



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

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

GENERAL MUNICIPAL INFORMATION

Name of Municipality _____ County _____

Address _____ Website _____

Telephone Number _____

Chief Executive/Title _____ Other Contact _____
Email: _____ Email: _____

Contact Person/Title _____

Submitting Agency and Broker _____ Telephone Number _____
E-Mail Address _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Population: _____ **Total # of Employees:** _____

Town Population (Excluding Village): _____

Engineers _____

Attorneys _____

Does your municipality currently engage any independent contractors or 1099 individuals for services or labor?

YES NO

If yes, please provide the contract that is in place with your 1099 employees.

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: _____

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 (NEW Business Only)</u> |
|--|---------------------|---------------------------|---|
| PROPERTY | _____ | _____ | _____ |
| BOILER & MACHINERY/EQUIPMENT BREAKDOWN | _____ | _____ | _____ |
| TOTAL FLOOD/ EARTHQUAKE | _____ | _____ | _____ |
| GENERAL LIABILITY | _____ | _____ | _____ |
| CYBER | _____ | _____ | _____ |
| OCP | _____ | _____ | _____ |
| PROFESSIONAL HEALTHCARE LIABILITY | _____ | _____ | _____ |
| HEALTHCARE GENERAL LIABILITY | _____ | _____ | _____ |
| AUTOMOBILE LIABILITY | SEE PAGE 18 | _____ | _____ |
| 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.*

Please indicate below /if any lines of business have been non-renewed by an insurance carrier:

Yes-Indicate below what line(s) of coverage **No**

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

**IF NOT WITH NYMIR For 6 Years
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:

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

Municipal Exposure Information
IF YES, PLEASE COMPLETE CORRESPONDING EXPORE 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 100-500 Seats 501 - 1,000 Seats 1,001 - 5,000 Seats >5,000 Seats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No Charge _____ # of Locations _____ # of Locations _____ # of Locations _____ # 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"/> | |
| Carnivals/Amusement Rides* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEE SPECIAL EVENTS APPLICATION |
| Cemeteries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Concession Stands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ Receipts |
| Dams/ Dikes/ Levees/Reservoirs** | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEE DAM APPLICATION (If Downstream Exposure is needed.) |
| 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/DayCamp/Nursery/Other) |
| Drones | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEE DRONE APPLICATION |
| Electrical Generation/Distribution | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ Distribution Payroll _____ Generation Payroll |
| *** Certified Emergency Medical Technicians (if not separately insured) IF COVERAGE REQUIRED | <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
IF YES, PLEASE COMPLETE CORRESPONDING EXPORE INFORMATION – ACORD NOT ACCEPTABLE

| Exposure | Yes | No | Contracted | Exposure Base |
|--|--------------------------|--------------------------|--------------------------|---|
| Fairs/Festivals/Parades(Generates Receipts for Municipality) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEE SPECIAL EVENTS APPLICATION |
| Fire Department/ Company/ District Name: _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PLEASE COMPLETE FIRE PROTECTIVE SERVICES APPLICATION EVEN IF SERVICES ARE CONTRACTED |
| 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"/> | _____ Reciepts |
| Industrial Development Agency/ LDCs/ Business Improvement District / Land Bank | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEE IDA APPLIACTION |
| 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/ SewerDisposal (Stand Alone) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ Payroll |
| Skating Facilities Ice Skating Rinks Roller Skating Rinks Skateboard Parks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ Receipts _____ # of Rinks _____ # of Parks |

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

Municipal Exposure Information

IF YES, PLEASE COMPLETE CORRESPONDING EXPORE INFORMATION – ACORD NOT ACCEPTABLE

| Exposure | Yes | No | Contracted | Exposure Base |
|--|--------------------------|--------------------------|--------------------------|---|
| Ski Facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ Receipts ____ Lifts |
| Special Events | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEE SPECIAL EVENT APPLICATION |
| Stadiums/Area | <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 /ormaintained under contract |
| 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"/> | ____ Square Footage of Terminal |
| <50 Buses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ # Over 26 Feet |
| Watercraft | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Trails | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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"/> | ____ Receipts ____ # of Rinks ____ # of Parks |
| Waterfront Property with Public Access (not otherwise specified) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ linear footage for Public Access Areaonly |
| 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

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

OTHER 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: _____

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?

*If yes, are employees carrying firearms Certified Peace Officers? Yes **No

**If No, please provide an explanation of the position and necessity for carrying a firearm.

Yes No Do you have any UAV/Unmanned Aerial 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 NY State 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 No Distance: _____ Number: _____

b. Other Structures Yes No Distance: _____ Number: _____

c. Industrial Complexes Yes No Distance: _____ Number: _____

d. Public Utilities, type? Yes No Distance: _____ Number: _____

e. Pumping Stations Yes No Distance: _____ Number: _____

f. Lower Dams Yes No Distance: _____ Number: _____

g. Bridge(s) Yes No Distance: _____ Number: _____

h. Highway(s) Yes No Distance: _____ Number: _____

i. Railroads(s) Yes No Distance: _____ Number: _____

j. Agricultural, type? Yes No Distance: _____ Number: _____

k. Recreational, type? Yes No Distance: _____ Number: _____

l. Schools(s) Yes No Distance: _____ Number: _____

m. Hospital(s) Yes No Distance: _____ Number: _____

n. Camp(s) Yes No Distance: _____ Number: _____

6. Maximum population Down Stream? _____

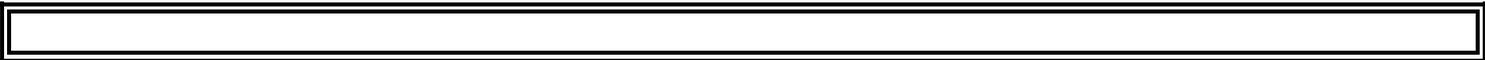
7. Does the entity have an emergency notification plan/Emergency Action Plan (EAP)? Yes No

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.)



AUTHORITY EXPOSURE INFORMATION

INDUSTRIAL DEVELOPMENT AGENCIES (IDA) – LIMITED DEVELOPMENT CORP. (IDC) – 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.

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

3. How long has the Authority been in existence?

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

5. Are there any current or prior losses?

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

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

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

9. Does the Authority own any property? Yes No

If yes, please list. _____

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 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

7. Will any of the events involve racing activities?

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

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

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:

| Activity (Ex. Baseball, Football, etc.) | 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? |
|---|---------------------------------------|--|--|--|--|
| | ____ Youth ____ Adult | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| | ____ Youth ____ Adult | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| | ____ Youth ____ Adult | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| | ____ Youth ____ Adult | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| | ____ Youth ____ Adult | Yes No <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- Please submit contract to NYMIR for review.
- *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 _____

Please provide a copy of the Pilot's License

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"/> \$100,000 | <input type="checkbox"/> \$1,000,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$250,000 | |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$500,000 | |
| | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$750,000 | |

* * *

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"/> \$25,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$750,000 |
| <input type="checkbox"/> \$500 default | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$1,000,000 |
| <input type="checkbox"/> \$1000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$500,000 | |

2. Percentage of Value

- 90% 100%

Property Valuation: Please note: Any property storing vehicles requiring Master Battery Disconnect Switches that are not in compliance, will be excluded from the blanket limit and covered at Actual Cash Value.

Replacement Cost (required for Policy Blanket Limits)
Actual Cash Value limits not included in Blanket Limit

Any Vacant Buildings?

* If yes, please identify on SOV, or attach separate exhibit; and describe how often your municipality monitors and inspects your vacant buildings along with your maintenance program for all vacant locations.

Is vacancy permit coverage requested?

- Yes No

3. Any Buildings Listed on National Historical Registry?

- Yes* No

*If "Yes"; please indicate any buildings required to be preserved to its original historic state.

4. 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: _____

5. Do you have any hydro-electric equipment?

- Yes No

If "Yes" Describe: _____

6. Is optional Flood Coverage requested above the automatic \$1,000,000 limit provided by NYMIR?

- 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, AJ, 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

7. 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.*

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 prefabricated
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 \$100,000. Any discrepancies will be endorsed accordingly.

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 HCA Asset Mgt. 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 HCA 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

| | <u>LIMIT</u> | <u>DEDUCTIBLE OPTIONS*</u> |
|---|--------------|---|
| AUTO PHYSICAL DAMAGE (**Agreed Value subject to review) | | <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 |

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

NOTE: Please schedule mobile equipment licensed for road use on the Auto Liability Policy
***Consult with Broker for NYMIR Guidelines for determining Agreed Value limits.**

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 Option

Full glass is available for private passenger vehicles only – 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 <i>*MBS=Master Battery Switch Required</i> | 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 |
| 5181 | URBAN BUS | Auto Policy | 1-8 passengers |
| 5182 | URBAN BUS | Auto Policy | 9-20 passengers |
| 5183 | URBAN BUS | Auto Policy | 21-60 passengers |
| 5184 | URBAN BUS | Auto Policy | over 60 passengers |
| 5881 | MUNICIPAL BUSES | Auto Policy | 1-8 passengers |
| 5882 | MUNICIPAL BUSES | Auto Policy | 9-20 passengers |
| 5883 | MUNICIPAL BUSES | Auto Policy | 21-60 passengers |
| 5884 | MUNICIPAL BUSES | Auto Policy | over 60 passengers |
| 6181 | SCHOOL BUS (1-8) | Auto Policy | |
| 6182 | SCHOOL BUS (9-20) | Auto Policy | |
| 6183 | SCHOOL BUS (21-60) | Auto Policy | |
| 6184 | SCHOOL BUS (OVER 60) | Auto Policy | |
| 6201 | OTHER SCHOOL BUS | Auto Policy | |
| 6202 | OTHER SCHOOL BUS | Auto Policy | |
| 6203 | OTHER SCHOOL BUS | Auto Policy | |
| 6204 | OTHER SCHOOL BUS | Auto Policy | |
| 6281 | OTHER SCHOOL BUS | Auto Policy | |
| 6282 | OTHER SCHOOL BUS | Auto Policy | |
| 6283 | OTHER SCHOOL BUS | Auto Policy | |
| 6284 | OTHER SCHOOL BUS | Auto Policy | |
| 06293 | OTHER SCHOOL BUS | Auto Policy | |
| 6481 | SOCIAL SERVICE BUS | Auto Policy | 1-8 passengers |
| 6482 | SOCIAL SERVICE BUS | Auto Policy | 9-20 passengers |
| 6483 | SOCIAL SERVICE BUS | Auto Policy | 21-60 passengers |
| 6484 | 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 |
| 7908 | FIRE PRIVATE PASS | Auto Policy | |
| 7909 | FIRE TRUCK <i>*MBS</i> | Floater | |
| 7911 | POLICE | Auto Policy | Cost new should include enhancements to vehicle |
| 7912 | 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 | SNOWMOBILE | Floater | |
| 09620 | ANTIQUÉ AUTOS | Auto Policy | |

Revised 03/28/25

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

| | | | |
|-------------|---|-------------|---|
| 21453 | MEDIUM GARBAGE- *MBS | Floater | 10,001-20,000 Lbs Gross Vehicle Weight |
| 21479 | MEDIUM DUMP- *MBS | 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- *MBS | Floater | 20,001-45,000 Lbs GVW: Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value |
| 31499 | HEAVY TRUCKS- *MBS | Auto Policy | 20,001-45,000 Lbs Gross Vehicle Weight |
| 31453 | HEAVY GARBAGE- *MBS | Floater | 20,001-45,000 Lbs Gross Vehicle Weight |
| 34479 | HEAVY TRACTOR (TRLR) DUMP- *MBS | Floater | Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value |
| 34499 | HEAVY TRACTOR (TRLR)- *MBS | Floater | |
| 40453 | EXTRA HEAVY GARBAGE- *MBS | Floater | >45,000 Lbs Gross Vehicle Weight |
| 40479 | EXTRA HEAVY DUMP- *MBS | Floater | >45,000 Lbs GVW: Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value |
| 40499 | EXTRA HEAVY TRUCK- *MBS | Auto Policy | >45,000 Lbs Gross Vehicle Weight |
| 50453 | EXTRA HEAVY GARBAGE/TRACTOR- *MBS | Floater | >45,000 Lbs Gross Vehicle Weight |
| 50479 | EXTRA HEAVY TRACTOR (TRLR) DUMP *MBS | Floater | >45,000 Lbs GVW: Plow, Wing and Sander Scheduled Separately or noted in Total Vehicle Value |
| 50499 | EXTRA HEAVY TRACTOR (TRLR)- *MBS | 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 | |
| 21499/31499 | BUCKET TRUCK- *MBS | Floater | |
| 07906 | Street Sweeper- *MBS | Floater | |

***Master Battery Disconnect Switches are required as indicated. Non-compliance of any vehicle will result in Actual Cash Value at the time of a loss.**

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 Agreed Value. Trucks 10 years & older are subject to review of photos and maintenance logs.

ALL OTHER ITEMS SCHEDULED ON THE INLAND MARINE ARE Agreed Value

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 NEW REGARDLESS OF AGE (not to exceed 150% of the purchase/invoice price)

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

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

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"/> \$10,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$500,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$750,000 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$1,000,000 |

2. During the past six years, have there been any incidents, acts, errors, omissions, claims, litigation or threat of litigation not reported to NYMIR (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. Has similar insurance on behalf of the Municipal Entity been declined, cancelled or non-renewed or otherwise refused: (Please explain). _____

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

PUBLIC OFFICIALS' LIABILITY COVERAGE

Please indicate if Employment Practice Liability is needed for any of the following:

DESIGNATED FACILITIES OR OPERATIONS

| Employment Related Claims | Designated Facility or Operation |
|----------------------------------|--|
| | Aircraft, Airfield, Runway, Hangar, Terminal or any other properties that are used for aviation activities |
| | Medical Clinic |
| | Hospital, Nursing Home or other type of medical facility |
| | Gas Transmission System or Public Gas Utility |
| | Educational System including any Higher Education Institution or Community College |
| | Day Care, Day Camp, Nursery, or similar facility |
| | Public Mass Transit or Public Transportation System, including but not limited to transport, operations and premises |
| | Fire Department |
| | Housing Authority |
| | Emergency Medical Services |

Please indicate if Public Officials Liability Coverage is needed for any of the following:

DESIGNATED FACILITIES OR OPERATIONS

| Public Officials Liability | Designated Facility or Operation |
|-----------------------------------|--|
| | Aircraft, Airfield, Runway, Hangar, Terminal, or any other properties that are used for aviation activities |
| | Medical Clinic |
| | Hospital, Nursing Home or other type of medical facility |
| | Gas Transmission System or Public Gas Utility |
| | Educational System including any Higher Education Institution or Community College |
| | Day Care, Day Camp, Nursery, or similar facility |
| | Public Mass Transit or Public Transportation System, including but not limited to transport, operations and premises |
| | Fire Department |
| | Housing Authority |
| | Emergency Medical Services |

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"/> |
| Is your Agency NYS Accredited? | 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"/> \$10,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$500,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$750,000 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$1,000,000 |

1. During the past six years, have there been any incidents, acts, errors, omissions, claims, litigation, or threat of litigation not reported to NYMIR (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:**

| | **Policies/ Procedures | * Manuals |
|--------------------------------------|-----------------------------------|--------------------------|
| 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"/> |
| De-Escalation | <input type="checkbox"/> | <input type="checkbox"/> |
| Moonlighting | <input type="checkbox"/> | <input type="checkbox"/> |
| Responding to Mental Health Calls | <input type="checkbox"/> | <input type="checkbox"/> |
| Anti-Bias Policing Body-Worn Cameras | <input type="checkbox"/> | <input type="checkbox"/> |

*****Please provide copies of Law Enforcement manuals**Please provide Policies and Procedures***

NEW YORK MUNICIPAL INSURANCE RECIPROCAL

LAW ENFORCEMENT LIABILITY COVERAGE (Cont.)

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 _____

CORRECTION OFFICERS:

of Part Time Armed Officers _____

of Armed with Transportation Duty _____

ARMED COURT OFFICERS:

of TOTAL Hours per month for all Part Time _____

CONTRACTED/1099 OFFICERS _____

(Please provide the contract.)

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? _____

Contact NYMIR for a NYMIR Health Care Facilities Liability Program Application.

Are they Contracted?

Or Employed?

Medical:
Counseling:
Dental:

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 (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

EXCESS LIABILITY- Follow Form

Excess Policy Limits are available up to:
\$16,000,000 Each Occurrence
\$32,000,000 Aggregate

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.

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