



**INDIANA TOWNSHIPS
SUPPLEMENTAL**

P.O. Box 5670
Cortland, NY 13045
Phone: (800) 822-3747
Fax: (607) 756-5051
Email: applications@mcneilandcompany.com

GENERAL INFORMATION

Date: _____

Legal Name of Organization: _____

(Include all organizations that are to be included as insureds including Fire Districts, Fire Companies, Rescue Squads and Auxiliaries)

Do you currently have status as a legal township filed with the State of Indiana? Yes No

Township Population: _____

Number of Township Employees other than fire department employees: _____ Full Time: _____ Part Time: _____

Net Township Operating Expenditures: _____

Please attach a copy of the township's most recent Form 15 – Annual Township Financial Report and a Net Operating Expenditures Worksheet.

OPERATIONS

Is the Township responsible for any of the following operations?			Subcontracted to Others?	
	Yes	No	Yes	No
Airport and Related Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amusement Devices (Electrically or Gas Powered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please Describe:				
Cemeteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, how many?				
Construction Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please Describe:				
Dams, Levees, Reservoirs or Spillways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Care Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dump, Landfill, Waste Disposal Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage or Refuse Collection (public)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halfway Houses, Group Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical & Ancillary Services				
Hospital, Medical Clinic, Walk-in Medical Center, or Dental Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental & Psychiatric Hospital, Institution, Walk-in Center, or Residential Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home, Convalescent Home, Home for the Aged, Handicapped or Orphaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Hospital, Institution or Walk-in Center or Residential Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Municipal Courts (civil and criminal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Sport Team Facilities or Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Facilities				
Convention/Civic Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stadium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Buildings or Housing Projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Works Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPERATIONS (CONTINUED)

Is the Township responsible for any of the following operations?	Subcontracted to Others?	
	Yes	No
Recreational Activities		
Campground	<input type="checkbox"/>	<input type="checkbox"/>
Day Camp	<input type="checkbox"/>	<input type="checkbox"/>
Ice or Roller Rink	<input type="checkbox"/>	<input type="checkbox"/>
Golf Course	<input type="checkbox"/>	<input type="checkbox"/>
Organized and/or Authorized Swimming Facilities (Pools, Lakes, Ponds, or Rivers)	<input type="checkbox"/>	<input type="checkbox"/>
Park & Playground (If yes, complete section below)	<input type="checkbox"/>	<input type="checkbox"/>
Racetracks or Go-Kart Facilities	<input type="checkbox"/>	<input type="checkbox"/>
Ski Facilities	<input type="checkbox"/>	<input type="checkbox"/>
Water Slides	<input type="checkbox"/>	<input type="checkbox"/>
Zoos	<input type="checkbox"/>	<input type="checkbox"/>
Schools and Colleges	<input type="checkbox"/>	<input type="checkbox"/>
Streets, Roads, Highways, Vehicular Bridges:		
Cleaning/Snow Removal	<input type="checkbox"/>	<input type="checkbox"/>
Construction	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance/Inspection	<input type="checkbox"/>	<input type="checkbox"/>
Repairs/Paving	<input type="checkbox"/>	<input type="checkbox"/>
Transportation systems, Facilities and services including bus systems or other mass transit facilities	<input type="checkbox"/>	<input type="checkbox"/>
Utilities:		
Gas	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Sewer	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Weed Control	<input type="checkbox"/>	<input type="checkbox"/>
Wharves, Piers, Docks, Marinas	<input type="checkbox"/>	<input type="checkbox"/>
Zoning & Planning Boards	<input type="checkbox"/>	<input type="checkbox"/>

INDEPENDENT CONTRACTOR OPERATIONS

Do you use independent contractors? Yes No

If yes, please complete the following:

TYPE OF WORK	CERTIFICATES OF INSURANCE SECURED?	CONTRACTOR'S LIMIT OF LIABILITY	ARE YOU NAMED AS AN ADDITIONAL INSURED?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have legal counsel review all contracts prior to execution? Yes No

COMMUNITY CENTERS, PARKS, AND PLAYGROUNDS

Does the township have a regular inspection/maintenance program for all facilities and equipment? Yes No

If yes, are all inspections and corrective actions documented? Yes No

How often are inspections performed? _____

Is there playground equipment? Yes No

If yes, what surface is underneath the playground equipment? _____

Please provide pictures of playground equipment.

Is there a skate park? Yes No

If yes, type of facility (check all that apply): Half-Pipe Bowls Ramps, Rails, Steps Flat Surface

Please provide pictures of the skate park.

Is the facility supervised by township/park staff? Yes No

Are rules for use posted? Yes No

Are any facilities rented to others? Yes No

If yes, is a written rental agreement required? Yes No

If yes, please provide a copy of the rental agreement.

Are there any activities held on township property (example: baseball league)? Yes No

If yes, please describe: _____

Township sponsored/supervised? Yes No

Third party sponsored/supervised? Yes No

If yes, is a certificate of insurance listing the township as additional insured required? Yes No

Are participant waivers required? Yes No

If yes, please provide a copy of the waiver.

TOWNSHIP SPONSORED EVENTS - OTHER THAN THOSE SPONSORED BY THE FIRE DEPARTMENT

Provide information below for any township sponsored events such as car shows, fairs, festivals, etc.

Event 1:

Description of Event: _____

Date/Duration of Event: _____

Location of Event: _____

Township's Responsibility for Event: _____

Sponsor/Co-Sponsor and Responsibility: _____

Independent Contractors and Services Provided: _____

Event 2:

Description of Event: _____

Date/Duration of Event: _____

Location of Event: _____

Township's Responsibility for Event: _____

Sponsor/Co-Sponsor and Responsibility: _____

Independent Contractors and Services Provided: _____

TOWNSHIP SPONSORED EVENTS - OTHER THAN THOSE SPONSORED BY THE FIRE DEPARTMENT (CONTINUED)

Event 3:

Description of Event: _____

Date/Duration of Event: _____

Location of Event: _____

Township's Responsibility for Event: _____

Sponsor/Co-Sponsor and Responsibility: _____

Independent Contractors and Services Provided: _____

Attach a separate sheet if necessary.

Does the township hold/sponsor Fireworks Displays? Yes No

If yes, is a certified pyrotechnic professional used? Yes No

Number of times per year: _____

Are certificates of insurance required from all sponsors/co-sponsors and independent contractors? Yes No

If yes, is the township listed as additional insured? Yes No

Limits of Liability required: \$ _____

Is alcohol sold at any of these events? Yes No

If yes, please complete and attach the Liquor Supplement

Please attach a schedule of events and any available brochures.

PUBLIC OFFICIALS' LIABILITY

Was any claim made, suit filed, or is any claim now pending against the township and/or any person in his/her capacity as an official or employee of the township? Yes No

If yes, please provide a description of the claim or suit including the name of the claimant, the date of the alleged incident, a description of the allegation, and the current status of the claim:

Does any official or employee of the township have knowledge of any losses, litigation, or incidents which would cause a reasonable person to believe that a claim or suit might result? Yes No

If yes, please provide a description of the matter including the name of the potential claimant, the date of the alleged incident, and its current status:

Has the incident been reported to the township's current carrier? Yes No

Do you have an Employment Practices handbook? Yes No

Do you have an Employee Benefits handbook? Yes No

TOWNSHIP ASSISTANCE

- Does the township own or operate a shelter of any kind? Yes No
If yes, please describe: _____
What is the average length of stay in the shelter? _____
- Does the township operate a food pantry? Yes No
- Does the township have a workfare program? Yes No
If yes, please describe: _____
- Is transportation provided? Yes No

BUSINESS AUTO

Please attach a completed Acord application and a drivers list including the full name, date of birth, and license number of the township trustee and all township employees.

- Do any township employees use their personal vehicles for township operations? Yes No
If yes, please describe: _____
Is confirmation of liability coverage obtained? Yes No
- Does the township lease or loan vehicles to others? Yes No
If yes, please describe: _____
- Does the township allow employees to take township owned vehicles home or on personal business? Yes No
If yes, please describe: _____
- Do you review motor vehicle reports for all township drivers? Yes No
If yes, how often? Annually Bi-Annually At Hire Other _____
What action is taken on drivers with adverse driving records? _____
- Do you have an accident review program? Yes No
If yes, please describe: _____
- How are township vehicles stored overnight? Garaged Fenced Lot Lighted Lot Other _____
- Vehicle maintenance procedures:
- Are periodic maintenance checks done by a mechanic? Yes No
- Are vehicle maintenance records kept? Yes No

WORKERS COMPENSATION/EMPLOYERS LIABILITY INSURANCE

- Do you currently carry Workers Compensation insurance? Yes No
- Do you currently carry Employers Liability insurance? Yes No
- Are **all** volunteers and paid staff covered by Employers Liability insurance? Yes No
If yes, name of Employers Liability carrier and current limits: \$ _____

CLAIMS HISTORY

Have there been any claims or losses in the last five years?

Yes

No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved. *

DOL	DESCRIPTION	STATUS	AMOUNT

*Attach separate pages if needed. Provide the carrier loss runs if available.

APPLICATION SIGNATURE & FRAUD STATEMENT

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Broker's Signature: _____ Date: _____