



**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**  
*Insuring Our Own Future.*

**INSURANCE APPLICATION**

APPLICATION CHECKLIST

1.  Completed Supplemental Application and Acord Applications/Schedules.
2.  Signatures on Applications and Statement of Values where required.
3.  Copy of your most recent Budget provided. [Tentative/Preliminary acceptable.]
4.  Currently valued six years Loss History, including large loss details.

Proposed effective date of policies:            \_\_\_ / \_\_\_ / \_\_\_

Date premium quote is needed\*:            \_\_\_ / \_\_\_ / \_\_\_

**\*We require a minimum of 30 days between the submission of a complete application (including supplemental information) to provide a quote. Additional time may be needed if the expiring premium exceeds \$250,000.**

**PLEASE RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION VIA MAIL OR EMAIL TO:**

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**  
(518) 292-0069  
Email to: [rconway@wrightinsurance.com](mailto:rconway@wrightinsurance.com)

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## GENERAL MUNICIPAL INFORMATION

Name of Municipality \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ Website \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Chief Executive/Title \_\_\_\_\_ Other Contact \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Submitting Agency and Broker \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING INFORMATION:

Population: \_\_\_\_\_ **Total # of Employees:** \_\_\_\_\_

Town Population (Excluding Village): \_\_\_\_\_

Engineers \_\_\_\_\_

Attorneys \_\_\_\_\_

Does your municipality participate or cooperate in any joint activities with other municipalities (i.e. Mutual Assistance agreements, construction or maintenance projects, police or fire protection, etc....)? Yes  No

Does your municipality provide employees or equipment to any other local governments?  
Yes  No

Has the municipality passed a local law allowing ATV and or snowmobile use on the municipality's public streets and roads? Yes  No

**\*If Yes, please confirm the municipality's local law or ordinance is in compliance with NYS Laws.**

### **Authorized Signature Required:**

***Note: A Subscriber's initial capitalization contribution will be adjusted whenever a significant material change in exposure is disclosed in a subsequent inspection and/or appraisal.***

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## CURRENT INSURANCE PROGRAM

*This section must be completed to receive a quotation.*

<u>LINE OF COVERAGE</u>	<u>LIMIT</u>	<u>DEDUCTIBLE*</u>	<u>PREMIUM</u>
PROPERTY	_____	_____	_____
BOILER & MACHINERY/EQUIPMENT BREAKDOWN	_____	_____	_____
TOTAL FLOOD/ EARTHQUAKE	_____	_____	_____
GENERAL LIABILITY	_____	_____	_____
CYBER	_____	_____	_____
OCP	_____	_____	_____
PROFESSIONAL HEALTHCARE LIABILITY	_____	_____	_____
HEALTHCARE GENERAL LIABILITY	_____	_____	_____
AUTOMOBILE LIABILITY	<b>SEE PAGE 18</b>	_____	_____
AUTOMOBILE PHYSICAL DAMAGE	_____	_____	_____
UMBRELLA / EXCESS LIABILITY	_____	_____	_____
PUBLIC OFFICIALS (E & O)	_____	_____	_____
EMPLOYMENT PRACTICES LIABILITY (if not included in Public Officials premium)	_____	_____	_____
LAW ENFORCEMENT LIABILITY	_____	_____	_____
INLAND MARINE	_____	_____	_____
CRIME	_____	_____	_____
OTHER:	_____	_____	_____

*\* PLEASE INDICATE "SIR" IF THE AMOUNT SHOWN IS ACTUALLY A SELF-INSURED RETENTION.*

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**LARGE LOSS HISTORY (Only Losses over \$50,000)**

Date of Claim	Description of Claim	Total Incurred (Paid+Reserve+Expense)	Is Claim Still Open?	
			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"/>

**Additional Notes:**

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## NEW YORK MUNICIPAL INSURANCE RECIPROCAL

### MUNICIPAL EXPOSURE INFORMATION

IF YES, PLEASE COMPLETE CORRESPONDING EXPOSURE INFORMATION. ACORD not acceptable

EXPOSURE	YES	NO	CONTRACTED	EXPOSURE BASE
Beach/Lake Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Beaches _____ # of Months in Use
Bleachers				
Under 100 Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Charge
100-500 Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Locations
501 - 1,000 Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Locations
1,001 - 5,000 Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Locations
>5,000 Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Locations
Boat Docks (No Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Square Footage
Campgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Carnivals/Amusement Rides*</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE SPECIAL EVENTS APPLICATION</b>
Concession Stands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Receipts
<b>Dams/ Dikes/ Levees/ Reservoirs**</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE DAM APPLICATION (If Downstream Exposure is needed.)</b>
Day Care Nurseries (Excluding Summer Rec.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Children _____ Days/Hours Operation _____ Facility Used _____ Enrollment Forms Required? _____ Services Provided (Day Care/Day Camp/Nursery/Other)
Drones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE DRONE APPLICATION</b>
Electrical Generation/Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Distribution Payroll _____ Generation Payroll
*** Certified Emergency Medical Technicians (if not separately insured) <i>IF COVERAGE REQUIRED</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Employees/Attendants _____ # of Volunteers _____ Insurance Carrier - if insured separately

\* Pending Underwriter Approval

\*\* Existence hazard coverage (trips and falls) due to the existence of dams, dikes, levees or reservoirs is automatically included. **IF DOWNSTREAM DAM FAILURE IS BEING REQUESTED, YOU MUST SUBMIT A COMPLETED QUESTIONNAIRE FOR EACH MUNICIPAL DAM. A COPY OF THE MOST RECENT INSPECTION DONE BY THE NEW YORK STATE – DEPARTMENT OF ENVIRONMENTAL CONSERVATION MUST BE INCLUDED FOR EACH DAM.**

\*\*\* If Emergency Medical Personnel ARE separately insured, enter the name of the insurance company.

## NEW YORK MUNICIPAL INSURANCE RECIPROCAL

### MUNICIPAL EXPOSURE INFORMATION (Cont.)

IF YES, PLEASE COMPLETE CORRESPONDING EXPOSURE INFORMATION.

EXPOSURE	YES	NO	CONTRACTED	EXPOSURE BASE
<b>Fairs/Festivals/Parades (Generates Receipts for Municipality)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE SPECIAL EVENTS APPLICATION</b>
Fire Department/ Company/District Name: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PLEASE COMPLETE FIRE PROTECTIVE SERVICES APPLICATION EVEN IF SERVICES ARE CONTRACTED</b>
Fireworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Locations/Days
Garbage & Recycling Pick- Up (Door to Door pick up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Payroll (Do NOT include recycling center)
Golf Courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Receipts
<i>Housing Department</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>CONTACT YOUR NYMIR REPRESENTATIVE</i>
<b>Industrial Development Agency/ LDCs/ Business Improvement District / Land Bank</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE IDA APPLICATION</b>
Jails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Square Footage
Libraries (Stand Alone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Square Footage
Ports/ Harbors/ Terminals/ Marinas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Square Footage Yes <input type="checkbox"/> No <input type="checkbox"/> Services Include Storage/Repair? Yes <input type="checkbox"/> No <input type="checkbox"/> Include Fueling Operations?
Sewer Facility/ Sewer Disposal (Stand Alone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Payroll
Skating Facilities				
Ice Skating Rinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Receipts
Roller Skating Rinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Rinks
Skateboard Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Parks

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## MUNICIPAL EXPOSURE INFORMATION (Cont.)

IF YES, PLEASE COMPLETE CORRESPONDING EXPOSURE INFORMATION.

EXPOSURE	YES	NO	CONTRACTED	EXPOSURE BASE
Ski Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Receipts _____ Lifts
<b>Special Events</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SEE SPECIAL EVENTS APPLICATION</b>
Stadiums/Arena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Receipts _____ Seating Capacity over 2,500
Streets and Roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Miles for streets owned and /or maintained
Summer Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See Special Events
Swimming Pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Pools (Excluding wading pools)
Transportation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<50 Buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Square Footage of Terminal
Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # Over 26 Feet
Vacant Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Attach list of vacant properties
Water Department/ Utility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Payroll (do not include administration and meter readers; do include purification, transmission, distribution)
Watercraft*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Watercraft _____ Year/Model/Serial #/Length
Waterfront Property with Public Access (not otherwise specified)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ linear footage
Zoos**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ # of Zoos _____ # of Acres

\* Coverage only available for watercraft less than 26 feet.

\*\* Pending Underwriting Approval.

**NOTE: NO AVIATION LIABILITY IS AVAILABLE THROUGH NYMIR**

### MISC. Exposures

Yes  No Are there any owned watercraft in excess of 100 horsepower?

If "Yes" describe: \_\_\_\_\_

Yes  No Are any buildings or industrial properties held for redevelopment?

Number of Buildings: \_\_\_\_\_ Location Numbers: \_\_\_\_\_

If "Yes" describe: \_\_\_\_\_

Yes  No Are any buildings used for commercial purposes?

If "Yes" describe: \_\_\_\_\_

Yes  No Are any dwellings owned/leased to others?

Number of Dwellings: \_\_\_\_\_ Location Numbers: \_\_\_\_\_

If "Yes" describe: \_\_\_\_\_

Yes  No Are fundraising activities conducted (including fire dept. and emergency medical services)?

If "Yes" describe: \_\_\_\_\_

## NEW YORK MUNICIPAL INSURANCE RECIPROCAL

Yes  No Do you have any railroad contracts, sidetrack or easement agreements?

If "Yes" please submit a copy of the entire agreement with the application.

Yes  No Are non-law enforcement employees permitted to carry firearms on municipal property?

Yes  No Do you have any UAV/Unmanned Arial Vehicles (i.e.: Drones)?

If "Yes" describe: \_\_\_\_\_



# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## DAM EXPOSURE INFORMATION

### DAMS AND RESERVOIR

(Note: If the entity operates more than one dam or reservoir, a separate questionnaire must be completed for each structure.)

Name of Dam/Reservoir \_\_\_\_\_

1. Capacity of Impounded Reservoir in: Acre Feet: \_\_\_\_\_ Gallons: \_\_\_\_\_ Cubic Feet: \_\_\_\_\_

**(IF RESERVOIR [No DEC # Applies], DO NOT COMPLETE THE REMAINDER OF THIS FORM)**

DEC ID# \_\_\_\_\_ Deficiency Code \_\_\_\_\_ Hazard Code \_\_\_\_\_

**(A NYState DEC inspection report must be submitted for any dam over 30 acre-feet, with a hazard grade of C or higher.)**

2. Please submit the following:

- The Latest DEC visual inspection, usually one page.
- If there have been any recommendations made, a letter from the DEC or an engineering firm or contractor stating that satisfactory repairs have been made and the recommendations/deficiencies are no longer a problem or no longer exist.

3. Location \_\_\_\_\_ Year Built \_\_\_\_\_ Under the direction of: \_\_\_\_\_

- a. Name of Tributary rivers: \_\_\_\_\_  
 Upstream  Downstream
- b. Purpose:  Flood control  Irrigation  Water supply  Industrial  Power  
If power, describe alternate source in event of power failure: \_\_\_\_\_
- c. Construction:  Concrete  Earthen  Steel Sheered  Timber  Other  
Spillway Construction: \_\_\_\_\_
- d. Dimensions Height \_\_\_\_\_ Top Width \_\_\_\_\_ Base Width \_\_\_\_\_
- e. Normal pond measures: Number of acres \_\_\_\_\_ Acre-feet (Please fill in.) \_\_\_\_\_
- f. Storage capacity (gallons) \_\_\_\_\_  
Additional storage available in flood state?  Yes  No  
If yes describe: \_\_\_\_\_

4. Upstream exposure?  Yes  No Describe, including distance (housing, industrial, complexes, etc.): \_\_\_\_\_

5. Downstream exposures (indicate if exposure is present, including distance):

- |                            |                              |                             |                 |               |
|----------------------------|------------------------------|-----------------------------|-----------------|---------------|
| a. Housing                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |
| b. Other Structures        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |
| c. Industrial Complexes    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |
| d. Public Utilities, type? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |
| e. Pumping Stations        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |
| f. Lower Dams              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |
| g. Bridge(s)               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |
| h. Highway(s)              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |
| i. Railroads(s)            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |
| j. Agricultural, type?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |
| k. Recreational, type?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |
| l. Schools(s)              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |
| m. Hospital(s)             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |
| n. Camp(s)                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Distance: _____ | Number: _____ |

6. Maximum population Down Stream? \_\_\_\_\_

7. Does the entity have an emergency notification plan/Emergency Action Plan (EAP)?  Yes  No

Describe: \_\_\_\_\_  
Will be developed or updated as of: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

8. Who inspects the dam? \_\_\_\_\_

9. How often? \_\_\_\_\_ Date of last inspection: \_\_\_\_\_

(Please include a copy.)

➤ **Without this questionnaire, downstream exposure cannot be provided.**

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**AUTHORITY EXPOSURE INFORMATION**

INDUSTRIAL DEVELOPMENT AGENCIES (IDA) – LIMITED DEVELOPMENT CORP. (LDC) – BUSINESS IMPROVEMENT DISTRICT – OTHER GOVERNMENT AUTHORITY INCLUDING LAND BANKS

1. Is the Authority separately insured, with what company? If yes, no other questions need to be answered.

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2. What is the composition of the Authority's board?

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3. How long has the Authority been in existence?

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4. Has the operation of the Authority changed since its inception?

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5. Are there any current or prior losses?

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6. Is there any NYS or federal involvement with the Authority?

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7. Provide a comprehensive description of the activities of the Authority including any construction operations that may be associated with the Authority.

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8. Provide a copy of the contract/charter/covering agreement under which the Authority operates.

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9. Does the Authority own any property?    Yes     No   
If yes, please list.

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# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## SPECIAL EVENTS EXPOSURE INFORMATION

**COMMUNITY & RECREATIONAL EXPOSURES:**

- |  |                          |                    |
|--|--------------------------|--------------------|
| Special Events                         | Organized Sports         | Boat Docks/Marinas |
| Parks & Recreation                     | Fireworks – Sponsor Only | Playgrounds        |
| Bleachers, Grandstands<br>and Stadiums | Ice Skating              | Swimming           |
| Music Events/Shows                     | Parades                  | Fairs/Festivals    |
|  | Seasonal Events          |                    |

**SPECIAL EVENTS INFORMATION:**

1. List each special event:

Description	# of Days	Estimated Receipts (if any)	Location	Premises Owned	Estimated Attendance
				<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	

2. Describe your responsibility for each event/activity (i.e., provide premises, funds, personnel, etc.):

\_\_\_\_\_

\_\_\_\_\_

3. List each sponsor/co-sponsor and their responsibility for each event/activity:

\_\_\_\_\_

\_\_\_\_\_

4. Are Independent Contractors used to provide any services?

- Yes       No

If "Yes", what services? \_\_\_\_\_

5. Are Certificates of Insurance obtained from sponsors and/or independent contractors?

- Yes       No

If "Yes", limit required: \_\_\_\_\_

Does the Certificate of Insurance list the Municipality as an Additional Insured?    Yes    No

6. Will any mechanically operated amusement devices (such as bounce houses) be used in the event?

- Yes       No

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## SPECIAL EVENTS EXPOSURE INFORMATION (Cont.)

**PARKS AND RECREATION:**

1. Identify the recreational activities provided (check all that apply):

<u>Activity</u>	<u>Gross Receipts (if any)</u>	<u>Activity</u>	<u>Gross Receipts (if any)</u>
Baseball Fields	_____	Parks	_____
Basketball Courts	_____	Playground Equipment	_____
Bike Riding	_____	Playgrounds	_____
Boating/Kayaking	_____	Rollerblading (in-line skating)	_____
Camping	_____	Skateboarding	_____
Equestrian Trails	_____	Ski Lifts/Ski Trails	_____
Football Fields	_____	Soccer Fields	_____
Golf Courses/Clubs	_____	Swimming	_____
Hiking Trails	_____	Other:	_____
Parasailing	_____		

2. Do you permit winter sports on the premises?

Yes       No

If "Yes" Describe: \_\_\_\_\_

**ORGANIZED SPORTS:**

1. List organized recreational activities sponsored by the municipality:

<i>Activity (Ex. Baseball, Football, etc.)</i>	Number of Participants Youth/Adult	Does activity take place on municipal owned property?		Municipality Sponsored: Supervised?		Third-Party Sponsored: Supervised?		Third-Party Sponsored: COI to Municipality?	
		Yes	No	Yes	No	Yes	No	Yes	No
	____ Youth ____ Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	____ Youth ____ Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	____ Youth ____ Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	____ Youth ____ Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	____ Youth ____ Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Note: If Parks and Recreation brochures are available, please provide.

2. Do you secure liability waiver forms from all participants?

Yes       No

3. Do you own, operate or maintain any golf courses?

Yes       No

If "Yes", Total annual rounds of golf: \_\_\_\_\_

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**FIRE PROTECTIVE SERVICES**  
**(FIRE COMPANIES, FIRE PROTECTIVE DISTRICTS, FIRE DEPARTMENTS)**

1. List all fire departments/companies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Are fire departments/companies paid or volunteer? \_\_\_\_\_
  
3. Name of fire department/company to be covered: \_\_\_\_\_
  
4. If coverage is requested for fire department/company, what oversight is provided by the municipality?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. If coverage is not requested for the fire department or company, please list insurance carrier providing coverage: \_\_\_\_\_
  
6. Is there a contract between the fire department/company and the municipality?  Yes  No  
If yes, does it include risk transfer?  Yes  No

\*If crime coverage is requested for the fire department, please fill out appropriate section of the crime application.

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**NYMIR UNMANNED AIRCRAFT INSURANCE APPLICATION**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

- 1. Is this address located on, or adjacent to, an airport? Yes  No
- 2. Has Applicant obtained a Certificate of Waiver or Authorization (CoA) from the FAA? Yes  No

**(IF YOU ANSWER NO, PLEASE DISCONTINUE AND CONTACT YOUR UNDERWRITER)**

3. Name of last Aircraft insurance carrier (if none so state) \_\_\_\_\_  
Exp. Date \_\_\_\_\_

4. Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), which occurred in the last five years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein? Yes  No   
If so, explain.

\_\_\_\_\_  
\_\_\_\_\_

**PILOT/OPERATOR**

NAME(S) \_\_\_\_\_

Is the Pilot an employee? \_\_\_\_\_

Number of Years as a Pilot/Operator \_\_\_\_\_

**MAINTENANCE**

- 1. Is all maintenance performed on the aircraft, and its individual components, completed in accordance to manufacturer guidelines? Yes  No
- 2. Is a record of all maintenance maintained? Yes  No

\*\*\*\*\*

1. If aircraft has no registration number or manufacturer's serial number, please describe how aircraft can be positively identified in the event of an incident, accident, or claim:

\_\_\_\_\_  
\_\_\_\_\_

- 2. Maximum Endurance (in hours) \_\_\_\_\_
- 3. Maximum Operating Altitude (in feet) \_\_\_\_\_
- 4. Maximum Range (Specify feet, yards, meters, miles, or kilometers) \_\_\_\_\_
- 5. Does the aircraft have the ability to independently detect and avoid other aerial traffic? Yes  No
- 6. In the event of a lost link between the ground control station and the aircraft, does the UAV contain an automated recovery program that allows for it to safely return to a predetermined point?  
Yes  (please describe procedure below) No

\_\_\_\_\_  
\_\_\_\_\_

7. Aircraft Manufacturer's website: \_\_\_\_\_

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## PURPOSE OF USE

1. CHECK ALL APPLICABLE USES

- Police       Fire       Search & Rescue       Surveillance  
 Photography Wildlife Observation       Construction/Engineering       Video/Film Production  
 Communications       Pipeline/Powerline Patrol       Thermal Imagery       Aerial Marketing  
 Employee Training       Mapping

List all other uses not indicated above (explain)

2. How will photos/videos from aircraft be stored? \_\_\_\_\_  
3. Estimated number of hours the aircraft to be insured is/are to fly in the coming 12 months:  
\_\_\_\_\_  
4. Number of flights \_\_\_\_\_

## OPERATING ENVIRONMENT/CHARACTERISTICS

1. CHECK ALL APPLICABLE EXPOSURES

- Urban (City centers, heavily populated areas)  
 Suburban/Semi-Urban (numerous nearby buildings/moderate population)  
 Industrial (Near numerous non-residential buildings)  
 Rural (Limited, if any, exposure to people and property)  
 Over water (rivers/ponds/small lakes)       Over open water (large lakes/seas/oceans)  
 Night operations       Severe Weather IFR weather operations  
 Other (describe) \_\_\_\_\_

2. Does any pre- and/or in-flight communication with Air Traffic Control take place for a typical flight? Yes  No   
3. How many visual observers are used for a typical flight? (Do not include pilot/operator) \_\_\_\_\_  
4. List all states where flights are anticipated to take place:  
\_\_\_\_\_  
5. For applicants anticipating flights within the U.S., please list specific states where operations are expected:  
\_\_\_\_\_

## Policy and Procedures

1. Do you have a policy for the use of the aircraft? \_\_\_\_\_  
2. Please attach copy of policy for use?  
3. Will aircraft be secured to limit access to only authorized personnel? \_\_\_\_\_  
4. How will photos/video be stored? \_\_\_\_\_  
5. Will a flight log be maintained? Yes  No

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer: \_\_\_\_\_

Address City State Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**GENERAL LIABILITY COVERAGE**

Name of Insurance Carrier \_\_\_\_\_

Is current coverage provided on an *occurrence* or *claims made* basis? \_\_\_\_\_

*(Please attach loss runs.)*

If claims made, what is the Retro Date for current coverage? \_\_\_\_\_

1. Deductible Options Requested:

- |                                  |                                   |                                   |                                    |
|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$12,500 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$200,000 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$250,000 |

**\*\*\***

On behalf of our municipality, I agree that this application is true to the best of my knowledge and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application does not bind the Company to sell or the applicant to purchase this insurance.

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**\*SIGNATURE REQUIRED\***

Signed \_\_\_\_\_  
(Chief Executive Officer)

Date \_\_\_\_\_

Submitted by \_\_\_\_\_



# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## PROPERTY SUPPLEMENTAL INFORMATION

1. Property Deductible Options Requested:

- |  |                                   |                                   |                                    |
|--|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$250         | <input type="checkbox"/> \$2,500  | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$75,000  |
| <input type="checkbox"/> \$500 default | <input type="checkbox"/> \$5,000  | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$1000        | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$250,000 |

2. Coinsurance Percentage

- 90%    100%

3. Property Valuation:

- Replacement Cost (required for Policy Blanket Limits)  
 Functional Replacement Cost limits not included in Blanket Limit

4. Any Vacant Buildings?

- Yes    No

If yes, please identify on SOV, or attach separate exhibit.

Is vacancy permit coverage requested?

- Yes    No

5. Any Buildings Listed on National Historical Registry?

- Yes    No

If "Yes"; if grant received please list premises

\_\_\_\_\_

\_\_\_\_\_

6. Do you currently have any property in the "course of construction" or have any new additions, renovations or expansions planned?

- Yes    No

If "Yes" Describe: \_\_\_\_\_ Cost of Construction: \_\_\_\_\_

7. Do you have any hydro-electric equipment?

- Yes    No

If "Yes" Describe: \_\_\_\_\_

8. Is optional Flood Coverage requested?

- Yes    No

If "Yes" Requested Limit: \_\_\_\_\_ Current Deductible: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Current Limit: \_\_\_\_\_

NOTE: We will pay only for the amount of loss in excess of a \$500,000 per building and a \$500,000 contents occurrence deductible applicable to all property located in Federal Flood Zones designated as A, AO, AH, A1-A30, AE, A99, AR, AR/AE, AR/AO, AR/A1-A30, AR/A, AJJ, V, VE, or V1 - V30 and D.

a. Are there any premises insured in the National Flood Insurance Program?

- Yes    No

b. Are higher limits requested? (Automatic \$1MM Included)

- Yes    No

9. Is Optional Earthquake Coverage requested?

- Yes    No

If "Yes" Requested Limit: \_\_\_\_\_ Current Deductible: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Current Limit: \_\_\_\_\_

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## ADDITIONAL PROPERTY LIMITS

NYMIR's Property Enhancement automatically provides additional limits for many items. Higher limits may be purchased on some lines. Please indicate additional limit desired.

**PLEASE REVIEW MPL 116-1106 FOR COMPLETE TERMS & CONDITIONS**

Description	Included	Higher Limits Requested
Accounts Receivable	\$75,000*	
Airborne/Waterborne Personal Property Coverage	Included	N/A
Broadened Water-Direct Damage	\$100,000 or Limit of Ins. Whichever is Less	N/A
Claim Data Expense	\$25,000	N/A
Commandeered Property	Actual Loss You Sustain	N/A
Communication Equipment, Computers and Media	\$75,000	N/A
Deductible		
Municipal Property Deductibles	Included	N/A
Disappearing Deductible	Included	N/A
Extra Expense	\$250,000	
Fine Arts	\$25,000	N/A
Fire Department Service Charge	\$25,000	N/A
Fire Extinguisher Recharge Expense	\$5,000	N/A
Food Contamination Shutdown – Planned Events	\$10,000	N/A
Foundations Coverage	Included	N/A
Lock Replacement Coverage	\$1,000	N/A
Loss of Income	Actual Loss You Sustain	N/A
Loss of Income – Broadened Water	\$100,000	
Loss of Income – Time to Restore Extension	30 Days	ISO
Money, Securities and Stamps		
Inside	\$10,000	N/A
Outside	\$10,000	N/A
Newly Acquired or Constructed Property		
Building	\$1,000,000	N/A
Business Personal Property	\$500,000	
Non-Owned Detached Trailers	\$5,000	N/A
Ordinance or Law Coverage		
Loss to Undamaged Portion	Included	N/A
Demolition Cost	\$500,000*	
Increased Cost of Construction	\$500,000*	
Outdoor Fences	Actual Loss You Sustain	N/A
Outdoor Signs	Actual Loss You Sustain	N/A
Outdoor Trees, Shrubs and Plants	Actual Loss You Sustain Subject To A Limit of \$10,000 Per Tree, Shrub or Plant	N/A
Personal Effects and Personal Property of Others	\$10,000	
Pollutant Cleanup and Removal	\$50,000	N/A
Pollutant Cleanup and Removal – Planned Events	\$10,000	N/A
Premises Extension Property	1,000 Feet	N/A
Property off Premises	Actual Loss You Sustain	N/A

## NEW YORK MUNICIPAL INSURANCE RECIPROCAL

Description	Included	Higher Limits Requested
Refrigerated Property	Actual Loss You Sustain	N/A
Roof Protection	\$1,000	N/A
Specified Appurtenant Structure		
Public Use	\$100,000	N/A
Your Use	\$10,000	N/A
Contents	\$1,000	N/A
Transportation	Actual Loss You Sustain	N/A
Utility Services – Direct Damage	Actual Loss You Sustain	N/A
Utility Services – Planned Events	Actual Loss You Sustain	N/A
Valuable Papers and Records – Cost of Research	\$75,000*	

*\*Above limits shown may be superseded by the 'Optional Coverage Included' section on form #MPL-100-0997.*

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## BUILDING SCHEDULE

***Please attach typed Acords with the following information:***

*Building Name/Address*

*Use*

*Age/Yr. Built*

*Construction Types*

*Square Feet*

*Local Protection Class*

*100% Building Values*

*100% Contents Values*

### **CONSTRUCTION TYPE:**

1. FRAME - Wood walls and roof
2. MASONRY - Masonry walls and wood roof
3. NC-1 - Metal pre-fabricated
4. NC-2 - Masonry with non-combustible walls/roof
5. MODIFIED FIRE RESISTIVE
6. FIRE RESISTIVE

**IMPORTANT NOTE:** NYMIR will arrange to appraise all insured buildings with a value in excess of \$50,000, any discrepancies will be endorsed accordingly.

***Note: A Subscriber's initial capitalization contribution will be adjusted whenever a significant material change in exposure is disclosed in a subsequent inspection and/or appraisal.***

## NEW YORK MUNICIPAL INSURANCE RECIPROCAL

### **Miscellaneous Property in the Open** **(Please List on Acord or SOV.)**

1. **Fire Hydrants** – must be listed to get coverage - **# OF HYDRANTS AND THEIR TOTAL VALUE; CATEGORY “HYDRANTS THROUGHOUT VILLAGE”**
2. **Railings** – If not in the value of the structure, it needs to be scheduled. (This is to address handrails, which would normally be attached to or just outside a building.) Although, some park locations have railings. This would not include fences. Guard rails cannot be covered.
3. **Lights/Light Poles owned by insured** – must be listed to get coverage **# OF LIGHTS AND THEIR TOTAL VALUE; CATEGORY “LIGHTS/LIGHT POLES THROUGHOUT VILLAGE”**
4. **Benches** – must be listed at each location
5. **Monuments/Clocks** – the value can be rolled into the main building (as a site improvement on the CBIZ appraisal) or listed separately on SOV
6. **Signs** – locations must be on the Dec page and within 1,000 feet of a scheduled location to get the Muni Pac extensions. Otherwise for coverage, list **# OF SIGNS AND THEIR TOTAL VALUE; CATEGORY “SIGNS THROUGHOUT VILLAGE”**
7. **Flagpoles** – the value can be rolled into the main building (if listed as a site improvement on CBIZ appraisal) or listed separately on SOV
8. **Parks/playground equipment** – list on the property schedule as separate location. Each piece of equipment does not need to be listed separately.
9. **Parking Meters** – must be listed for coverage - **# of PARKING METERS AND THEIR TOTAL VALUE ; CATEGORY “PARKING METERS THROUGHOUT VILLAGE”**
10. **Parking Machine** – must be listed for coverage - **# of PARKING MACHINES AND THEIR TOTAL VALUE; CATEGORY “PARKING MACHINES THROUGHOUT VILLAGE”**
11. **Cemeteries** – minimum value of \$1000 to schedule; unless there is a structure which should have the proper value. Does not include headstones or monuments.
12. **Dugouts** – the location where they are located must be listed in order to get the limits in the Muni-Pac
13. **Tennis Courts/Basketball Courts** – list on the property schedule with an address
14. **Traffic Signals** – **# OF TRAFFIC SIGNALS AND THEIR TOTAL VALUE: CATEGORY “TRAFFIC SIGNALS THROUGHOUT VILLAGE”**
15. **Fences – just value**

*All of the above items are subject to the Commercial Property Flood Deductible; dictated by the flood zone the item is located in.*

**NYMIR Inland Marine Categories**

1. Auto Physical Damage
2. Contractor's Equip
3. Police Equip
4. EDP Equip.
5. Fine Arts
6. Fire Dept. Equip
7. Fire Dept. Vehicles
8. Miscellaneous
9. Other
10. Radios
11. Small Tools
12. Unscheduled equipment
13. Unscheduled Leased/Rented Equip
14. Voting Machines
15. Watercraft
16. Drones

**Miscellaneous Unscheduled Equipment** – Can be written up to a total value of \$150,000 with a maximum of \$5000 per item. You can have a lower “Max any one item....”, but anything higher needs to be listed on the IM schedule. This can be used to cover the following items:

- Small Hand Tools
- Portable Generator
- Air Compressor
- Lawn Mowers

*All Inland Marine items are subject to the \$1,000,000 Flood Limit.*

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## INLAND MARINE SUPPLEMENTAL INFORMATION

The Inland Marine form includes the following extensions of coverage:

Coverage Extension	Limits Included	Higher Limit
Debris Removal	\$25,000 Per Occurrence	N/A
Emergency Services Personal Effects*	\$2,500 Per Person / \$5,000 Per Occurrence	
Emergency Services Equipment (Scheduled)	\$10,000 Per Occurrence	
Rented/Leased/Borrowed*	\$100,000 Per Occurrence	
Newly Acquired Scheduled Equipment	\$250,000 Per Occurrence	N/A
Rental Reimbursement*	\$500 Per Day/ \$5,000 Aggregate	
Fireman's Auto Physical Damage	\$1,000 Reimbursement	N/A
Commandeered Property*	\$25,000 Occurrence/\$50,000 Aggregate	

\*Optional Limits are available and may be requested below.

1. Emergency Services Personal Effects Extension limit requested?
  - \$2,500 per person/\$5,000 per occurrence automatically included
  - Optional limits available at an increased premium, please specify requested limit: \_\_\_\_\_
2. Rented or Borrowed Equipment Extension limit requested?
  - \$100,000 automatically included
  - Optional limits available at an increased premium, please specify requested limit: \_\_\_\_\_
3. Rental Reimbursement Extension limit requested?
  - \$500 Per Day/\$5,000 Aggregate automatically included
  - Optional limits available at an increased premium, please specify requested limit: \_\_\_\_\_
4. Commandeered Property Extension limit requested?
  - \$25,000 Occurrence/\$50,000 Aggregate automatically included
  - Optional limits available at an increased premium, please specify requested limit: \_\_\_\_\_

## INLAND MARINE SCHEDULE

	LIMIT	DEDUCTIBLE OPTIONS*
AUTO PHYSICAL DAMAGE (Replacement Cost subject to limit on 10 years or newer)		<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
CONTRACTORS EQUIPMENT		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
FIRE VEHICLE (Replacement Cost regardless of age subject to limit)		<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
RADIOS		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
VOTING MACHINES		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
FINE ARTS		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
POLICE EQUIPMENT		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
FIRE EQUIPMENT		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000
EDP EQUIPMENT		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
OTHER CATEGORY (Describe):		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
OTHER CATEGORY (Describe):		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
OTHER CATEGORY (Describe):		<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000

**NOTE: Please schedule mobile equipment licensed for road use on the Auto Liability Policy**

**\*Higher options available.**

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**PUBLIC OFFICIALS LIABILITY COVERAGE**  
**(Application for a Claims Made policy)**

1. Does the Municipal Entity presently carry Public Officials Liability or similar insurance? Yes  No

If Yes: Name of Insurance Carrier \_\_\_\_\_

Is current coverage provided on an *occurrence* or *claims made* basis? \_\_\_\_\_  
(Please attach loss runs.)

What is the Retro Date for Current Coverage (if Claims Made)? \_\_\_\_\_

Is Public Officials Coverage for Fire Department requested? Yes  No

Is Full Prior Acts requested? Yes  No

Current Deductible \_\_\_\_\_

Deductible Options Requested:

- |                                  |                                   |                                   |                                    |
|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$7,500  | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$75,000  |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$200,000 |

2. During the past six years, have there been any incidents, acts, errors, omissions, claims, litigation or threat of litigation (including any Federal, State or Local actions against the Public Entity and/or its employees or officials) which might give rise to a claim? Yes  No

*(If answer is yes, please attach full details.)*

3. If the Municipal Entity proposed for this insurance has any subsidiary boards, commissions, authorities or other units operating under its jurisdiction and within an apportionment of its total operating budget, *please include on a separate page a list of all such boards or units* and indicate whether they presently carry their own Public Officials Liability Insurance. If no such units are in operation, please state: \_\_\_\_\_

4. No similar insurance on behalf of the Municipal Entity has been declined, cancelled or non-renewed or otherwise refused, except as follows: (If answer is none, please state). \_\_\_\_\_

5. Have any of the following situations occurred within the last three years? *If yes, please attach full details.*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (a) Strike, slowdown or other disruption by the employees   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Layoff of employees or reduction in services  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Allegations of unfair or improper treatment regarding employee hiring, remuneration, advancement or termination of employment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Disputes involving integration, segregation, discrimination or violation of civil rights.                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Disputes involving zoning classification or land use regulations  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) Any grand jury investigation, recall proceedings or indictments of any public official.                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

\*Optional: Extended Employment Practices Liability Available.  
Includes - Non Monetary Defense Option and Back Wages.

Please quote Yes  No



**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**PUBLIC OFFICIALS LIABILITY COVERAGE (Cont.)**  
**(Application for a Claims Made policy)**

On behalf of our municipality, I agree that this application is true to the best of my knowledge and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application does not bind the Company to sell or the applicant to purchase this insurance.

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**\*SIGNATURE REQUIRED\***

Signed \_\_\_\_\_  
(Chief Executive Officer)

Date \_\_\_\_\_

Submitted by \_\_\_\_\_  
(Name of Agent)

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## LAW ENFORCEMENT LIABILITY COVERAGE

**(Including ARMED: Court Officers, Security Officers and Code Enforcement; Staffed by either Employees or Volunteers.)**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you maintain a Law Enforcement Agency? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have Court Security?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have Peace Officers?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a Special Police Force?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have Constables?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you allow for Moonlighting?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have an Auxiliary Police Dept.?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a Tactical Unit?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If No, who provides Law Enforcement services? \_\_\_\_\_

If Yes, please complete all the information below.

Name of Insurance Carrier \_\_\_\_\_

Is current coverage provided on an *occurrence* or *claims made* basis? \_\_\_\_\_

If claims made, what is the Retro Date for current coverage? \_\_\_\_\_

Current Deductible \_\_\_\_\_

Deductible Options Requested:

- |                                  |                                   |                                   |                                    |
|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$7,500  | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$75,000  |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$200,000 |

1. During the past six years, have there been any incidents, acts, errors, omissions, claims, litigation or threat of litigation (including any Federal, State or Local actions against the Public Entity and/or Law Enforcement Agency or its employees or officials of each) which might give rise to a claim? Yes  No

*(If answer is yes, please attach full details.)*

**\*\*Please check** if your municipality has developed and/or utilizes any of the following policies, procedures and manuals:

	<b>**Policies/ Procedures</b>	<b>* Manuals</b>
Use of Force	<input type="checkbox"/>	<input type="checkbox"/>
Deadly Force	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Hot Pursuit	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
Handling of Intoxicated Persons	<input type="checkbox"/>	<input type="checkbox"/>
Moonlighting	<input type="checkbox"/>	<input type="checkbox"/>

***\*Please provide copies of Law Enforcement manuals***

***\*\*Please provide Policies and Procedures***

Please provide the following Officer Information: **(Do not count any individual twice.)**

**ARMED POLICE OFFICERS**

# of Full Time \_\_\_\_\_  
 # of Part Time \_\_\_\_\_  
 # of TOTAL Hours per  
**month** for all Part Time \_\_\_\_\_

**UNARMED OFFICERS WITH ARREST AUTHORITY:**

# of Full Time \_\_\_\_\_  
 # of Part Time \_\_\_\_\_  
 # of TOTAL Hours per **month**  
 for all Part Time \_\_\_\_\_

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**LAW ENFORCEMENT LIABILITY COVERAGE (Cont.)**

**CORRECTIONAL OFFICERS:**

# of Part Time Armed Officers \_\_\_\_\_  
# of Armed with  
Transportation Duty \_\_\_\_\_

**ARMED COURT OFFICERS:**

# of TOTAL Hours per month  
for all Part Time \_\_\_\_\_

**SCHOOL RESOURCE OFFICERS\*:**

# of Armed: \_\_\_\_\_

\*Please send copy of agreement between law enforcement and school district.

Who supplies medical, counseling, and dental services for jail operations? \_\_\_\_\_

*See NYMIR for a NYMIR Health Care Facilities Liability Program Application.*

	Are they Contracted?	Or Employed?
Medical:	<input type="checkbox"/>	<input type="checkbox"/>
Counseling:	<input type="checkbox"/>	<input type="checkbox"/>
Dental:	<input type="checkbox"/>	<input type="checkbox"/>

*If not employed by municipality, please provide certificate of insurance*

**\*\*\***

On behalf of our municipality, I agree that this application is true to the best of my knowledge and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application does not bind the Company to sell or the applicant to purchase this insurance.

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**\*SIGNATURE REQUIRED\***

Signed \_\_\_\_\_  
(Chief Executive Officer)

Date \_\_\_\_\_

Submitted by \_\_\_\_\_  
(Name of Agent)

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## MEDICAL PROFESSIONAL LIABILITY

Does your Municipality have any medical professional employees or facilities - including but not limited to: jails, nursing homes, traveling nurses, medical clinics, etc.?

Yes       No

If "Yes", please fill out the additional "NYMIR Health Care Facilities Liability Program Application".

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## GOVERNMENTAL CRIME COVERAGE

**Faithful Performance is Automatic.**

The following coverages are available at limits of: \$1,000; \$2,500; \$5,000; \$10,000; \$15,000; \$20,000; \$25,000; \$50,000; \$75,000; \$100,000; \$150,000; \$250,000; \$500,000; \$750,000; \$1,000,000; other options available upon request at underwriter discretion.

Deductibles Available: \$100; \$250; \$500; \$1,000; \$2,500; \$5,000; \$10,000; \$25,000; \$50,000; \$100,000; \$250,000; \$500,000.

	<b>Limits Requested</b>	<b>Deductible Option</b>
Employee Theft: (Includes Tax Collector and Treasurer)	\$ _____ <input type="checkbox"/> Per loss <input type="checkbox"/> Per Employee	\$ _____
Forgery Alteration:	\$ _____	\$ _____
Inside the Premises:		
Theft of Money and Securities	\$ _____	\$ _____
Robbery/Safe Burglary	\$ _____	\$ _____
Outside the Premises:	\$ _____	\$ _____
Computer Fraud:	\$ _____	\$ _____
Funds Transfer Fraud:	\$ _____	\$ _____
Money Orders and counterfeit Money	\$ _____	\$ _____

Is Crime Coverage required for contracted employees? Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**Are Separate Excess Limits required for Employee Theft? If yes, specify names and/or positions.**

Name	Position	Excess Limit
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Is Coverage requested for Volunteers (include for fire departments and/or fire companies)**

Name	Position	Excess Limit
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**GOVERNMENTAL CRIME COVERAGE (Cont.)**

Indicate what Security Provisions apply, and identify who performs the function/how often:

List all audits for municipality, elected officials and other organizations under control of municipality

Supervisor/Mayor: Yes  No  Performed \_\_\_\_\_  
Tax Collector/Receiver: Yes  No  Performed \_\_\_\_\_  
Judge: Yes  No  Performed \_\_\_\_\_  
Town/Village Clerk: Yes  No  Performed \_\_\_\_\_  
Fire Dept., District, or Company: Yes  No  Performed \_\_\_\_\_  
Other: \_\_\_\_\_ Yes  No  Performed \_\_\_\_\_

Review of Bank Statements: Yes  No  Performed \_\_\_\_\_

Countersignatures: Yes  No  Performed \_\_\_\_\_

Reconciliations: Yes  No  Performed \_\_\_\_\_

Number of Ratable Employees \_\_\_\_\_

*Ratable Employees consist of all employees or volunteers who regularly handle, have custody or maintain records of money, securities or other property, and all department and division heads and assistant managers.*

**\*Please provide a list of any losses that have occurred in the past 6 years.\***

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## CYBER LIABILITY COVERAGE

Expiring Carrier: \_\_\_\_\_

Gross Budget: \$ \_\_\_\_\_

### I. Sensitive Data

1. Does your Public Entity store sensitive or Personally Identifiable Information (PII)?  Yes  No
2. Does your Public Entity store sensitive information or PII on any of the following media?

Media	Yes/No		Number of Units
a. Laptops	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b. PDA's / Mobile Devices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c. Flash Drives / Portable Storage Devices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d. Back-up Tapes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
e. Internet Connected Web Servers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
f. Databases, Audit Logs, Files on Servers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
g. Email	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

3. Does your Public Entity control who is assigned municipal mobile devices, such as laptops, tablets, phones?  Yes  No

### II. Security Controls

*If the answer is "No" to any question in this section, please provide additional details.*

1. Does the Public Entity have written information security policies and procedures that are reviewed annually by a management-level employee?  Yes  No
2. Are background checks performed on employees who have access to sensitive data and PII?  Yes  No

# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## CYBER LIABILITY COVERAGE (cont.)

### II. Security Controls (cont.)

*If the answer is "No" to any question in this section, please provide additional details.*

3. Are desktop PC's password protected?  Yes  No
4. Are anti-virus, anti-spyware, anti-malware software and firewall protection in use?  Yes  No
5. Does the Public Entity secure remote access to its IT systems?  Yes  No
6. If wireless network access is provided by the Public Entity, is it security-enabled?  Yes  No
7. Are all sessions where sensitive data is entered encrypted with a Secure Socket Layer (SSL)?  Yes  No
8. Does the Public Entity have written procedures for routine backups and maintain proof of backups?  Yes  No
9. Do you have an IT professional?  Yes  No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If yes, is this an employee or a contractor?  Employee  Contractor

### III. Personnel, Policies, Procedures

*If the answer is "No" to any question in this section, please provide additional details.*

1. Does the Public Entity have a procedure to remove system access after an employee has been terminated?  Yes  No
2. Are periodic IT security audits performed to access network/data security?  Yes  No
3. Does the municipality have a Cyber Incident Emergency Response Plan?  Yes  No

### IV. Prior Claims

1. Has there been, or is there now pending, any Cyber related claims against your Public Entity?  Yes  No



**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**CYBER LIABILITY COVERAGE (cont.)**

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**\*SIGNATURE REQUIRED\***

On behalf of our municipality, I agree that this application is true to the best of my knowledge and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application does not bind the Company to sell or the applicant to purchase this insurance.

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

**EXCESS LIABILITY**

Excess Policy Limits are available up to:

\$16,000,000 Each Occurrence

\$32,000,000 Aggregate

All underlying coverage to be scheduled must be provided by the NYMIR Program. Exceptions are permitted for Employer's Liability Coverage.

Limits are:

\$100,000 Per Occurrence for Bodily Injury

\$100,000 Each Employee for Bodily Injury by Disease

\$500,000 Aggregate for Bodily Injury by Disease

Excess Limit requested:

- \$1,000,000 / \$2,000,000 Aggregate
- \$2,000,000 / \$4,000,000 Aggregate
- \$3,000,000 / \$6,000,000 Aggregate
- \$4,000,000 / \$8,000,000 Aggregate
- \$5,000,000 / \$10,000,000 Aggregate
- \$6,000,000 / \$12,000,000 Aggregate
- \$7,000,000 / \$14,000,000 Aggregate
- \$8,000,000 / \$16,000,000 Aggregate
- \$9,000,000 / \$18,000,000 Aggregate
- \$10,000,000 / \$20,000,000 Aggregate

***Additional Limits may be attained subject to underwriting approval.***

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# NEW YORK MUNICIPAL INSURANCE RECIPROCAL

## VEHICLE/FLEET SCHEDULE

**Please attach Auto Schedules with the following information:**

*Car number*  
*Year*  
*Make/Model*  
*Full VIN #*  
*Gross Vehicle Weight*  
*Use (see attached)/Class Code*  
*Cost New*  
*Comprehensive Deductible*  
*Collision Deductible*

Full glass is available for private passenger vehicles – maximum deductible is \$200 for these vehicles. Check if you want this option

Hired Physical Damage Limit: \_\_\_\_\_ (Check if this coverage is primary)   
Deductible: \_\_\_\_\_

Limits of Liability	
Medical Payments:	
Mutual Aid:	
OBEL:	
Personal Injury Protection:	
Supplementary Uninsured Motorists:	

## NEW YORK MUNICIPAL INSURANCE RECIPROCAL

CODE	DESCRIPTION	PHYSICAL DAMAGE	Notes
01479	LIGHT DUMP	Auto Policy	0-10,000 lbs Gross Vehicle Weight
01499	LIGHT TRUCKS	Auto Policy	0-10,000 lbs Gross Vehicle Weight
05181	URBAN BUS	Auto Policy	1-8 passengers
05182	URBAN BUS	Auto Policy	9-20 passengers
05183	URBAN BUS	Auto Policy	21-60 passengers
05184	URBAN BUS	Auto Policy	over 60 passengers
05881	MUNICIPAL BUSES	Auto Policy	1-8 passengers
05882	MUNICIPAL BUSES	Auto Policy	9-20 passengers
05883	MUNICIPAL BUSES	Auto Policy	21-60 passengers
05884	MUNICIPAL BUSES	Auto Policy	over 60 passengers
06181	SCHOOL BUS (1-8)	Auto Policy	
06182	SCHOOL BUS (9-20)	Auto Policy	
06183	SCHOOL BUS (21-60)	Auto Policy	
06184	SCHOOL BUS (OVER 60)	Auto Policy	
06201	OTHER SCHOOL BUS	Auto Policy	
06202	OTHER SCHOOL BUS	Auto Policy	
06203	OTHER SCHOOL BUS	Auto Policy	
06204	OTHER SCHOOL BUS	Auto Policy	
06281	OTHER SCHOOL BUS	Auto Policy	
06282	OTHER SCHOOL BUS	Auto Policy	
06283	OTHER SCHOOL BUS	Auto Policy	
06284	OTHER SCHOOL BUS	Auto Policy	
06293	OTHER SCHOOL BUS	Auto Policy	
06481	SOCIAL SERVICE BUS	Auto Policy	1-8 passengers
06482	SOCIAL SERVICE BUS	Auto Policy	9-20 passengers
06483	SOCIAL SERVICE BUS	Auto Policy	21-60 passengers
06484	SOCIAL SERVICE BUS	Auto Policy	over 60 passengers
07201	DRIVER EDUCATION VEHICLES	Auto Policy	
07398	PRIVATE PASSENGER	Auto Policy	
07906	MOBILE EQUIPMENT	Floater	If Plated for Road Use
07908	FIRE PRIVATE PASS	Auto Policy	
07909	FIRE TRUCK	Floater	
07911	POLICE	Auto Policy	Cost new should include enhancements to vehicle
07912	POLICE VAN	Auto Policy	
07919	AMBULANCE	Floater	
07926	DRIVER EDUCATION VEHICLE	Auto Policy	
07929	REGISTRATION PLATES/TRANSPORTER PLATES	Auto Policy	
07942	MOTORCYCLE	Auto Policy	
07964	SNOW/MOBILE	Floater	
09620	ANTIQUÉ AUTOS	Auto Policy	

## NEW YORK MUNICIPAL INSURANCE RECIPROCAL

21453	MEDIUM GARBAGE	Floater	10,001-20,000 Lbs Gross Vehicle Weight
21479	MEDIUM DUMP	Floater	10,001-20,000 Lbs GVW: Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value
21499	MEDIUM TRUCKS	Auto Policy	10,001-20,000 Lbs Gross Vehicle Weight
31479	HEAVY DUMP	Floater	20,001-45,000 Lbs GVW: Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value
31499	HEAVY TRUCKS	Auto Policy	20,001-45,000 Lbs Gross Vehicle Weight
31453	HEAVY GARBAGE	Floater	20,001-45,000 Lbs Gross Vehicle Weight
34479	HEAVY TRACTOR (TRLR) DUMP	Floater	Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value
34499	HEAVY TRACTOR (TRLR)	Floater	
40453	EXTRA HEAVY GARBAGE	Floater	>45,000 Lbs Gross Vehicle Weight
40479	EXTRA HEAVY DUMP	Floater	>45,000 Lbs GVW: Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value
40499	EXTRA HEAVY TRUCK	Auto Policy	>45,000 Lbs Gross Vehicle Weight
50453	EXTRA HEAVY GARBAGE/TRACTOR	Floater	>45,000 Lbs Gross Vehicle Weight
50479	EXTRA HEAVY TRACTOR (TRLR) DUMP	Floater	>45,000 Lbs GVW: Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value
50499	EXTRA HEAVY TRACTOR (TRLR)	Floater	>45,000 Lbs Gross Vehicle Weight
67479	SEMITRAILERS- DUMP	Floater	
67499	SEMITRAILERS	Auto Policy	
68479	TRAILERS - DUMP	Auto Policy	
68499	TRAILERS	Auto Policy	
69479	SERVICE OR UTILITY TRAILERS - DUMP	Auto Policy	
69499	SERVICE OR UTILITY TRAILER	Auto Policy	
7906	STREET SWEEPER	Floater	
21499/31499	BUCKET TRUCK	Floater	

**CLASS CODE 7911 IS VALUED AT REPLACEMENT COST FOR VEHICLES 10 YEARS AND NEWER**

**ONLY PRIVATE PASSENGER VEHICLES ARE ELIGIBLE FOR FULL GLASS WITH A \$200 DEDUCTIBLE**

**VEHICLES SCHEDULED ON THE FLOATER (INLAND MARINE) FOR PHYSICAL DAMAGE ARE ELIGIBLE FOR RENTAL EXPENSES OF \$500 PER DAY UP TO \$5,000**

**THE INLAND MARINE POLICY PROVIDES AUTOMATIC LEASED, RENTED OR BORROW COVERAGE FOR \$100,000. HIGHER LIMITS ARE AVAILABLE**

**DUMP TRUCKS SCHEDULED ON THE FLOATER WILL BE VALUED AT REPLACEMENT COST FOR NEW IF 10 YEARS OR NEWER AND SUBJECT TO THE VALUE SCHEDULED ON THE FLOATER. AFTER 10 YEARS VALUES SHOULD BE CHANGED TO REFLECT "LIKE KIND AND QUALITY"**

**ALL OTHER ITEMS SCHEDULED ON THE INLAND MARINE ARE LIKE KIND AND QUALITY**

**FIRE DEPARTMENT EQUIPMENT SCHEDULED ON THE FLOATER WILL BE VALUED AT REPLACEMENT COST FOR NEW SUBJECT TO THE VALUE PER ITEM REGARDLESS OF AGE**

**FIRE TRUCKS ARE ELIGIBLE FOR REPLACEMENT COST FOR NEW REGARDLESS OF AGE**

**PLEASE SEE POLICIES FOR A FULL DESCRIPTION OF COVERAGES AND ENHANCEMENTS.**

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL**

*Please Read Carefully*

**GENERAL FRAUD WARNING NOTICE**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NEW YORK FRAUD WARNING**

Auto: All applications for automobile insurance shall contain the following statement: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Fire Insurance: All applications for fire insurance shall contain the following statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescinding the insurance policy.

Other Types of Insurance: 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**I CERTIFY THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Your signature below acknowledges that you have read the General Fraud Warning Notice and the State Specific Fraud Warning Notice that applies to your state domicile.

**The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge; this includes any applications, location schedules, valuation statements, loss history information and engineering reports.**

\_\_\_\_\_  
SIGNATURE OF PROPOSED INSURED

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PROPOSED AGENT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE