***Please complete all information***

|  |
| --- |
| **ENTITY INFORMATION** |
| Date Application Submitted:       | Proposed Effective Date:       |
| Entity Name:       |
| Mailing / Street Address:       |
| Phone:       | Fax:       |
| Website (If Any):       |
| County Administrator:      Email Address:       | Number of Years in Position:       |
| Risk Manager/HR Director:      Email Address:       | Number of Years in Position:       |
| ***Note:*** *Schedules, coverage confirmations, certificates, and all other information specific to the entity named above will be sent to the Primary Contact email address provided below.* |
| Primary Member Contact: Name:       Title:       Email:       Phone:        |
| Please provide a primary member email contact to receive a copy of coverage invoices (i.e. Business Manager, Financial Administrator, and etc.)       |
| **PRODUCER INFORMATION** |
| Agency Name:       |
| Producer Name:       |
| Mailing / Street Address:       |
| City:       | State:       | Zip:       | County:       |
| Phone Number:       | Fax Number:       |
| Email Address:       |
| ***Note:*** *Schedules, confirmation, certificates, and all other information specific to the entity named above will be sent to the producer email provided above. It is understood the email address provided may be a general email account used by the named agency or that of another individual within the named agency charged with administrative duties and not that of the above named producer.* |
| **EXPIRING INSURANCE INFORMATION** |
| Expiring Carrier:       | Expiring Date:       |
| Liability Limit:       | Expiring Premium:       |
| If prior coverage was a claims-made policy, please provide retro date: |       |

|  |
| --- |
| **GENERAL INFORMATION** |
| Population |       |
| Total Current Budget | $      |
| Total Annual Payroll | $      |
| Total Annual Revenue | $      |
| Total Annual Worker Hours Reported to Labor & Industries |       |
| **PROPERTY** |
| What method(s) are used to value your personal property? *(ex: appraisals, inspection reports)* |       |
| Is Earthquake Coverage Requested?  | [ ] Yes | [ ] No |
| Is Flood Coverage Requested? *(Please note Flood Coverage for Zones “A,” “V,” and “SFHA” are limited to $1,000,000 per occ.)* | [ ] Yes |  [ ] No |
| Does the county utilize any loss prevention sensor technologies?**If yes, what types of sensors are being used:**      ***If any locations contain sensor technologies, please indicate what type (heat, moisture, etc.) used at each location on the Statement of Values.*** | [ ] Yes | [ ] No |
| Does staff follow a documented preventative building maintenance program? | [ ] Yes | [ ] No |
| Are procedures in place for timely onboarding of new maintenance staff? | [ ] Yes | [ ] No |
| Are monthly inspections performed on life safety equipment (fire extinguishers, AED’s, evacuation routes, etc.)? | [ ] Yes | [ ] No |
| Are water shutoffs easily accessible and are staff trained to shut off in the event of an emergency? | [ ] Yes | [ ] No |
| Are moisture/temp/water sensors installed at any locations?If yes, please update the location on the property schedule. | [ ] Yes | [ ] No |
| Are all sidewalks and driveways kept free from snow/ice where applicable? | [ ] Yes | [ ] No |
| If yes, is a salting/clearing log kept? | [ ] Yes | [ ] No |
| For buildings equipped with an automatic fire sprinkler system (AS), are annual AS inspections conducted by a licensed and insured sprinkler contractor that includes an annual winterization review? | [ ] Yes | [ ] No |
| Is there an annual formal maintenance and freezing weather inspection schedule for all buildings for cold weather? | [ ] Yes | [ ] No |
| Are all building areas maintained to a minimum temperature of 45° F whether vacant or not?  | [ ] Yes | [ ] No |
| Are pipes close to exterior walls, attics, or crawl spaces insulated to guard against freezing? | [ ] Yes | [ ] No |
| Are there procedures in place if pipes freeze? | [ ] Yes | [ ] No |
| Do you have at least 100 feet of defensible space around all buildings located in a brushfire or wildfire zone? | [ ] Yes | [ ] No |
| Do you regularly remove flammable vegetation in the 30 feet immediately surrounding your buildings? | [ ] Yes | [ ] No |
| Do your buildings have ignition resistant construction or features? | [ ] Yes | [ ] No |
| If yes, please describe. |
| Do you have any vacant buildings? | [ ] Yes | [ ] No |
| If yes, please provide a list of addresses of vacant buildings. |
| If yes, please provide the following:Do you have a vacant building loss prevention plan that includes:  |  |  |
| 1. Securing the facility to limit access by unauthorized persons? | [ ] Yes | [ ] No |
| 2. Conducting and recording weekly inspections to ensure these conditions are maintained?  | [ ] Yes | [ ] No |
| 3. Building monitoring by security cameras, system, or patrol?  | [ ] Yes | [ ] No |
| **OPERATIONS MANAGEMENT** |
| Do you employ a full-time Risk Manager? | [ ] Yes | [ ] No |  |
| **If not,** who is responsible for the implementation of safety procedures?  |       |
| Do you have a safety program in place?  | [ ] Yes | [ ] No |  |
| Do you have an electrical preventative maintenance (EPM) in place? | [ ] Yes | [ ] No |  |
| Are staff and volunteers required to read and comply with safe operating procedures?  | [ ] Yes | [ ] No | [ ] N/A |
| Is there a written employment application for all employees? | [ ] Yes | [ ] No |  |
| Do you verify references for all employees? | [ ] Yes | [ ] No |  |
| Is there a written application for all volunteers? | [ ] Yes | [ ] No |  |
| Do you verify references for all volunteers?  | [ ] Yes | [ ] No |  |
| Is there one-on-one contact with children, elderly, or disabled?**If yes,** please complete the Sexual Abuse Supplemental application. | [ ] Yes | [ ] No |  |
| Are you a party to any contract(s) naming you as the tenant or lessee of a building/property and/or any contract(s) naming another entity as an insured for GL coverage? **If yes, please provide a copy of the contract(s).**  | [ ] Yes | [ ] No |  |
| Are contracts reviewed by legal counsel at least every two years?  *(ex: service contracts, interlocal agreements, lease agreements)* | [ ] Yes | [ ] No |  |
| Do you require all contractors to provide you with copies of certificates of insurance and/or hold harmless or indemnification agreements? *Please note that members should utilize only licensed, insured contractors and subcontractors. It is your responsibility to verify each contractor’s license and insurance coverage prior to entering into any agreement(s).* | [ ] Yes | [ ] No |  |
| Do you rent or lease properties to third parties?**If yes**, is an agreement required and obtained reflecting insurance requirements? |  [ ] Yes [ ] Yes |  [ ] No [ ] No |  |
| What was your annual turnover rate for the last three years?  |       |
| Do you have any locations or provide any services located on tribal land, or work with tribal agencies?  | [ ] Yes | [ ] No |  |
| Are hold harmless/parental consent forms obtained for events and programs?  | [ ] Yes | [ ] No | [ ] N/A |
| Does your entity perform any spraying of pesticides, herbicides, or other chemicals? | [ ] Yes | [ ] No |  |
| Does your entity perform roadway painting? | [ ] Yes | [ ] No |  |
| Are the above listed spraying/painting activities outsourced?**If yes**, please list to whom it is outsourced: | [ ] Yes | [ ] No | [ ] N/A |
|       |
| Do you have a Continuity of Operations Plan (COOP)?  |  [ ] Yes |  [ ] No |  |
| Do you have Emergency Action Plans (EAP) for each department/building? |  [ ] Yes |  [ ] No |  |
| Does you have a written and tested disaster recovery plan? |  [ ] Yes |  [ ] No |  |
| Is the county responsible for public notifications in the event of emergency situations (ex. Evacuation notices)?**If yes,** do you have written and tested procedures in place for providing public notifications? |  [ ] Yes [ ] Yes |  [ ] No [ ] No |  |
| Do you have any logging operations?**If yes,** please provide a description. |  [ ] Yes |  [ ] No |  |
| Do you have any field welding operations?**If yes,** please provide a description. |  [ ] Yes |  [ ] No |  |
| Do you perform maintenance on high risk landscape and vegetation management, such as: work around power lines, heavy brush clearing, fire line construction?**If yes,** please provide a description. |  [ ] Yes |  [ ] No |  |
| Do you have a Central Safety Committee or Safety Director? |  [ ] Yes |  [ ] No |  |
| Do you own or operate any drones or unmanned aircraft? **If yes,** please complete the Unmanned Aircraft Supplemental application. |   [ ] Yes |   [ ] No |  |

|  |
| --- |
| **CRIME / EMPLOYEE DISHONESTY** |
| Number of employees who handle money or securities:  |       |
| Are accounts reconciled by someone not authorized to deposit or withdraw?  | [ ] Yes | [ ] No |
| Is countersignature of checks required?  | [ ] Yes | [ ] No |
| **If no**, who signs controls?  |       |
| Will accounts be subject to joint control of two or more responsible employees?  | [ ] Yes | [ ] No |
| Are all officers and employees handling money required to take annual vacations of at least five consecutive business days?  | [ ] Yes | [ ] No |
| Are criminal background checks performed on those handling county funds?  | [ ] Yes | [ ] No |
| **WRONGFUL ACTS / D&O** |
| Does your entity have any of the following boards? *(check all that apply)*[ ]  \*Zoning Board [ ]  Planning Committee [ ]  Other (Specify):       [ ]  N/A |
| **\*If Applicable:*** How many permits are issued annually by the Zoning Board?
* How many permits are denied annually by the Zoning Board?
 |            |
| Are your board members elected or appointed? |       |
| Is there a lawyer present at all board meetings?**If yes**, how often/under what circumstance is a lawyer present? | [ ] Yes | [ ] No | [ ] N/A |
|       |
| Does legal counsel review all employee discipline matters? | [ ] Yes | [ ] No | [ ] N/A |
| Has a grievance been filed against a board member in the last 5 years? | [ ] Yes | [ ] No | [ ] N/A |
| **If yes**, please explain or attach details:       |
| Are conflicts of interest (statutory and appearance) disclosed during all quasi-judicial hearings? | [ ] Yes | [ ] No | [ ] N/A |
| Are there any losses in the past 5 years, including Public Officials Liability, Employment Practices Liability, Wrongful Acts Liability, Fiduciary Liability, or Crime that were not reported to insurance?  | [ ] Yes | [ ] No | [ ] N/A |
| **If yes**, please explain or attach details:       |
| Are you required to comply with any judicial or administrative agreement, order, decree, or judgment relating to Employment Practices Liability?  |  [ ] Yes | [ ] No | [ ] N/A |
| Have any public officials been: (**if yes**, please attach details)* Accused, found guilty, sued, or held liable for a breach of trust or fiduciary duty?
* Convicted of any criminal conduct?
 | [ ] Yes[ ] Yes | [ ] No[ ] No | [ ] N/A[ ] N/A |
| Have you, your public officials, and/or employees been involved in or have knowledge of pending federal, state, or local legal actions or proceedings? (**If yes**, please attach details)  | [ ] Yes | [ ] No | [ ] N/A |
| Is training on employment policy and reporting procedures offered to all employees and documented in employees’ personnel files? | [ ] Yes | [ ] No | [ ] N/A |
| Over the past year, have any of your hiring/employment qualifications requirements changed?**If yes**, please explain:       | [ ] Yes | [ ] No | [ ] N/A |
| Are all terminations of employment, if any, reviewed by the Human Resources department and Legal Counsel? | [ ] Yes | [ ] No | [ ] N/A |
| Does the Board of Commissioners and senior leadership participate in annual trainings on topics such as leadership and workplace culture?**If yes**, what trainings? | [ ] Yes | [ ] No | [ ] N/A |
| Does legal counsel review new ordinances, resolutions, and policies for the Board? | [ ] Yes | [ ] No | [ ] N/A |

|  |
| --- |
| **OWNED AUTO LIABILITY** |
| Do you provide a driver safety program?  | [ ] Yes | [ ] No |
| Do you provide a driver training program? | [ ] Yes | [ ] No |
| Does the county obtain and review MVRs on all drivers?If yes, how frequently?       | [ ] Yes | [ ] No |
| Are MVR guidelines in place? | [ ] Yes | [ ] No |
| Have any exceptions been made in the last year for drivers who don’t meet your established MVR guidelines?**If so,** please explain.      | [ ] Yes | [ ] No |
| Is there an accident/incident review process with a written discipline policy for driving? | [ ] Yes | [ ] No |
| Is annual drug testing done on all authorized drivers? | [ ] Yes | [ ] No |
| Do you obtain copies of drivers’ licenses at least annually and confirm they are valid for those driving on behalf of the county? |  [ ] Yes | [ ] No |
| Do you obtain copies of drivers' special certificates and medical cards for those driving on behalf of the county? (ex: CDL, HAZMAT) |  [ ] Yes | [ ] No |
| What is the average number of clients transported annually? |       |
| Do you enter into any contracts to transport people or property for hire?  | [ ] Yes | [ ] No |
| Are vehicles regularly serviced and inspected?  | [ ] Yes | [ ] No |
| Are there policies and procedures in place regarding personal use of the member’s vehicles? | [ ] Yes | [ ] No |
| Do you perform post-accident/incident drug and alcohol testing? | [ ] Yes | [ ] No |
| How many locations store vehicles? |       |
| Of the above locations that store vehicles, do any of them have a total value greater than $500,000? | [ ] Yes | [ ] No |
| (**If yes**, please fill in the following) |
| **Location** | **Total Value ($)** |
|       |       |
|       |       |
|       |       |
| When not in use, how are the vehicles protected or safeguarded?       |
| Do you own or operate any vehicles designed exclusively for hauling explosives, flammables, or hazardous materials? | [ ] Yes | [ ] No |
| **If yes**, please provide details:       |
| Do you wish to purchase Uninsured / Underinsured Motorist coverage with a limit of $250,000? | [ ] Yes | [ ] No |
| Do you use any Telematic services or tools for your vehicle fleet?**If yes**, please answer the questions below: | [ ] Yes | [ ] No |
| Do you use telematics on Law Enforcement vehicles? | [ ] Yes | [ ] No |
| What telematic services do you use? | [ ] Yes | [ ] No |
| What data do you collect? | [ ] Yes | [ ] No |
| How do you use this data? | [ ] Yes | [ ] No |
| **NON OWNED AUTO** |
| How many people use their personal vehicles for county business, including work related errands? | Staff:      Volunteers:       |
| How many drivers transport clients in their personal vehicle for county business? | Staff:      Volunteers:       |
| Do you obtain copies of proof of insurance for those who use their personal autos?  | Staff:[ ]  Yes [ ]  No [ ] N/A  | Volunteers:[ ]  Yes [ ]  No [ ] N/A  |
| Are these records updated yearly? | Staff:[ ]  Yes [ ]  No [ ] N/A  | Volunteers:[ ]  Yes [ ]  No [ ] N/A  |

|  |
| --- |
| **EXPOSURE INFORMATION** |
| ***Please indicate if your entity has any of the following exposures:*** |
| OPERATION/EXPOSURE | DOES THE ENTITY HAVE THIS EXPOSURE | IS IT OPERATED BY THE PUBLIC ENTITY OR CONTRACTED OUT | CERTIFICATE OF INSURANCE ON FILE FROM CONTRACTOR | DOES THE APPLICANT HAVE THIS OPERATION INSURED ELSEWHERE? IF YES, PLEASE ATTACH DETAILS | EXPOSURE INFORMATION**(PLEASE COMPLETE SUPPLEMENT IF APPLICABLE)** |
| OPERATED | CONTRACT OUT |
| **\***Aircraft  | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Number:       |
| \*Airports | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Number:       |
| \*Port Operations | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Number:       |
| Transit Operations | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Number:       |
| Camps and/or Programs | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | # Of Attendees:       Sexual Abuse Supplement |
| **If yes**, please give a brief description:      |
| Carnivals/Festivals /Rodeos | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | # Of Events:       |
| Special Events and/or Liquor | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Special Event and/or Liquor Supplement |
| Youth Organizations(Recreation Programs) | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | # Of Participants:       Sexual Abuse Supplement |
| Adult Group Shelters | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Number of Annual Clients:       |
| Adult Group Homes (I.E. Assisted Living Units, Mental Health, Sobering Centers) | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Number of Annual Clients:       |
| Children, Elderly and Disabled | [ ] Yes [ ]  No | N/A | N/A | N/A | N/A | What Capacity?      Sexual Abuse Supplement |
| Zoos | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Number:       |
| OPERATION/EXPOSURE | DOES THE ENTITY HAVE THIS EXPOSURE | IS IT OPERATED BY THE PUBLIC ENTITY OR CONTRACTED OUT | CERTIFICATE OF INSURANCE ON FILE FROM CONTRACTOR | DOES THE APPLICANT HAVE THIS OPERATION INSURED ELSEWHERE? IF YES, PLEASE ATTACH DETAILS | DOES THE APPLICANT HAVE THIS OPERATION INSURED ELSEWHERE? IF YES, PLEASE ATTACH DETAILS |
| OPERATED | CONTRACTED OUT |
| **\***Bridges***\*Please provide copy of most recent inspection report*** | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | # Of Bridges Contracted Out:      # Of Bridges Maintained by County:       |
| **\***Dams/Dikes/Levees/ Reservoirs***\*Please provide copy of most recent inspection report*** | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | # Low Hazard Dams/Levees:      # Moderate Hazard Dams/Levees:      # High Hazard Dams/Levees:      # Reservoirs:       |
| Marinas/Wharves | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Number:       |
| Watercraft | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Number:       |
| Swimming Pools/ Waterslides/Lakes/ Beaches | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Number:      Swimming Pool Supplement |
| Skate Park Facilities | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ]  No | [ ] Yes [ ]  No | Number:       |
| Skating Rinks | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ]  No | [ ] Yes [ ]  No | Number:       |
| Ski Facilities | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Number:       |
| Stadiums/Grandstands/ Bleachers>10,000 Capacity | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Seating Capacity:      |
| Arenas/Convention Centers > 10,000 Capacity | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Capacity:       |
| Electric Power Distribution | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Utilities Supplement |
| Electric Power Generation | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Gas Utility | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Utilities Supplement |
| Sewer Utility | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Water Utility | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No |
| EMTS/Paramedics/Rescue  | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No |   |
| Deputies / Law Enforcement | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ]  No | [ ] Yes [ ]  No |  |
| Short-Term Holding Facility? **(Max 30 Days)** | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Correctional Facilities Supplement |
| Detention Facility? **(Max 90 Days)** | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Number of Facilities:       Correctional Facilities Supplement |
| Long-Term Jail/Corrections Facility **(Max 1 Year)** | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Correctional Facilities Supplement |
| Juvenile Detention Centers | [ ] Yes [ ]  No | [ ]  | [ ]  | [ ] Yes [ ] No | [ ] Yes [ ] No | Number of Centers:        |
| Landfills | [ ] Yes [ ]  No |  |  | [ ] Yes [ ] No | [ ] Yes [ ] No | # of Open      # of Closed       |
| **\*Please note some coverages for this exposure are excluded from the WCRG Memorandum of Coverage. However, this information is needed for our files.** |
| Describe any additional operations/exposures significant to the entity’s operations that are not included above:      |
| **LIABILITY INFORMATION** |
| A. | **EMPLOYEES**  |
|  | Volunteer | Full-Time | Part-Time |
| Total Number of Employees (Law Enforcement and All Other Employees) |       |       |       |
|  |
| **DO YOU HAVE LICENSED PROFESSIONALS?** | [ ] Yes | [ ] No |
| **If yes**, how many of each of the following licensed professionals do you have? |
|  Architects |       |  Attorneys |       |
|  Counselors |       |  EMTs |       |
|  Engineers |       |  Medical Examiners/Coroners |       |
|  Paramedics |       |  Psychologists |       |
|  Nurses |       |  Therapists |       |
|  Out of the number of Nurses above, how many  are ARNPs? |       |  Social Workers |       |
|  Other Specify Type:       |
|  |
| B. | **LAW ENFORCEMENT** |
|  | Full-Time | Part-Time |
| Number of Deputies |        |        |
| Number of Correctional Officers |       |       |
| Number of Reserve Deputies |       |
| Number of K-9 Units |       |
| Do you follow all state statutes for hiring active and reserve officers? |  [ ] Yes | [ ] No |
| Is your Sheriff’s department accredited by Washington Association of Sheriffs & Police Chiefs (WASPC)? |  [ ] Yes | [ ] No |
| Do you utilize LEXIPOL Policies? | [ ] Yes | [ ] No |
| **If yes**, do you use their daily bulletins? | [ ] Yes | [ ] No |
| **If you answered no above,** do you have written policies governing the following? |
| POLICY DESCRIPTION | YES | NO | DATE OF LAST REVISION | POLICY DESCRIPTION | YES | NO | DATE OF LAST REVISION |
| Use of Force (Deadly & Less Lethal) | [ ]  | [ ]  |       | Handling of Intoxicated Persons | [ ]  | [ ]  |       |
| Domestic Violence | [ ]  | [ ]  |       | Armed While Off-Duty | [ ]  | [ ]  |       |
| Emergency Driving | [ ]  | [ ]  |       | Ride Along Program | [ ]  | [ ]  |       |
| High Speed Pursuit | [ ]  | [ ]  |       | Strip Search | [ ]  | [ ]  |       |
| How often are the policies reviewed?       |
| Are the employees required to sign off upon review?  | [ ] Yes | [ ] No |
| Are you a party to any mutual aid, reciprocal, or regional task force agreements? **If yes**, please provide a copy of the agreement. | [ ] Yes | [ ] No |
| Who do you contract for dispatching services?      **If not contracted,** what types of training are your dispatchers provided?       |
|  |
| C. | **STREETS / ROADS** |
| Total number of miles maintained by the county |       |
|  | Miles of primitive roads |       |
|  |
| D. | **GARAGE LIABILITY** |
| Does your entity perform maintenance on other entities’ vehicles?  | [ ] Yes | [ ] No |
| **If yes**,what is the approximate number of outside vehicles serviced per year? |       |
| Are contracts/agreements obtained regarding this service? | [ ] Yes | [ ] No |
| What type of repairs are being performed on fleet and other entities’ vehicles? |       |
|  |
| E. | **Please list any other public recreational facilities you may have:**      |
|  |
| F. | **HEALTH DEPARTMENT** |
| Number of employees (included in employee count) |       |
| Employed nurses (included in employee count) |       |
| Is the health department being insured separately from the Washington Counties Risk Group (WCRG)? | [ ] Yes | [ ] No |
| **CYBER LIABILITY AND DATA BREACH****Please complete separate Cyber Risk Insurance Application (if coverage is requested)** |

**Please complete and attach the following Underwriting information with your submission, if applicable:**

[ ]  ACORD Applications:

[ ]  GL, Auto, Property, Equipment, Umbrella, Statement of Values

[ ]  Photographs of Properties

[ ]  Cowbell Cyber new business application

[ ]  5-year currently valued loss history for all lines of submitted coverage

**Quotes cannot be provided without complete Underwriting Information, including five-year currently valued loss history.**

The application and any supplemental information is prepared and submitted on behalf of the named insured or applicant for coverage consideration. The receipt of application information does not constitute an obligation or commitment on the part of the Washington Rural Counties Insurance Program or its representatives to provide coverage protection. I certify that the information within this application and the attached SOV is true and accurate.

By signing below, the member and broker agrees to accept all coverage documents and correspondence electronically. The member should be diligent in updating the electronic mail address provided to us in the event of a change.

Authorized Signature Print Name Title Date