**PUBLIC ENTITY PAK LIABILITY SUPPLEMENTAL APPLICATION**

Name of Insured:       State :

**You must survey all exposures owned or operated by this public entity. For all “yes” answers, provide additional information as indicated. Use additional paper to fully explain each exposure as needed.**

**Yes No**

[ ]  [ ]  1. **Airports or Aircraft** – (Need to purchase liability coverage with another insurance company and provide us with certificate of insurance.)

[ ]  [ ]  2. **Additional Insureds –** (Liability) Name:       Insurable Interest:

[ ]  [ ]  3. **Adult Day Care –** No. of Individuals:

[ ]  [ ]  4. **Ambulance Service/Rescue Squad** – See Fire/EMS-Pak Application.

[ ]  [ ]  5. **Amusement Park/Mechanical Amusement Devices –** No liability coverage provided

[ ]  [ ]  6. **Animal Control/Housing Facility –** SQ. FT.:       No. of Animals Housed:

[ ]  [ ]  7. **Apartments/Housing Facilities –** No liability coverage provided.

[ ]  [ ]  8. **Asylums, Clinics, Hospitals, Nursing Homes –** No liability coverage provided

[ ]  [ ]  9. **Auditoriums, Convention Centers, Exhibition Halls** – SQ. FT. of each:

[ ]  [ ]  10. **Automobile Parking Lots or Garages** – SQ. FT.:       No. of Parking Spaces:

[ ]  [ ]  11. **Bicycle, Snowmobile or Walking Trails –** No. of Miles­:

[ ]  [ ]  12. **Building Code Enforcement –** No. of People Involved:

[ ]  [ ]  13. **Bridges – Complete CW 34 03**

[ ]  [ ]  14. **Cable TV Franchise or Public Access Channel** – Annual Revenues: $

[ ]  [ ]  15. **Camping Facilities –** No. of Acres:       Annual Revenues: $

[ ]  [ ]  16. **Carnival, Circus, Fairs, Festivals** – **Complete CW 15 43**

[ ]  [ ]  17. **Cemetery or Mausoleums –** No. of Acres:       or Building SQ. FT.:

[ ]  [ ]  18. **Day Care Facility –** No. of Children at any One Time:

[ ]  [ ]  19. **Dams and/or Levees – Complete CW 34 08**

[ ]  [ ]  20. **Electricity Generation** – **Complete CW 34 06**

[ ]  [ ]  21. **Electricity Distribution** – **Complete CW 34 06**

[ ]  [ ]  22. **Employees –** Total No.:

[ ]  [ ]  23. **Employment Agency or Workforce** – Annual No. of Clients:

[ ]  [ ]  24. **Fire Department –** See Fire/ EMS-PAK Application.

[ ]  [ ]  25. **Fireworks Displays** – **Complete CW 15 43 and CW 15 45**

**Yes No**

[ ]  [ ]  26. **Fitness Center –** Gross Sales: $      No. of Members:

[ ]  [ ]  27. **Food Sales** – Annual Gross Sales: $

[ ]  [ ]  28. **Gas Generation** – **Complete CW 34 07**

[ ]  [ ]  29. **Gas Distribution** – **Complete CW 34 07**

[ ]  [ ]  30. **Golf Courses – Complete CW 34 11**

[ ]  [ ]  31. **Grandstand, Stadium, Bleachers –** No.:       Seating Capacity of Each:

[ ]  [ ]  32. **Gravel Pits –** No. of Acres:

[ ]  [ ]  33. **Hall (premises operated by insured for purpose of hiring them to others)**  SQ. FT.:

 For Profit? [ ] Yes [ ]  No

[ ]  [ ]  34. **Herbicide/Pesticide Usage – Complete CW 34 09**

[ ]  [ ]  35. **Jail Cell –** **Complete Law Enforcement Application AP PE 03**

[ ]  [ ]  36. **Landfills/Rubbish Sites (current or previous)** – No. of Acres:

[ ]  [ ]  37. **Land – Vacant** – No. of Acres:       Is the public allowed to use this land? [ ]  Yes [ ]  No.

 If yes, explain:

[ ]  [ ]  38. **Land – occupied by persons other than insured for business reasons –** No. of Acres:\_

 Use of the Land:

[ ]  [ ]  39. **LawEnforcement – Complete Law Enforcement Application AP PE 03**

[ ]  [ ]  40. **Library –** SQ. FT.:

[ ]  [ ]  41. **Liquor Liability – Complete CW 15 48 and Complete AP IL 01***.*

[ ]  [ ]  42. **Nurses** – No. Full-time       No. Part-time       No. Volunteer

[ ]  [ ]  43. **Museums –** SQ. FT.:       of each. For Profit: [ ]  Yes [ ]  No

[ ]  [ ]  44. **Parks, Playgrounds, Nature Preserves, Recreation Areas – Complete CW 34 14**

[ ]  [ ]  45. **Polling Places** (leased only) – SQ. FT.:

[ ]  [ ]  46. **Population –** Total No. of Residents as of Last Year:

[ ]  [ ]  47. **Premises Rented To Others (other than Halls listed above) –** Answer for EACH premises: Who?

 SQ. FT. of:       Type of Business:       For Profit? [ ]  Yes [ ]  No

[ ]  [ ]  48. **Public Transportation –** Annual No. of passengers:

[ ]  [ ]  49. **Racetrack –** No liability coverage provided.

[ ]  [ ]  50. **Schools** (Controlled by City) – Grades Served:       Total No. of Students:

[ ]  [ ]  51. **Senior Citizens Centers –** SQ. FT.:

[ ]  [ ]  52. **Sewage Treatment Facilities and Sewer Lines – Complete CW 34 04**

[ ]  [ ]  53. **Sewer – EXISTENCE AND MAINTENANCE HAZARD ONLY – Complete CW 34 04**

[ ]  [ ]  54. **Shooting or Archery Ranges** – **Complete CW 34 12**

[ ]  [ ]  55. **Skating Rinks –** Annual Revenues: $      No. of Ice:       No. of Roller:

**Yes No**

[ ]  [ ]  56. **Skateboard Park** – **Complete CW 34 10**

[ ]  [ ]  57. **Ski, Sled or Toboggan Hill –** No liability coverage provided

[ ]  [ ]  58. **Special Events – Complete CW 15 43**

[ ]  [ ]  59. **Street, Road or Bridge CONSTRUCTION – Complete CW 34 03**

[ ]  [ ]  60. **Street or Road MAINTENANCE or EXISTENCE HAZARD ONLY – Complete CW 34 03**

[ ]  [ ]  61. **Swimming Pools or Water Slides** – **Complete CW 34 14**

[ ]  [ ]  62. **Water Exposure** – **Complete CW 34 14**

[ ]  [ ]  63. **Water and Sewer Operations – Limited Pollution Coverage – Complete CW 34 04, CW 34 05 and CW 34 09**

[ ]  [ ]  64. **Waterworks Utility and Water Towers –** **Complete CW 34 05**

[ ]  [ ]  65. **Wrecking or Demolition Operations –** Annual Cost $      or Annual Gross Payroll $

[ ]  [ ]  66. **Youth Recreation Programs –** **Complete CW 34 14**

[ ]  [ ]  67. **Zoning Enforcement –** No. of People Involved:

[ ]  [ ]  68. **Zoos** – **Complete CW 34 15**

[ ]  [ ]  69. **OTHER :** **(describe)**

**Note: this is not intended to be a complete list of exposures; refer to your policy for exposures unique to your operation and provide class codes and premium basis.**

**THE INSURED AND AGENT ACKNOWLEDGE THAT, TO THE BEST OF THEIR KNOWLEDGE, THESE ARE THE ACTIVITIES/EXPOSURES OF THIS INSURED.**

**Agent Signature Date Insured Signature Date**