



Astra Insurance Group
 1-888-225-8933
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PUBLIC ENTITY PACKAGE POLICY APPLICATION

CLIENT INFORMATION			
Name	Lapel, Town of		
Address	825 N. Main St. P.O. Box 999		
City, State, Zip	Lapel, IN 46051		
County	Madison	Website	http://lapelindiana.org/
Population	2442	Year Established	1876
Federal Employer Identification Number	35-6001083		

POLICY TERM			
Effective Date	04/01/24	Expiration Date	04/01/25
Date Quote Needed	Town Council meeting 3/21/24		

AGENCY		
Name	Producer	Producer Email
Myers Insurance and Real Estate LLC	Sean Connolly	sean@myersagency.com

ENTITY CONTACTS				
Name	Position/Title	Phone	Cell	email
Kelly Nasselroad	Police Chief	(765) 534-4600		police@lapelindiana.org
Teresa Retherford	Clerk	(765) 534-3157		teresa@lapelindiana.org

LOSS RUNS – PLEASE ATTACH THE FOLLOWING FOR ALL LINES
Five years of loss runs from prior carriers excluding those carriers of the Astra Program. The loss run reports should be no older than six months prior to the expiration date of the policy.

TERRORISM COVERAGE	Yes/No
Include Terrorism Coverage on the following lines if included in the quote: Property, Equipment Breakdown, Inland Marine, General Liability and Excess	Yes



PROPERTY COVERAGE

Building and Personal Property		Amount	
Building and Personal Property		\$8,497,996	
Specific Building and Personal Property Limit		\$ 0	
Additional Coverages		Standard	Requested
Ordinance or Law - Combined Demolition Cost and Increased Cost of Construction		\$500,000	\$500,000
Business Income		\$250,000	\$250,000
Extra Expense		\$500,000	\$500,000
Valuation			
Building and Personal Property Coinsurance Percentage		80%	90% X 100%
Source of Building Values			
Date of last appraisal			
Agreed Amount		No	
Business Income Coinsurance Percentage - Submit a Business Income Worksheet for other options		50%	
Perils			
Causes of Loss – Special Form		Included	
Flood - Annual Aggregate (Excluding Flood Zones - A, A1-A30, AE, AH, AO, A99, AR, AR/AE, AR/AH, AR/AO, AR/A1-A30, V, V1-V30, VE or VO)		Not Covered	
Earthquake and Volcanic Eruption - Annual Aggregate		\$6,946,690	
Equipment Breakdown Limit		\$8,497,996	
Deductibles			
Building and Personal Property		\$2,500	
Electric Substations and Transformers		\$2,500	
Flood		Not Covered	
Earthquake and Volcanic Eruption		\$25,000	
Equipment Breakdown - All Other Property		\$2,500	
Equipment Breakdown - Deep Well Pumps, Electric Substations, Transformers		\$2,500	
Policy Amended Coverage Endorsement (PACE Extensions)		Standard	Requested
Please indicate if higher limits than standard limits shown are needed.			
Animal Injury or Mortality		\$10,000	\$10,000
Buildings in the Course Of Construction		\$500,000	\$500,000
Debris Removal – Additional Limit		\$50,000	\$50,000
Newly Acquired or Constructed Property – Building		\$1,000,000	\$1,000,000
Newly Acquired or Constructed Property – Personal Property		\$1,000,000	\$1,000,000



Newly Acquired or Constructed Property – Extra Expense	\$1,000,000	\$1,000,000
Outdoor Property – Limited to Certain Perils subject to a Max Limit of \$5,000 For Any One Item	\$100,000	\$100,000
Personal Effects	\$5,000 per Premises / \$50,000 per Occurrence	\$5,000
Pollution Clean Up and Removal	\$50,000	\$50,000
Property in Transit	\$200,000	\$200,000
Spoilage – Loss of Refrigeration	\$25,000	\$25,000
Utility Services Interruption – Property, Business Income and Extra Expense	\$250,000	\$250,000
Policy Amended Coverage Endorsement (Other PACE Extensions)	Amount	
Arson Reward	\$1,000 per person subject to \$5,000 Maximum	
Claim Preparation Expenses	\$50,000	
Crime Reward	\$1,000 Per Person subject to \$5,000 Maximum	
Errors and Omissions	\$100,000	
Expediting Expense	\$250,000	
Fine Arts - Unscheduled	\$50,000	
Fire Department Service Charge	\$25,000	
Fire Protection Devices – Refill/Recharge	\$25,000	
Ground Maintenance Equipment	\$50,000	
Landscaping - Unscheduled	\$50,000	
Lock Re-Keying/Replacement	\$2,500	
Property Off Premises	\$50,000	

Indiana only - Mine Subsidence	Yes/No/Other
I wish to purchase Mine Subsidence Coverage for structure indicated in the Statement of Values below.	No

PROPERTY EXPOSURES AND SCHEDULES

Flood – Please respond to the following if requesting Flood Coverage.	Yes/No/Other
Do you have any buildings located in Flood Zone Zones A, A1-A30, AE, AH, AO, A99, AR, AR/AE, AR/AH, AR/AO, AR/A1-A30, V, V1-V30, VE or VO A?	No
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 five years?	No
If Yes, describe the location, the nature of the flooding and the date on which it occurred.	



Statement of Values – 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.

Note: Detached Signs – Should be included on the statement of values if the value is greater than \$2,500

(2) Latest property appraisal on any building.



STATEMENT OF VALUES (SOV)

Complete the SOV below or provide a Property Schedule or Property Appraisal with equivalent information. Information can be submitted by email, fax or USPS. Provide all information including a description of all property in the open.

Prem#	Bldg#	Building Name	Occupancy	Address (No., Street, City)	PC	# Stories	Square Feet	Year Built	Construction Code	100% Building Values	100% Personal Property Values	Valuation ⁽¹⁾	IN Only Mine Subsidence Limit
1	1	Sewage Plant	Sewage Plant	705 W Pendleton Ave	4	1			6	\$2,239,895	\$ 0	RC	\$ 0
2	1	Garage	Garage	736 Ford Street	4	1	1,000		4	\$84,665	\$ 0	RC	\$ 0
3	1	Concession-Restroom	Concession-Restroom	South Main St	4	2			4	\$38,666	\$ 0	RC	\$ 0
3	2	Concession Stand	Concession Stand	South Main St	4	1			4	\$13,302	\$ 0	RC	\$ 0
3	3	Decorative Light Poles	Light Poles	South Main St	4	1			3	\$159,628	\$ 0	RC	\$ 0
3	4	Picnic Shelter	Picnic Shelter	South Main St	4	1			1	\$8,580	\$ 0	RC	\$ 0
3	5	Playground Equipment	Playground Equipment	South Main St	4	1			3	\$18,029	\$ 0	RC	\$ 0
4	1	Water Plant	Water Plant	38th Street	4	1			3	\$93,739	\$ 0	RC	\$ 0
4	2	Antenna	Antenna	38th Street	4	1			3	\$2,611	\$ 0	RC	\$ 0
4	3	70' Water Tower	Water Tower	38th Street	4	1			3	\$630,930	\$ 0	RC	\$ 0
4	4	Concession-Restroom - Girls Softball	Concession-Restroom	38th Street	4	1			4	\$13,302	\$ 0	RC	\$ 0
4	5	Storage 50X185	Storage	38th Street	4	1	9,250		1	\$1,604,316	\$ 0	RC	\$ 0
4	6	Storage 12X20	Storage	38th Street	4	1	240		1	\$6,464	\$1,741	RC	\$ 0
4	7	Water Treatment Plant	Water Treatment Plant	38th Street	4	1			4	\$1,934,685	\$ 0	RC	\$ 0
4	8	Sewage Lift	Sewage Lift	38th Street	4	1			4	\$27,725	\$ 0	RC	\$ 0
5	1	Police Station	Police Station	720 Ford St	4	1	1,353	1980	4	\$483,757	\$75,960	RC	\$ 0
5	2	Well House	Well House	720 Ford St	4	1			4	\$77,327	\$39,036	RC	\$ 0
6	1	Sewage Lift Station	Sewage Lift Station	North Main St	4	1			4	\$32,323	\$ 0	RC	\$ 0
7	1	Sewage Lift Station	Sewage Lift Station	300S Brookside Addition	4	1			4	\$32,323	\$ 0	RC	\$ 0
8	1	Well House	Well House	5501 S State Rd 13	4	1			4	\$31,827	\$39,036	RC	\$ 0
9	1	Sewage Lift Station	Sewage Lift	Fishersburg Sewage	4	1			4	\$27,725	\$ 0	RC	\$ 0

			Station	Liftstation									
10	1	Sewage Lift Station	Sewage Lift Station	SR 32 and 1000 W	4	1			4	\$27,725	\$ 0	RC	\$ 0
11	1	Walking Bridge	Bridge	9346-9440 W 300 S	4	1			4	\$12,681	\$ 0	RC	\$ 0
12	1	Fiberglass Bulldog	Bulldog Statue	9th and Main St	4	1			3	\$2,611	\$ 0	RC	\$ 0
13	1	Gazebo	Gazebo	Co Rd 200 S and Vine St	4	1			3	\$16,410	\$ 0	RC	\$ 0
13	2	Picnic Shelter	Picnic Shelter	Co Rd 200 S and Vine St	4	1			1	\$8,826	\$ 0	RC	\$ 0
13	3	Picnic Shelter	Picnic Shelter	Co Rd 200 S and Vine St	4	1			1	\$8,826	\$ 0	RC	\$ 0
13	4	Picnic Shelter	Picnic Shelter	Co Rd 200 S and Vine St	4	1			1	\$8,826	\$ 0	RC	\$ 0
13	5	Splash Park	Splash Park	Co Rd 200 S and Vine St	4	1			3	\$88,463	\$ 0	RC	\$ 0
14	1	Town Hall with Basement	Office	825 N Main St	4	1	2,232	1914	4	\$573,300	\$ 0	RC	\$ 0
15	1	Pergola	Pergola	Central Park	4	1			4	\$3,109	\$ 0	RC	\$ 0
15	2	2 Park Bench Bike Rack	Park Bench Bike Rack	Central Park	4	1			4	\$11,189	\$ 0	RC	\$ 0
15	3	Water Fountain	Water Fountain	Central Park	4	1			4	\$3,731	\$ 0	RC	\$ 0
16	1	Concession/Bathroom Brookside Park	Concession/Bathroom	950 South	4	1			1	\$12,098	\$ 0	RC	\$ 0
16	2	Shelter House Brookside Park	Shelter	950 South	4	1			1	\$2,609	\$ 0	RC	\$ 0

- (1) RC Replacement Cost
ACV Actual Cash Value
FRC Functional Replacement Cost
HV Historical Value

Prem#	Bldg#	Building Name	Percentage of building covered by sprinklers	Fire Detection Local or Central or None	Smoke Detection Yes or No	Burglar Alarm Local or Central or None	Is the Building Vacant
1	1	Sewage Plant	0				No
2	1	Garage	0				No
3	1	Concession-Restroom	0				No
3	2	Concession Stand	0				No
3	3	Decorative Light Poles	0				No
3	4	Picnic Shelter	0				No

3	5	Playground Equipment	0				No
4	1	Water Plant	0				No
4	2	Antenna	0				No
4	3	70' Water Tower	0				No
4	4	Concession-Restroom - Girls Softball	0				No
4	5	Storage 50X185	0				No
4	6	Storage 12X20	0				No
4	7	Water Treatment Plant	0				No
4	8	Sewage Lift	0				No
5	1	Police Station	0				No
5	2	Well House	0				No
6	1	Sewage Lift Station	0				No
7	1	Sewage Lift Station	0				No
8	1	Well House	0				No
9	1	Sewage Lift Station	0				No
10	1	Sewage Lift Station	0				No
11	1	Walking Bridge	0				No
12	1	Fiberglass Bulldog	0				No
13	1	Gazebo	0				No
13	2	Picnic Shelter	0				No
13	3	Picnic Shelter	0				No
13	4	Picnic Shelter	0				No
13	5	Splash Park	0				No
14	1	Town Hall with Basement	0				No
15	1	Pergola	0				No
15	2	2 Park Bench Bike Rack	0				No
15	3	Water Fountain	0				No
16	1	Concession/Bathroom Brookside Park	0				No
16	2	Shelter House Brookside Park	0				No



INLAND MARINE COVERAGE

Inland Marine Coverages Please indicate if higher limits than standard limits shown are needed.	Standard	Requested
Accounts Receivable	\$100,000	\$100,000
Valuable Papers	\$100,000	\$100,000
Valuable Papers Deductible		\$1,000

Computer Coverage	Standard	Requested
Computer Equipment	\$10,000	\$12,249
Computer Media	\$5,000	\$6,125
Computer Data	\$5,000	\$6,125
Computer Coverage - Business Income	\$1,000	\$1,000
Computer Coverage - Extra Expense	\$5,000	\$5,000
Computer Property Away From Your Premises and Computer Property in Transit	\$2,000	\$2,000
Computer Deductible		\$1,000

Mobile and Portable Equipment	Standard	Requested
Schedule Mobile and Portable Equipment		Complete Schedule Below
Unscheduled Mobile and Portable Equipment - Subject to \$5,000 Any One Item	\$5,000	\$29,626
Mobile and Portable Equipment Deductible		\$500

Scheduled Fine Arts		
Schedule Fine Arts		Complete Schedule Below
Scheduled Fine Arts Deductible		Not Covered

INLAND MARINE SCHEDULES

Mobile and Portable Equipment Schedule – No Changes for 2024			
Item #	Description (Include Year, Make, Model, etc.)	Serial No.	Replacement Cost
1	2013 Triton Diesel Generator		\$64,695
2	2015 Frontier RC2072 Lift Rotary Cutter		\$2,573
3	1990 John Deere Scoop		\$6,125
4	2004 John Deere Skid Steer		\$23,271
5	2005 John Deere Trencher		\$6,125



6	Vermeer 1250 Wood Chipper		\$15,311
7	1993 American Roads Leaf Vacuum		\$14,760
8	2017 Cat Backhoe		\$93,080
9	2014 Ferris Lawn Mower	2016576526	\$12,792
10	H1730E Simplicity Snow Blower	2016870040	\$1,930
11	Pothole Asphalt Patching Recycle Trailer		\$12,067
Total			\$252,729

Scheduled Fine Arts Schedule		
Item #	Description (Include an Appraisal for Each Item)	Appraised Value
Total		\$ 0

CRIME COVERAGE

Crime Coverage	Standard	Amount
Employee Theft Limit	\$5,000	\$5,000
Forgery and Alteration Limit	\$5,000	\$5,000
Money Orders and Counterfeit Money Limit	\$5,000	Not Covered
Computer and Frauds Transfer Fraud Limit	\$5,000	\$5,000
Social Engineering Fraud Limit	\$5,000	\$5,000
Inside the Premises – Theft of Money and Securities Limit	\$5,000	\$5,000
Outside the Premises Limit	\$5,000	\$5,000

Crime Deductibles	Amount
Employee Theft Deductible	\$250
Forgery and Alteration Deductible	\$250
Money Orders and Counterfeit Money Deductible	Not Covered
Computer and Funds Transfer Fraud Deductible	\$250
Social Engineering Fraud Deductible	\$250
Inside the Premises – Theft of Money and Securities Deductible	\$250
Outside the Premises Deductible	\$250

CRIME QUESTIONNAIRES AND SCHEDULE



Crime – Please respond to the following if requesting Crime Coverage.	Yes/No/Other
Are audits performed on a regular basis?	Yes
Frequency of audits	2-3 Years, typ annual
Were any discrepancies or loose practices commented on the latest audit?	Not Applicable
If Yes, attach a copy of the audit	Attach Audit
Are credit checks secured for employees with access to financial transactions?	No
Are criminal background checks done on all employees with access to financial transactions?	Yes
Are bank accounts reconciled by someone not authorized to deposit or withdraw?	No

Crime – Please respond to the following if requesting any Crime Coverage limits greater than \$100,000	Yes/No/Other
What amount of money is handled during an annual term?	
What is the largest amount at any one time under any one individual's control?	
Are funds deposited the same day they are received?	
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.	

Faithful Performance of Duty Questionnaire – Please respond to the following if requesting Crime Coverage for any individuals who are required to carry a bond	Yes/No/Other
Do your statutes/resolutions allow the fiscal officer or other positions to be covered under a crime policy rather than being bonded?	
List all positions or individuals to be included under the crime policy rather than a bond on the Crime Schedule below by position title.	
Has any employee been declined for a bond or crime coverage?	
If Yes, explain who, when, why and by whom.	



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.



LIABILITY COVERAGE

General Liability – Occurrence Form	Amount
Bodily Injury and Property Damage - Each Occurrence	\$1,000,000
Personal & Advertising Injury – Any One Person or Organization	\$1,000,000
Damage to Premises Rented To You – Any One Premises	\$100,000
General Aggregate	\$3,000,000
Product–Completed Operations Aggregate	\$3,000,000
General Liability Deductible	\$0

Medical Payments	Standard	Requested
Any One Person	\$5,000	\$5,000
Any One Accident	\$5,000	\$5,000

Employee Benefits	Amount
Employee Benefits Liability – Each Employee	\$1,000,000
Employee Benefits Liability Aggregate	\$3,000,000
Employee Benefits Liability Deductible	\$0
Is current Employee Benefits Liability coverage Occurrence or Claims Made?	Occurrence
If Claims Made, Current Employee Benefits Retroactive Date	

Pennsylvania Only - Heart and Lung Act	Amount	Requested Yes/No
Temporary Salary Reimbursement Coverage	\$25,000 Each Covered Employee \$100,000 Each Accident \$250,000 Aggregate	No

LIABILITY SCHEDULES AND QUESTIONNAIRES

Liability Exposures

Review the Operations/Exposure List and for each Operation/Exposure applicable to your entity provide. If shown in the Known Operations/Exposures List, update the details.

If not shown in the Known Operations/Exposures List provide the following in the New/Additional Operations/Exposures List:

1. The Operations/Exposure and Exposure Base;
2. A detailed description of the exposure;
3. The amount of exposure (per the exposure base noted in 1. Above)
4. If the Operations/Exposure is subcontracted;
5. If the Operation/Exposure is subcontracted, does the subcontractor provide insurance coverage; and
6. If the subcontractor does provide insurance, what limits does it provide;



Known Operations/Exposures List

1. Operation/Exposure and Exposure Base	2. Description of Operation/Exposure	3. Exposure Amount	4. Sub-contracted (Yes/No)	5. Contractor Provides Coverage (Yes/No)	6. Contractor Limits of Insurance
Governmental Subdivision - Municipalities Less Than 2,500 Population	Population	2442(no change)	No		
Medical Payments	Each Location	13	No		
Skate Parks	Each Park	1 (no change)	No		
Streets, Roads, Highways and Bridges	Each Mile	26(no change)	No		
Employee Benefits	Each Employee	14	No		
Gas Companies	Each Connection	851	Yes		
Sewage Disposal - Plant Operations	Each Connection	1031	No		
Water Companies - Distribution and Treatment	Each Connection	968	No		

New/Additional Operations/Exposures List

NO CHANGES SINCE 2023

Operation/Exposure	Exposure Base	Detailed Description of Operation/Exposure	Exposure Amount	Sub-contracted (Yes/No)	Contractor Provides Coverage (Yes/No)	Contractor Limits of Insurance
Amusement Parks and Devices	Each Park or Device					
Beaches with Public Swimming	Each Beach					
BMX Trails/Tracks	Each Trail					
Boats - For Rent	Each Boat					
Boats - Not for Rent	Each Boat					
Bus Stations and Bus or Air Terminals	Each Station or Terminal					
Campgrounds	Each Site					
Commercial or Industrial Rental Properties	Area					
Dams, Levees, Dikes	Each Dam, Levee, Dike					
Diving Boards or Platforms	Each Board or Platform					
Dwellings - One family	Each Dwelling					
Dwellings - Two family	Each Dwelling					



Dwellings - Three family	Each Dwelling					
Dwellings - Four family	Each Dwelling					
Electric Utility (Light and Power Companies)	Each Connection					
EMTS, Nurses Professional	Each EMT or Nurse					
Exhibition, Convention, Arenas, Auditoriums	Area					
Fireworks (Sponsored by the Entity)	Each Event					
Firing Range Open to the Public	Each Range					
Garbage or Refuse Landfill or Dump	Each Site					
Gas Companies	Each Connection					
Golf Courses	Gross Sales					
Healthcare Facilities	Each Facility					
Housing Projects, Public Housing	Units					
Libraries	Square Footage					
Inflatable Amusement Devices	Each Device					
Marinas and Boat Yards	Gross Sales					
Preschool, Head Start, Recreation Programs for Children Under Age 5	Each Child					
Recreation Programs including, Zip Lines, Bungee Jumping or Climbing Walls	Number of Participants					
Restaurant	Gross Sales					
Saddle Horses for Rent	Each Animal					
Sewer - Wastewater Collection with Treatment	Each Connection					
Sewer - Wastewater Collection w/out Treatment	Each Connection					
Skate Park	Each Park					
Skating Rink - Ice	Each Rink					
Ski Facilities	Each Facility					
Solar Energy Systems – (Solar Arrays or	Each Array					



Solar Panels)						
Stadiums (Greater than 5,000 seating)	Seating Capacity Greater Than 5,000					
Streets, Roads, Highways or Bridges	Each Mile					
Swimming Pools	Each Pool					
Transportation Dial and Ride	Annual Calls					
Transportation Regular Route Pickup	Each Bus					
Water Distribution w/out Treatment	Each Connection					
Water Distribution with Treatment	Each Connection					
Waterslides	Each Slide					
Wharves, Piers, Docks	Each Warf, Pier or Dock					
Wind Turbines	Each Turbine					
Zoos	Each Zoo					
Other	Each					
Other	Each					
Other	Each					

Coverage Information – PROVIDE COPIES OF THE FOLLOWING FOR NOTED OPERATIONS	
<ol style="list-style-type: none"> 1. Provide a copy of the latest engineer's inspection for all Dams, Dikes or Levees. 2. Provide a copy of the latest programs for any Park or Recreation departments. 3. Complete separate Questionnaires for any of the following exposures: Habitational operations including dwellings, apartments or homes; Healthcare facilities including clinics, nursing or hospital facilities; or Preschools, Latchkey or Daycares operations. 	

Contracted/Shared Services Questionnaire		Yes/No/Other
Do you subcontract any operations/services that are not specifically listed under Liability Exposures? (For example, Law Enforcement, Fire or EMT)		Yes
If Yes, describe the operations.	Lapel Stony Creek Township Fire Territory and Gas line installation and testing. Gas Line - USDI	
Do you have written contracts governing all subcontracted operations?		Yes
If No, indicate which operations do not have written contracts.		
Do you require certificates of insurance from each subcontractor?		Yes



Do you have any shared services, joint service agreements or task forces?	No
If Yes, describe the shared services and provide a copy of the governing documents or contracts.	

Fire And Emergency Services	Number
Number of paid firefighters?	0.00
Number of volunteer firefighters?	0.00
Number of EMT's	0
Is the Fire and/or Emergency Service a separate legal entity?	Yes
Is the Fire and/or Emergency Service currently separately insured?	
If currently separately insured, what coverages are provided and by whom?	
Does our entity have any control over the volunteers or employees of the Fire and/or Emergency Services?	
If Yes, explain the entities responsibilities and oversight.	
Are the fire vehicles registered in the entities name?	
How many of the vehicles are EMS certified?	

Fireworks	Yes/No/Other
Does the entity have any fireworks displays?	No
Has the permit process and approval for fireworks been completed and approved for the event?	
Where are fireworks set off from?	
Who sets up and ignites the fireworks?	
Is there a contract with the pyrotechnician?	
What limits of insurance are carried by the pyrotechnician?	
Are any fireworks, not sponsored by the entity, allowed on entity property?	
Describe any non entity sponsored fireworks displays on entity property including frequency, size of mortars, if permits is issued, is fire marshal advised, etc.	
Provide a copy of the contract with the pyrotechnician and the Certificate of Insurance for the pyrotechnician for each event.	

Herbicide/Pesticide Applicators – Licenses		
Name of Licensed Applicator (Where required by State law)	License Expiration Date	Copy of License Provided
None/No exposure		

Inflatable And Other Amusement Devices	Yes/No/Other
Note: Inflatables and Amusement Devices are excluded and must be disclosed below to be covered.	
Does the entity rent any inflatable devices?	No
How many does the entity rent annually?	



How often does the entity rent annually?	
Describe the inflatable device(s) rented.	
Does the vendor assemble and disassemble the inflatable device?	
Who operates the inflatable device?	
Does the vendor provide evidence of Liability insurance showing at least \$1,000,000 per occurrence limit?	
Is entity named as an additional insured on the vendor policy?	
Who reviews the rental agreement?	
Is the rental agreement signed by an authorized entity representative?	
Does the entity own inflatable devices?	No
How many does the entity own?	
How often does the entity use owned inflatables devices annually?	
Describe the owned inflatable devices.	
Are owned inflatable devices operated at entity sponsored events only?	
Are owned inflatable devices rented to others?	
Does the entity own or rent any other amusement devices? (ie: miniature trains, mechanical rides, mobile zip line, mobile climbing wall,	No
If Yes, describe each device and whether it is owned or rented.	

Parks and Playgrounds (No change from 2023)	Yes/No/Other
Number of parks?	4
Is there playground equipment at the park(s)?	Yes
Are there any buildings at the park(s)?	Yes
If Yes, what type of facilities?Non	Picnic shelters, pergola, splash pad
Are all buildings listed on SOV?	Yes
If No, why are those buildings not included on the SOV?	
Is all Property in the Open listed on the SOV?	
If No, describe that property and why it is not included on the SOV?	
What amenities are at the parks? (ie: basketball court, horseshoe pit, shelters, etc.)	Paved trails, splash pad, playground equip
Is there any equipment to rent or borrow at the parks? (ie: paddle boats, kayaks, canoes, etc.)	No
If Yes, describe rentals.	

Pollution Exceptions Questionnaire – No changes for 2024	Yes/No
Indicate Yes or No if limited pollution is needed for the following operations.	
Pesticide or herbicide chemical application	No
Water treatment chemical application for the sole purpose of purifying or treating water	Yes



Swimming pool chemical application for the sole purpose of treating water for recreational swimming	No
Street and road chemical application during snow and ice removal	Yes
Fire and hazmat chemical application during emergency operations	No
Mace, Pepper Spray and Tear Gas Release in an emergency situation as part of law enforcement operations	Yes

Sexual Abuse Injury	Yes/No
Did the entity have separate Sexual Abuse Injury Coverage?	No
If Yes, was the coverage Claims Made or Occurrence?	
If Claims Made, current Sexual Abuse Injury retroactive date.	

Solar Array	Yes/No/Other
Address of array	None/No Exposure
Describe the locations proximity to any building.	
Year built?	
Who is the manufacturer?	
Who is the installer?	
Describe the maintenance schedule.	
Who is the service contractor?	
What is the maximum KVA?	
What is the 100% Replacement Cost value?	
Do you sell excess power?	
What is the 100% Business Income value?	
What is the current Business Income limit?	
What is the current Extra Expense limit?	

Therapy Animals – Ownership And Use	Yes/No/Other
Are any therapy animals present in any operations or events?	None/No Exposure
If Yes, provide the type and number of animals.	
If Yes, does the entity own the animal(s)?	
If No, is the dog covered under insurance by the owner?	
Is the therapy animal registered?	
Provide a copy of the animal's most recent certification.	
Describe how the animal is incorporated into the curriculum.	
How often do therapy animals visit entity facilities?	



Is the therapy animal on a leash or restraint in the presence of others?	
Provide any additional information on therapy animal use and controls.	

Wind Turbines Complete the Questions below for all turbines Complete the Schedule below for each turbine	Yes/No/Other
What is the 100% Replacement Cost value?	None/No Exposure
Do you sell excess power?	
What is the 100% Business Income value?	
What is the current Business Income limit?	
What is the current Extra Expense limit?	

Turbine #	Location/ Address	Year Built	Manufacturer	Installer	Height	Maximum KWA	Maintenance Schedule	Written service agreement on file (Yes/No)

Special Events

Name of Event	Average Attendance	Describe/List Activities	# Days	Does Each Vendor Provide Liability Insurance	Does Each Vendor Name the Entity on Their Insurance	Vendor Insurance Policy Minimum Limits of Insurance	Is Liquor Provided	Who Serves/Sells Liquor	Is a Separate Liquor Liability Policy In Place	Separate Liquor Policy Limits of Insurance



UNMANNED AERIAL SYSTEMS

Coverage Information – PLEASE ATTACH THE FOLLOWING	
(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. (2) A current list of certified UAS pilots and copies of the FAA Certificate of Authorization for each pilot. (3) Five years of loss runs from prior carriers for any years not covered through the Astra program. The loss run reports should be no older than six months prior to the expiration date of the policy.	
Expiring Information	
Expiring Carrier	
Expiring Property Damage Limit	
Expiring Property Damage Deductible	
Expiring Liability Limit	
Expiring Liability Deductible	
Expiring Premium	
Underwriting Information	
The town will be establishing a UAS device and program in the future, timing is currently unknown	
Enter Property Damage Limits on UAS Schedule	None
Property Damage Deductible (Minimum Property Damage Deductible - \$1,000)	None
Requested Liability Limit of Coverage (Maximum Limit of Coverage - \$500,000)	None
Liability Deductible (Minimum Liability Deductible – No Deductible)	None
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 by 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.	
Risk Management	
Indicate if the UAS includes the fail safe technologies	
Indicate if the UAS includes geofencing	
Indicate if the UAS includes low battery warning	
Indicate if the UAS includes auto landing	
Indicate if the entity has written policies and procedures assessing operating environment	
Indicate if the entity has written policies and procedures assessing weather conditions	

Indicate if the entity has written policies and procedures assessing flight restrictions	
Indicate if the entity has written policies and procedures assessing notification of those directly participating in the operation	
Indicate if the entity has written policies and procedures addressing emergency procedures	
Indicate if the entity has written policies and procedures addressing contingency procedures	
Indicate if the entity has written policies and procedures addressing roles and responsibilities of the pilot in command and anyone operating the UAS under the direction of the pilot in command	
Indicate if the entity has written policies and procedures addressing protection of individual privacy and civil rights	
Indicate if the entity has written policies and procedures addressing retention, disclosure, destruction of information	
Indicate if the entity has written policies and procedures addressing the need of warrants for law enforcement use	

Unmanned Aerial Systems Schedule						
UAS #	Manufacturer and Specifications of UAV	Manufacturer and Specifications of Base Station and Transmitter	Payload Size and Content	Total Weight of UAV and Payload	Primary Purpose/ Operation	Replacement Cost of UAS



MALICIOUS ACT COVERAGE

Malicious Act	Amount
Malicious Act – General Aggregate	\$1,000,000
Death Benefit – Aggregate	\$1,000,000
Death Benefit – Per Insured	\$25,000
Medical Expenses – Aggregate	\$25,000
Medical Expenses – Per Insured	\$5,000
Emergency Medical Services – Aggregate	\$5,000
Emergency Medical Services – Per Insured	\$1,000
Funeral Services – Aggregate	\$25,000
Funeral Services – Per Insured	\$1,000
Personal Counseling – Aggregate	\$10,000
Personal Counseling – Per Insured	\$2,500
Travel Services – Aggregate	\$25,000
Travel Services – Per Insured	\$5,000

LAW ENFORCEMENT LIABILITY COVERAGE

Law Enforcement Liability	Amount
Law Enforcement Liability - Each Wrongful Act	\$1,000,000
Law Enforcement Liability - Annual Aggregate	\$3,000,000
Law Enforcement Liability Deductible	\$5,000
Is current Law Enforcement Coverage Occurrence or Claims Made?	Occurrence
If Claims Made, Current Law Enforcement Retroactive Date	

Law Enforcement Medical Expense	Amount
Any One Person	\$10,000
Any One Accident	\$50,000

General Information	Number
Number of Full Time Arresting Officers	6
Number of Part Time Arresting Officers	1
Number of Certified Auxiliary Officers with Arrest Power and Carrying Weapons	5 (no change)



Number of Non-Certified Auxiliary Officers with No Arrest Power and Not Carrying Weapons	0
Number of Canine Officers	0
Does the entity operate a Temporary Holding Facility	No
Number of Beds in a Temporary Holding Facility	0
Number of Persons processed through the Temporary Holding Facility on a weekly basis regardless of the time spent	0

Law Enforcement Questionnaire – No changes in 2024	Yes/No/Other
Is the department CALEA certified?	No
Does the department use any outside policies or training contractors (i.e. Lexipol)	Yes
When was the last policies and procedures updated?	2022
Does the department authorize use of tasers?	Yes
Does the department have a firing range?	No
Is the range open to the public?	No
Does the department utilize dashboard cameras?	No
Does the department utilize body cameras?	Yes
Does the department prohibit moonlighting?	No
If not prohibited, describe the types of moonlighting activities deemed acceptable and the average percentage of staff who moonlight.	Traffic control & security 30%

Detention Facilities Other Than Temporary Holding Facilities
<ol style="list-style-type: none"> Complete the Supplemental Detention Facility Questionnaire. Provide a copy of the latest state inspection.

PUBLIC OFFICIAL'S ERRORS AND OMISSIONS LIABILITY COVERAGE

Public Officials Errors and Omissions	Amount
Public Officials Errors and Omissions Liability - Each Wrongful Act	\$1,000,000
Public Officials Errors and Omissions Liability - Annual Aggregate	\$3,000,000
Public Officials Errors and Omissions Liability Deductible	\$1,000
Is Public Officials Errors and Omissions Coverage Occurrence or Claims Made?	Claims Made
If Claims Made, Current Public Official Errors and Omissions Retroactive Date	4/1/2007

Non-Monetary Relief Defense	Standard	Amount
Non-Monetary Relief Defense Annual Aggregate	\$25,000	\$25,000
Non-Monetary Relief Defense Deductible		\$2,500



General Information	Number
Total number of elected or appointed officials	6 (no change)

Public Officials Questionnaire	Yes/No/Other
Do newly elected officials attend formal training sessions/seminars designed for new public officials?	Yes
Does the entity establish and maintain zoning regulations?	Yes
Does the entity administer building codes?	Yes
Does the entity have a formal zoning or building code appeal process?	Yes
Does legal counsel attend zoning or planning committee meetings?	Yes
If No, how are disputes/grievances handled?	
Is any annexation of territory planned or in consideration?	No
If Yes, describe including time frame, acreage, population, etc.	
Is any change in service either new operation or reduced operation planned or under consideration?	No
If Yes, describe the operation and changes that may take place including possible timeline	

EMPLOYMENT PRACTICES LIABILITY COVERAGE

Employment Practices Liability	Amount
Employment Practices Liability - Each Wrongful Act	\$1,000,000
Employment Practices Liability - Annual Aggregate	\$3,000,000
Employment Practices Liability Deductible	\$1,000
Is current Employment Practices Coverage Occurrence or Claims Made?	Claims Made
If Claims Made, Current Employment Practices Retroactive Date	4/1/2007

Back Wages	Standard	Amount
Back Wages Annual Aggregate	\$50,000	\$50,000
Back Wages Deductible	\$10,000	\$10,000

General Information	Number
Number of Full Time Employees (Not Including Law / Firefighters / EMT's which are reported elsewhere)	13 (no change)
Number of Part Time Employees (Not Including Law / Firefighters / EMT's which are reported elsewhere)	1
Number of Seasonal Employees (Not Including Law / Firefighters / EMT's which are reported elsewhere)	1 (no change)



Employment Practices Questionnaire	Yes/No/Other
Are all prospective employees required to complete an employment application prior to hire?	Yes
Are references checked for all new hires?	Yes
Does the entity have written employee policies and procedures?	Yes
Are the policies and procedures distributed or available to all employees?	Yes
Does legal counsel review the employment policies and procedures?	Yes
When did legal counsel last review the employment policies and procedures?	2022
Are staff notified and provided training as needed when changes to the employee policies and procedures are made?	Yes
Are terminations reviewed by legal counsel prior to final action being taken?	Yes
What is the average turnover rate for the last five years?	1
What is the average number of involuntary terminations over the last five years?	0
Are any layoffs/terminations planned for the current or subsequent year?	No
If Yes, indicate the number and timing?	
What percentage of employees are union?	0

AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE COVERAGE

Automobile Liability	Amount
Bodily Injury & Property Damage Liability Limit	\$1,000,000
Auto Liability Deductible	\$0
Uninsured Motorist Limit – Each Accident (For PA options see below)	\$1,000,000 Each Accident
Underinsured Motorist Limit – Each Accident (For PA options see below)	\$1,000,000 Each Accident
Medical Payments Limit	\$5,000

Pennsylvania Only	Amount
Uninsured Motorist – Each Accident	Not Covered
Underinsured Motorists – Each Accident	Not Covered
Uninsured Motorists – Each Person/Each Accident	Not Covered
Underinsured Motorists – Each Person/Each Accident	Not Covered
First Party Benefits – Medical Expense	Not Covered
First Party Benefits - Work Loss	Not Covered
First Party Benefits - Funeral	Not Covered
First Party Benefits - Accidental Death	Not Covered



Combination First Party Benefits - Total Benefits Limit	Not Covered
Combination First Party Benefits - Funeral	Not Covered
Combination First Party Benefits - Accidental Death	Not Covered
Extraordinary Medical Benefits - Amount	Not Covered

Hired Car Physical Damage	Amount
Limit	\$50,000
Comprehensive Deductible	\$250
Collision Deductible	\$500

AUTOMOBILE QUESTIONNAIRE AND SCHEDULES

Fleet Coverage	Yes/No/Other
Is any portion of your fleet not to be covered by this policy?	No
If Yes, indicate the number of vehicles and provide a certificate of insurance for those vehicles.	
Is any portion of the fleet contracted or leased from a third party?	No
If Yes, indicate the number of vehicles and the length of the contract or lease.	
Does the entity allow employees to use entity owned vehicles for personal use?	No
If Yes, describe vehicle usage and employees	
Number of employees who drive their own vehicles on entity business.	0
Are Motor Vehicle Records checked prior to hiring?	Yes
Are Motor Vehicle Records checked on an ongoing basis?	Yes
Is there a formal accident investigation process?	Yes
Is there a driver incentive program in place?	No
Does the entity haul any explosive, flammable or hazardous materials (Not including weapons or munitions transported by police personnel or SWAT teams.)?	No
If Yes, describe the materials, frequency, distance and controls.	
Are employees covered by Workers Compensation?	Yes
Provide replacement cost on buses ten (10) years or newer	
What is the highest total value of all vehicles at any one location	0
Provide the address or description of that location	
Describe the location security (controls, fences, lights, alarms, etc.)	
What is the estimated ACV of the single location with the highest total values. (Applies only to values in excess of \$2,500,000)	0

Vehicle Schedule Coverage Information – PLEASE ATTACH THE FOLLOWING
A vehicle schedule which includes the vehicle description, department, cost new or replacement cost (only fire/ambulance



vehicles), vehicle identification number (VIN) and storage location. The vehicle description must include year, make and model. (See Vehicle Schedule Attached)

Garagekeepers Coverage

Entities that own garages should consider Garagekeepers coverage. If this coverage is necessary, determine the Limit by multiplying the maximum number of autos in your care, custody or control at any one time by the average value per vehicle.

Location/Address of Garage Operations	Limit	Comprehensive Deductible each Customer's Auto	Comprehensive Deductible Max per Event	Collision Deductible each Customer's Auto
	\$	\$	\$	\$



Vehicle Schedule															
Veh #	Year	Make/Model	VIN	Name on Registration	Address on Registration	Department	Garaging Location	GVW (Trucks)	Class Code	Physical Damage					Inventory #
										Cost New	Replacement Cost/Stated Amount	Valuation	Comp Deductible	Coll Deductible	
1	2005	Chevy Colorado	5439			Wastewater			1499	\$22,000	\$ 0	Actual Cash Value	\$250	\$1,000	
2	2004	Chevy C1500	5189			Other			1499	\$30,001	\$ 0	Actual Cash Value	\$250	\$1,000	
3	2003	GM C4C042 w/Snow Blade Dump Truck	5511			Streets			31479	\$38,540	\$ 0	Actual Cash Value	\$250	\$1,000	
4	2012	Chevy Silverado w/Snow Blade	2271			Streets			1499	\$38,001	\$ 0	Actual Cash Value	\$250	\$1,000	
5	2005	Double Axle Utility Trlr	0244			Other			69499	\$3,535	\$ 0	Actual Cash Value	\$250	\$1,000	
6	2003	Rice Utility Trlr	4818			Other			69499	\$ 950	\$ 0	Actual Cash Value	Not Covered	Not Covered	
7	2016	Chevy Silverado K2500HD	2466			Other			1499	\$33,001	\$ 0	Actual Cash Value	\$250	\$1,000	
8	2016	Chevy Silverado K2500 w/Snow Blade	6592			Water			1499	\$36,335	\$ 0	Actual Cash Value	\$250	\$1,000	
9	2023	Chevy Tahoe	2085			Police			7911	\$43,100	\$ 0	Actual Cash Value	\$1,000	\$1,000	
10	2017	Ford Interceptor	4828			Police			7911	\$25,935	\$ 0	Actual Cash Value	\$1,000		
11	2013	Chevy Tahoe	0577			Other			1499	\$55,000	\$ 0	Actual Cash Value	\$250	\$1,000	
12	2018	Ford Explorer	3980			Police			7911	\$30,000	\$ 0	Actual Cash Value	\$250	\$1,000	
13	2019	Dodge Durango	4237			Police			7911	\$31,000	\$ 0	Actual Cash Value	\$250	\$1,000	
14	2013	Chevrolet Silverado	5438			Wastewater			1499	\$11,000	\$ 0	Actual	\$250	\$1,000	

Commented [SC1]: The Town no longer owns this unit. Please remove it.

												Cash Value			
15	2020	Ford F-150	6092			Police		7911	\$54,700	\$ 0	Actual Cash Value	\$250	\$1,000		
16	2020	Ford Police Interceptor	1191			Police		7911	\$58,513	\$ 0	Actual Cash Value	\$250	\$1,000		
17	2021	Freightliner M2 106	3598			Streets		31499	\$150,634	\$ 0	Actual Cash Value	\$250	\$1,000		
18	2023	Freightliner 114SD w/Vacon Combo Unit	3734			Streets		31499	\$390,608	\$ 0	Actual Cash Value	\$250	\$1,000		
19	2022	Ford F250 Super Duty	1587			Other		1499	\$45,750	\$ 0	Actual Cash Value	\$250	\$1,000		
20	2022	Ford F150	3932			Police		7911	\$39,055	\$ 0	Actual Cash Value	\$250	\$1,000		
21	2022	Ford F150	3483			Police		7911	\$56,577	\$ 0	Actual Cash Value	\$250	\$1,000		
22	2023	Ford Explorer Interceptor	1FM5K8 AB8PGB 38915			Police		7911	\$58,105		ACV	\$250			

Commented [SC2]: This is a new vehicle that we just recently added to the policy.



EXCESS LIABILITY

Excess Liability	Amount
Excess Limit	\$1,000,000
Excess Aggregate	\$1,000,000

ADDITIONAL INTERESTS

Additional Interests
Indicate any requests for additional interests including the reason/relationship of the additional interest to the named insured and whether or not a contract/agreement exists.
Attach a copy of all contracts/agreements other than lease agreements.

Name	Address	City	State	Zip	Interest Type Indicate Additional Interest and/or Loss Payee for each member.	Interest	Effective Date	Expiration Date	Does a Contract Exist
Berkadia Commerical Mortgage LLC	P.O. Box 1687	Horsham	PA	19044	Mortgagee	Locations 1-1, 3-1, 4-3, 4-4, 4-5, 5-3, 5-4, 5-5, 5-6, 5-7, 5-8, 6-1, 6-2, 7-1, 9-1, 11-1, 12-1, 13- 1, 15-1, 16-1	4/1/2023	4/1/2024	Yes
Crossroads Bank	1205 N Cass St	Wabash	IN	46992	Auto - Additional Insured/Loss Payee	2020 Ford F-150 VIN #6092 2020 Ford Police Interceptor VIN #1191	4/1/2023	4/1/2024	Yes
Crossroads Bank	1205 North Cass Street	Wabash	IN	46992	Auto - Additional Insured/Loss Payee	2023 Freightliner 114SD w/Vaccon Combo Unit, VIN 3734, \$390,608	4/1/2023	4/1/2024	Yes
Crossroads Bank	1205 Cass St	Wabash	IN	46992	Auto - Additional Insured/Loss Payee	2022 Ford F350 Super Duty, VIN 1587, \$45,750	4/1/2023	4/1/2024	Yes
Crossroads Bank	1205 N Cass St	Wabash	IN	46992	Auto - Loss Payee	2022 Ford F150, VIN 3932, \$39,055	4/1/2023	4/1/2024	Yes
Crossroads Bank	1205 N Cass St	Wabash	IN	46992	Auto - Loss Payee	2022 Ford F250, VIN 1587, \$45,750	4/1/2023	4/1/2024	Yes
Crossroads Bank	1205 N Cass St	Wabash	IN	46992	Auto - Loss Payee	2022 Ford F150, VIN 3483, \$56,577	4/1/2023	4/1/2024	Yes
Crossroads Bank	1205 N Cass St	Wabash	IN	46992	Auto - Loss Payee	2023 Ford Interctpr VIN 8915 \$58,105	4/1/2023	4/1/2024	Yes
GMAC Commercial Mortgage Master Servicer	P.O. Box 1657	Horsham	PA	19044	Mortgagee	Locations 1-1, 3-1, 4-3, 4-4, 4-5, 5-3 5- 4	4/1/2023	4/1/2024	Yes

Commented [SC3]: Loss payee and AI on new policy vehicle

Claims Questionnaire	
Have any of the following occurred in the last five years	Yes/No
Has any claim been made against any person in their capacity as an official or employee of the entity?	No
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?	No
Has any claim been made regarding disputes of discrimination or violation of civil rights?	No
Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment?	No
Has any person alleged sexual abuse, molestation, harassment or misconduct towards an employee or the public?	No
If Yes to any of the above, describe	



HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE
No risk or exposure

CLIENT INFORMATION			
Name	Town of Lapel		
POLICY TERM			
Effective Date	04/01/24	Expiration Date	04/01/25

FACILITIES				
Type of Facility	Number of Locations	Number of Units	Percentage Occupied	Number of Stories Each Building
Dwellings	0			
Multiple Unit Housing				

CONTROLS	
Did any buildings have any deficiencies on the last state/local, health or building inspection?	
If Yes, describe.	
Do all units have Smoke Detectors?	
Do all units have Carbon Monoxide Detectors?	
Do all buildings have Emergency Lighting?	
Do all buildings have Emergency Evacuation Plans?	
If No to any of the above, describe	
Have any buildings/units experienced fires in the last four years?	
If Yes, provide the number of fires by location	
Is there staff on site for supervision and maintenance?	
Is the staff employed by the entity or subcontractor?	
RECREATIONAL FACILITIES	
Are there any pools on premises?	
Are there any playgrounds on premises?	
Are there any day care operations on premises?	
Are there any fitness/workout areas?	
If Yes, what type of fitness equipment is provided?	



HEALTHCARE AND MEDICAL FACILITIES SUPPLEMENTAL QUESTIONNAIRE

No risk of Exposure

CLIENT INFORMATION			
Name	Town of Lapel		
POLICY TERM			
Effective Date	04/01/24	Expiration Date	04/01/25

Scope of Operations			
	Number of Locations	Describe Operations at Each Location	Are Operations Subcontracted
Health Department	0		
Clinic			
Jail			
Hospital			
Nursing Home			
Health Departments/Clinics			
Total number of Nursing Staff?			
Total number of Physicians on Staff?			
Total number of other staff?			
Are medications administered?			
Are there policies/procedures in place for administering medication?			
Who administers medications?			
Describe how and where drugs are stored and secured			
Hospitals/Nursing Homes			
Total number of Nursing Staff?			
Total number of Physicians on Staff?			
Total number of other staff?			
Average number of patients?			
Number of non-ambulatory patients?			
Number of stories for each facility?			
Did any facility have any deficiencies on the last state/local, health or building inspection?			
If Yes, describe			
Do all facilities have Hardwire Smoke Detectors?			
Do all facilities have Emergency Lighting?			

Do all facilities have Carbon Monoxide Detectors?	
Do all facilities have Emergency Evacuation Plan?	
If No to any of the above, describe	
Have any facilities experienced fires in the last five years?	
If Yes, provide the number of fires by location	
Does the facility have policies/procedures in place for administering medication?	
Who administers medications	
Describe how and where drugs are stored and secured	



LANDFILL SUPPLEMENTAL QUESTIONNAIRE
No risk or exposure

CLIENT INFORMATION			
Name	Town of Lapel		
POLICY TERM			
Effective Date	04/01/24	Expiration Date	04/01/25

OPERATIONS				
Type of Facility	Number of Active Locations	Number of Inactive Locations	Number of Acres	Type of Refuse Accepted
Landfill	0			
Trash Transfer Stations				
Recycling Stations				
Incinerators				

SECURITY	
Are all properties noted above fenced and locked when not in operation?	
If No, describe fencing/locking exceptions	
Is the public allowed access to any of the sites above?	
If Yes, describe access	
Is facility attended while open for operation?	
If No, describe oversight of operation	

POLICIES AND PROCEDURES	
Is the operation subcontracted?	
Have any of the sites above accepted any hazardous chemicals or waste?	
If Yes, describe hazardous materials	
Has the facility been cited for any compliance issues by any regulatory agency of department?	
If Yes, provide details	



PRESCHOOL, HEAD START, DAYCARE SUPPLEMENTAL QUESTIONNAIRE
No risk or exposure

CLIENT INFORMATION			
Name		Town of Lapel	
POLICY TERM			
Effective Date	04/01/24	Expiration Date	04/01/25
OPERATIONS			
Type of Program	Number of Locations	Average Daily Number of Attendees	
Preschool/Head Start /Daycare	0		
Recreation Camps/Programs for age 5 and under			
STAFF			
Total number of Certified Childcare Providers			
Total number of Non-Certified Staff			
Total number of Volunteers			
NUMBER OF CHILDREN AND CHILDCARE PROVIDER RATIOS BY AGE GROUP			
Age Group	Maximum Number of Children	Child/Childcare Provider Ratio	
Birth to 3 years of age			
3 to 5 years of age			
POLICIES AND PROCEDURES			
Is there a Sexual Abuse Prevention Program in effect?			
Are management/staff trained in policies/procedures relating to Sexual Abuse Prevention?			
Do you include training in the recognition of sexual/physical abuse symptoms?			
Do you have a documented procedure to report suspected abuse?			
Does the policy establish a "three person rule" to restrict one on one situations between employee/volunteer and child?			
Does the policy establish if and when exceptions to the "three person rule" are permissible?			
Does the policy you require prior establishment of persons allowed to visit/pickup children?			
If No, describe exceptions			
CONTROLS AND SECURITY			
Are criminal background checks performed on all employees and volunteers?			
If No, describe exceptions			
Is transportation provided by the entity?			
If Yes, average number of children transported daily			



If transporting children, number and type of vehicles used?	
Is any transportation done in employee or private autos?	
If Yes, describe number of occurrences, number, type and owners of vehicles	
Are any off premises activities sponsored but the entity?	
If Yes, describe number, location, supervision and duration of the off premises activities	
Are any overnight activities sponsored by the entity?	
If Yes, describe number, location, supervision and duration of the overnight activities	



DETENTION FACILITY SUPPLEMENTAL QUESTIONNAIRE
no risk or exposure

CLIENT INFORMATION			
Name	Lapel, Town of		
POLICY TERM			
Effective Date	04/01/24	Expiration Date	04/01/25

Facility			
Year of construction	0	Year of last renovations	
Number of cells		Total number of beds	
Certified capacity	Average inmates over the last year	Capacity at the time of this application	
Corrections Staff			
Total number of detention facility staff			
Number of corrections officers			
Number of certified corrections officers			
Do corrections officers also act as dispatchers or in other capacities while performing corrections duties			
If Yes, describe duties			
Minimum required training for corrections officers			
Is any in-service training provided by the entity			
If Yes, describe in-service training			
Medical Staff			
Number of detention facility medical staff			
Describe medical staff including professional designation, responsibilities, hours, etc.			
If there is no medical staff how is medical care provided			
Controls/Procedures			
Is there video and audio surveillance of all detention and intake areas			
If No, describe areas with no video and/or audio surveillance			
Describe procedures for suicide watch for both intake and ongoing incarceration			
Are violent offenders segregated from nonviolent offenders			
Describe segregation of violent offenders from nonviolent			
Are female inmates segregated from male inmates			
Describe segregation of female from male offenders			

Are juveniles housed in the detention facility for any amount of time	
If Yes, are the juvenile offenders segregated from adults	
If Yes, describe segregation of juvenile from adult offenders	
Does the facility house prisoners for other entities or the state	
If Yes, what is the average number of prisoners housed for other entities	
Does the facility allow any work release, furlough or other unsupervised release	
If Yes, describe release or furlough program	



CLIENT INFORMATION	
Name	Lapel, Town of

POLICY TERM			
Effective Date	04/01/24	Expiration Date	04/01/25

Applicable in PA

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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Entity's Attestation	
<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, complete and correct to the best of my knowledge; 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>	
Authorized Signatory for Entity	Date
Title	Phone Number