

**GOVERNMENT ENTITY QUESTIONNAIRE (Other Than Educational Institutions)**

Date \_\_\_\_\_

Producer		Name and Mailing Address:		
Code	Subcode	Website Address:		
		Effective Date	Expiration Date	Policy/Account Number:

**DISCLAIMER NOTICE:** Information you provide in this form, and other forms attached, 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.

New  Prior Carrier: \_\_\_\_\_ Reason for Change of Carrier \_\_\_\_\_  
 Population: \_\_\_\_\_ Presiding Official, including title \_\_\_\_\_

Yes No

- 1. Does the entity have buildings or premises large enough to be made available to the general public for functions or gatherings, such as weddings, dances, athletic events, fair, other?  
 If yes, please describe construction, location and use(s): \_\_\_\_\_
  
- 2. Are there any stadiums, bleachers or grandstands that would hold more than 5000 attendees?  
 If yes, please describe construction, location and use(s): \_\_\_\_\_
  
- 3. Is there law enforcement? *If yes, complete CG8235*
- 4. Any mutual aid, sharing or reciprocity agreement for: *Check those that apply and provide a copy*
  - Law enforcement
  - Fire fighting
  - Other emergency services\*\* *Describe\*\** \_\_\_\_\_
  
- 5. Is there a Fire Department? Number of Volunteers \_\_\_\_\_ Number of Paid \_\_\_\_\_  
 What rural areas are served? \_\_\_\_\_  
 Emergency Medical Services extension is requested. *If yes, please list all providers and certification titles* \_\_\_\_\_
  
- Aircraft used for firefighting? Explain: \_\_\_\_\_
- Watercraft used for firefighting? Explain: \_\_\_\_\_
- 6. Any operation, ownership, maintenance, existence or use of any of the following?:
  - a. Airport? *If yes, please complete CG8034*
  - b. Aircraft? *If yes, please complete WC8018.*  
 If leased, will operator furnish Certificate of Insurance?  Yes  No
  - c. Sanitary Landfill? *If yes, please complete CG8016.6*
  - d. Hospital, nursing home or retirement facilities?  
 If yes, please explain: \_\_\_\_\_
  - e. Rescue units or operations in connection with emergency services separate from any in the Fire Department?  
*If yes, please complete CG8234*
  - f. Rifle and/or archery range? Location \_\_\_\_\_  
 Supervised? What posting is present? \_\_\_\_\_  
 Open to Public? Hours open? \_\_\_\_\_
  - g. Zoo, amusement park?  
 Open to Public? Hours open? \_\_\_\_\_  
 How many acres, each? \_\_\_\_\_ How is each supervised? \_\_\_\_\_

Yes No

- h. Swimming pool? *If yes, please complete CG8072*
- Waterslide? *If yes, please complete CG8075*
- If both a pool and waterslide, please complete CG8077*
- Sandpit, public beach or other facility used for swimming?

Explain: \_\_\_\_\_

- i. Electric Utility: Generator? *If yes, please complete CG8236*
- Distributor only? Who is your supplier? \_\_\_\_\_
- Payroll \_\_\_\_\_ Receipts \_\_\_\_\_

- j. Natural Gas Utility Manufacturer? *If yes, please complete CG8236*
- Distributor only? Who is your supplier? \_\_\_\_\_
- What is the age of your system? \_\_\_\_\_ Payroll \_\_\_\_\_ Receipts \_\_\_\_\_

- l. Water Plant? *If no, who is your supplier?* \_\_\_\_\_

- m. Telecommunication Company/Utility? Payroll \_\_\_\_\_ Receipts \_\_\_\_\_
- Details of operation \_\_\_\_\_

- n. Dam, reservoir, levy or lake? *If yes, please complete CG8054.*

- o. Schools and/or colleges? Provide details: \_\_\_\_\_

- p. Housing project(s)? Provide details: \_\_\_\_\_

- q. Penal Institution? Maximum capacity? \_\_\_\_\_
- Separate building? Area \_\_\_\_\_
- Hold individuals for any crime other than misdemeanors?
- Please explain, including term of confinement \_\_\_\_\_

- r. Skateboard facilities? *If yes, please complete CG8232*

- s. Tourist attractions, such as caves or other special attractions?
- Details: \_\_\_\_\_ What fee is charged? \_\_\_\_\_

- 7. Quarry?  Sand Pit?  Gravel Pit?  Who operates? \_\_\_\_\_
- Provide details \_\_\_\_\_
- If leased, will a Certificate of Insurance be required? \_\_\_\_\_
- Number of employees? \_\_\_\_\_ Annual Payroll \_\_\_\_\_
- Training and experience? \_\_\_\_\_ Years in operation? \_\_\_\_\_

- Any explosives or blasting? *If yes, please complete CG8036*

- 8. Ski slopes?  Ski lifts?  Toboggan slopes?  Sledding slopes?

- 9. Any celebrations, exhibitions, athletic or sporting events, recreational programs, fairs, or any other activities?
- If yes, please complete CG8211.*

- 10. Are Certificates of Insurance always required on maintenance and repair jobs performed by subcontractors?
- Please list jobs in progress \_\_\_\_\_

- 11. Any spraying for weed or insect controls? *If yes, please complete CG8016.*

- 12. Are there areas or paths specifically set aside for motorized or non-motorized activities such as bicycling, jogging, motorbike, ATV or inline skating trails? If yes, describe, including information about how each is marked, maintained and/or supervised.

- 13. Number of miles of streets & roads? \_\_\_\_\_

How often maintained and by whom? \_\_\_\_\_

Who builds/constructs? \_\_\_\_\_

- 14. How many bridges? \_\_\_\_\_

How often maintained and by whom? \_\_\_\_\_

Who builds/constructs? \_\_\_\_\_

- 15. What entities are to be included as additional insureds? For each entity, indicate the reason and/or insurable interest. When due to a contractual requirement, please provide a copy of that contract.

Completed By \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_