three years including cause, number of customers affected and length of outage.

III. FOR A GAS UTILITY, COMPLETE A THROUGH G BELOW

A. UNACCOUNTED-FOR-GAS:

1. If unaccounted-for-gas losses exceed 5% during the past five years, explain in full on separate sheet. Check if sheet is attached.
2. Are leak surveys made within business districts? Yes No How often made? _____
3. Are leak surveys made outside business districts at least every five years? Yes No
4. What type of leak detection methods are used?

5. Does insured make leak surveys? Yes No If no, by whom? _____
What are their qualifications? _____
6. How many of the following types of leaks have been reported?

Class	Last Year	First previous year	Second previous year
a. One	_____	_____	_____
b. Two	_____	_____	_____
c. Three	_____	_____	_____

B. PIPE

1. Steel and cast iron

Amount used (miles)	Pressure involved	PSI	Code	*Cathodic protection
_____	_____	PSI	Code	_____
_____	_____	PSI	Code	_____
_____	_____	PSI	Code	_____
_____	_____	PSI	Code	_____

***NOTE** Cathodic protection above is requesting the code that indicates length of time installed pipe has been cathodically protected. Show the code letter:

- Code A. Protected from first installation. Code D. Protected 3 or more years after pipe installed.
 Code B. Protected after 6 months but not more than one year after installed. Code E. Unprotected pipe.
 Code C. Protected 1 to 3 years after pipe installed.

2. Plastic

Amount Used	Pressures Involved	PSI	Diameters Used
_____	_____	PSI	_____
_____	_____	PSI	_____
_____	_____	PSI	_____

3. Does the insured have a pipe replacement program? Yes No

If "No" – Explain: _____

4. Are gas pipes laid in separate trenches from other utility pipes and lines? Yes No

C. PEAK SHAVING

1. Does insured operate a peak shaving plant? Yes No

If Yes, answer the following:

Type Used

- a. High Pressure: _____
- b. Gas Holder _____
- c. Underground Storage _____
- d. LNG _____
- e. Propane/Air _____

2. System capacity in gallons? _____

3. Surrounding exposures? _____

D. STORAGE

1. Type	# of Tanks	Capacity Per Tank	Total Capacity	Dyked
a. Cryogenic	_____	_____	_____	_____
b. Underground	_____	_____	_____	XXX
c. Salt Dome	_____	_____	_____	_____
d. Above Ground	_____	_____	_____	_____

2. How often are the storage facilities inspected? _____

E. GAS PROCUREMENT

1. Type(s) of gas purchased? _____

2. Is insured involved in oil and/or gas exploration? Yes No

If Yes, explain: _____

F. ODORIZATION

1. Odorized with _____ at a rate of _____ parts per _____ parts of gas.

2. Type of system used? _____

3. How often is odorizer checked? _____

G. PROVIDE THE FOLLOWING

- 1. Copy of current engineering report.
- 2. Copy of all DOT form F-1700 (1700-1 for transmission lines) covering the last operational year.

Completed By _____

Position _____

Date _____

RADIO AND TELEVISION TOWER QUESTIONNAIRE

Date _____

Producer Public Risk Underwriters of Indiana, LLC P.O. Box 1247 Kokomo, IN 46903-1247		Name and Mailing Address: Website Address: Effective Date Expiration Date Policy/Account Number:		
Code	Subcode			

Station Call Letters _____

Location of Tower _____

1. Date erected _____
 Cost _____
 Insured Value _____
2. Type – Guyed or self-supporting _____
3. Height of base above surrounding average terrain _____
4. Tower height (including antenna) _____
5. Tower manufactured by _____
6. Tower erected by _____
7. Maximum wind load for which tower was designed (manufacturer's rating) in pounds per square foot on flat surface _____
8. Are tower members flat or tubular? _____
9. Are guys anchored to concrete dead men? If other – describe _____
10. Describe protection against icing _____
11. Describe protection against lightning _____
12. Has any change been made in the tower or new equipment added thereto since tower was erected? (describe) _____
13. Give full information on tower maintenance program _____
14. Is tower on building? (describe building) _____
15. Any record of subsidence or landslide in area?..... Yes No
16. Any dangerous or unusual wind conditions?..... Yes No
17. Any dangerous or unusual ice conditions?..... Yes No
18. Any heavy trees or structures that may fall against towers or guys in high wind?..... Yes No
19. Is area around foundations and guy anchors cleared regularly of brush and undergrowth?..... Yes No
20. Describe fully any hazardous condition indicated in questions 15 through 19 above _____

List all losses within the past 3 years.

Date of Loss	Amount	Description

Completed By _____

Position _____



AIRPORT QUESTIONNAIRE

Date _____

Producer Public Risk Underwriters of Indiana, LLC P.O. Box 1247 Kokomo, IN 46903-1247 Code _____ Subcode _____	Insured Name and Mailing Address: _____ Website Address _____ Effective Date _____ Expiration Date _____ Policy/Account Number _____
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New _____ Prior Carrier _____ Reason for Change of Carrier _____

Name of Airport _____ Located N E S W of _____ City _____

Total number employees _____

Yes No

Are airport operations leased out to an independent entity? If yes, list entity, insurer and airport limits of liability coverage carried _____

Airport – General Information

Elevation is _____ ft. # of runways _____

Area in acres _____ Longest runway is _____ Ft.

Are any approaches obstructed? Explain: _____

Number of aircraft based at airport: Airline _____ General Aviation _____ Military _____

Runway constructions Concrete Blacktop Turf Gravel Other

Air traffic is controlled by tower or Unicom-operated by _____

Who is responsible for mowing? _____

Who is responsible for snow removal? _____

Are runway lights activated by aircraft radio? If not, who is responsible for turning them on? _____

Is there an airport manager? Employed by _____

Is manager on premises during hours of operation? Hours of operation _____ To _____

Fire station located at airport? If no, how far is it from the airport? _____

Is airport fenced?

Have there been any airshows at this airport in past 12 months?

Are any airshows planned in next 12 mos? Number of fly-in activities (such as flight breakfast) in past 12 mos: _____

Is the field used for parachuting?

Is the field used for ultralite flights?

Is the field used for radio controlled models?

Any recreational or other non-aviation facilities or use of airport premises?

Describe: _____

Is there any farming operation on the field?

List airlines and scheduled air taxis that will serve this airport during the next three years: _____

Type of airline/commuter equipment: _____

	<u>Present Year</u>	<u>Next Year</u>	<u>Following Year</u>
Total estimate arrivals and departures:			
Estimated passengers			
Airline Aircraft			
General aviation aircraft			
Military aircraft			

Operations of Applicant: Indicate all operations and estimated annual gross receipts.

Yes No

Aircraft Painting	\$ _____	Propeller repair or overhaul	\$ _____
Fuel & Lubricants	\$ _____	Aircraft Charter	\$ _____
Engine Overhaul	\$ _____	Flight Instructions	\$ _____
New Aircraft	\$ _____	Helicopter repairs	\$ _____
Used Aircraft	\$ _____	Auto parking	\$ _____
Aircraft parts (not installed)	\$ _____	Aircraft Repair/Service	\$ _____
Tiedowns & Hangering	\$ _____	Aircraft Rental w/o pilots	\$ _____
		Restaurant	\$ _____

List all other sources and receipts. Use separate sheet if needed.

_____ \$ _____ \$ _____
 _____ \$ _____ \$ _____

of tiedown spaces _____ # of hangar spaces owned by applicant _____
 # of hangar spaces not owned by applicant _____

- Contracts – Has applicant entered into any written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc?
- Construction by independent contractors – show estimated cost by type of construction expected during next 12 months.
Runways & Taxiways \$ _____ All others, describe _____
- Does applicant use uniform customer contracts for hangering service, etc? Yes(attach copies), No (explain what is used)
- Is there any crop spraying?

Fueling:

Yes No

- On premises?
- Done by applicant?
- Are static lines attached during all refueling operations?
- Are U.L. approved fire extinguishers on each fueling vehicle?
- Fueling is by: truck hydrant Gas pump Gas pit other _____
- Annual gallonage: Airline _____ Gallons; General aviation _____ Gallons Military _____ Gallons
- Type of fuel sold AVGAS JET FUEL AUTO GAS
- Fuel storage facilities: Undergrnd _____ Gallons; Above grnd _____ Gallons; Diked? Yes No
- Annual gallonage of turbine engine fuel: _____

Loss history and previous aviation insurance: Explain each "YES"

Yes No

- Has applicant had any airport/aviation losses/claims during last five years? (Please explain)
- Has any insurer canceled, declined, or refused to renew any airport/aviation insurance? (Please explain)

Provide name of last or present airport/aviation insurance company:

Completed By

Position

Date

PUBLIC ENTITY ABOVE GROUND TANK QUESTIONNAIRE

Name _____ Policy # _____

TANK	AGE	CONTENTS	CONSTRUCTION	CAPACITY	BELOW GROUND	ABOVE GROUND	INVENTORY CONTROL		CORROSION PROTECTIVE DEVICES	DIKING (ABOVE GROUND ONLY)
							DAILY	WKLY		
#1										
#2										
#3										
#4										
YES										NO
6. Has the applicant ever had any unexplained loss of inventory?										
7. Has the applicant ever had a claim resulting from a tank leak? If Yes, please explain.										
8. Are the premises around the storage tanks diked?										
9. Kept free of weeds and tall grass?										
10. Fenced?										
11. Are the tanks protected by vehicle guardrails?										
12. Are all storage tanks grounded to a depth of 7 feet?										
13. Are NO SMOKING signs posted and enforced?										
14. Describe surrounding exposures										
15. What is dike made of?										
16. Describe foundation supports used for the storage tanks or indicate if they are below ground.										
17. Does the applicant do any service work (including furnace cleaning or pilot light starting) or gas hookup work for others? If Yes, please explain.										