



## LIABILITY APPLICATION CHECKLIST 2009

- \_\_\_\_\_ Sign Application - attached
- \_\_\_\_\_ Loss Runs – 6 years, by date of loss, per policy period
- \_\_\_\_\_ Audited Financials – Website location fine
- \_\_\_\_\_ Last year's policy or underlying policy if excess
- \_\_\_\_\_ Underlying Quote – if follow form excess is requested
- \_\_\_\_\_ Large Losses/Aggregate Losses Worksheet - attached
- \_\_\_\_\_ Vehicle Breakout – attached



## SERVICE TEAM

### Judd Feldman – Broker

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541-344-5411

888-474-7776

- Coverage issues
- Risk management issues
- Market questions
- Special needs

### Kathy Hamlin – Marketing

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- Claims questions
- Additional Insured
- Special events

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- Billing
- Endorsements
- Certificates
- Policy issuance

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7. Operating Budget:

YEAR	ACTUAL INCOME – PRIOR 5 YEARS	SURPLUS OR (DEFICIT) – LAST 5 YEARS

YEAR	OPERATING BUDGET	ESTIMATED SURPLUS OR DEFICIT
CURRENT YEAR		
NEXT YEAR		

**\*\*\*\*\* PLEASE ATTACH THE MOST RECENT ANNUAL REPORT \*\*\*\*\***

8. Bonds

- a. Total amount of outstanding bonds: \_\_\_\_\_
- b. Latest Moody's and/or Standard & Poor's bond rating: \_\_\_\_\_  
If not rated, please explain: \_\_\_\_\_
- c. Has the Public Entity been in default on principal or interest of any bond?    ( ) yes    ( ) no  
If yes, attach a statement of details.
- d. Please include a copy of the bond offering statement or prospectus for all bonds issued in the last three (3) years.
- e. Are all investments made by or on behalf of the Public Entity rated at or above Baa by Moody's or BBB by Standard & Poors?    ( ) yes    ( ) no

**B. STREETS, ROADS & BRIDGES:**

- 1. Are they maintained by the Insured?    ( ) yes    ( ) no    Payroll \_\_\_\_\_
- 2. Does the Insured employ a Highway Superintendent?    ( ) yes    ( ) no
- 3. Is there a written maintenance program?    ( ) yes    ( ) no
- 4. Does the Insured construct:    Streets?    ( ) yes    ( ) no    Bridges?    ( ) yes    ( ) no

5. Are there any blasting operations?       yes       no
- a. Is blasting done by the Insured?     yes     no      Payroll /Cost of Contract \_\_\_\_\_
- b. Describe blasting operations: \_\_\_\_\_
- \_\_\_\_\_

6. To what extent is the Insured responsible for Federal or State Highways? \_\_\_\_\_

\_\_\_\_\_

7. Streets & Road Mileage:

TYPE	CITY	COUNTY	STATE	FEDERAL
TOLL				
PAVED				
UNPAVED				

8. Are there any bridges?       yes       no      # \_\_\_\_\_
- If toll, please specify \_\_\_\_\_
- a. Are there any one lane bridges?     yes     no    If so, are warnings posted?     yes     no
- b. Have all bridges passed inspection?     yes     no      If not, explain reason and status  
    of each: \_\_\_\_\_
- c. Are any bridges closed or condemned?     yes     no      If so, give a description of each:  
    \_\_\_\_\_
- d. Are all bridges posted for size & weight limit?     yes     no

9. Are there any railroad crossings?       yes       no      # \_\_\_\_\_
- a. Does there exist any Hold Harmless Agreements with a railroad?     yes     no

**C. PUBLIC STRUCTURES:**

1. Are there any:              Stadiums?     yes     no              Arenas?     yes     no
- Auditoriums?     yes     no      Grandstands?     yes     no
- Bleachers?     yes     no              Convention Centers?     yes     no
- Sports Complexes?     yes     no

2. List all facilities with a capacity greater than 5,000:

FACILITY	CONSTRUCTION	CAPACITY	USE	SECURITY

**D. SPECIAL EVENTS:**

1. Are there any fairs/carnivals? ( ) yes ( ) no      Are there any parades? ( ) yes ( ) no

2. List any events which attendance is expected to exceed 5,000:

3. Are there any fireworks exhibitions? ( ) yes ( ) no      # \_\_\_\_\_

a. Are the Pyrotechnicians licensed? ( ) yes ( ) no

Are they employed by the Insured? ( ) yes ( ) no

b. If contracted, is the Contractor required to carry liability insurance? ( ) yes ( ) no

Minimum limit of liability: \_\_\_\_\_ Is a Certificate of Insurance obtained? ( ) yes ( ) no

c. Is there a fireworks safety program? ( ) yes ( ) no      Describe: \_\_\_\_\_

**E. AIRPORT/LANDING STRIP/HELIPORTS:**

1. Does the Insured own or operate an airport? ( ) yes ( ) no      Budget : \_\_\_\_\_

2. Is there scheduled airline use? ( ) yes ( ) no      Description: \_\_\_\_\_

3. Does the Insured own or operate any heliports? ( ) yes ( ) no      Budget:: \_\_\_\_\_

4. Does Insured own or hire aircraft? ( ) yes ( ) no      Usage: \_\_\_\_\_

**F. PUBLIC TRANSPORTATION:**

1. Are there any: Train Stations? ( ) yes ( ) no Bus Terminals? ( ) yes ( ) no  
 If so, please describe:

FACILITY	OPERATOR	HOLD HARMLESS
		( ) YES ( ) NO
		( ) YES ( ) NO
		( ) YES ( ) NO

2. Is there a fixed route transit system? ( ) yes ( ) no Budget: \_\_\_\_\_  
 If so, please complete a separate transit application.

3. Is any other public transportation provided? ( ) yes ( ) no Description: \_\_\_\_\_

**G. WATERFRONT EXPOSURES:**

1. Are there any: Marinas? ( ) yes ( ) no Wharfs/Docks? ( ) yes ( ) no  
 Public Beaches? ( ) yes ( ) no

a. If there are any Marinas, Wharfs or Docks:

FACILITY	AREA	CONSTRUCTION	USE

b. If there are any beaches:

LOCATION	FRONTAGE	SWIMMING	BOATING	LIFEGUARDS	FIRST AID STATION
		( ) YES ( ) NO	( ) YES ( ) NO	( ) YES ( ) NO	( ) YES ( ) NO
		( ) YES ( ) NO	( ) YES ( ) NO	( ) YES ( ) NO	( ) YES ( ) NO
		( ) YES ( ) NO	( ) YES ( ) NO	( ) YES ( ) NO	( ) YES ( ) NO

2. Does Insured *OWN* or *OPERATE* any watercraft? ( ) yes ( ) no # \_\_\_\_\_

Description: \_\_\_\_\_

**H. RECREATIONAL FACILITIES:**

1. Are there any: Parks ( ) yes ( ) no Playgrounds? ( ) yes ( ) no # \_\_\_\_\_

Described playground equipment: \_\_\_\_\_

Museums? ( ) yes ( ) no Libraries? ( ) yes ( ) no # \_\_\_\_\_

Theaters? ( ) yes ( ) no # \_\_\_\_\_ Campgrounds? ( ) yes ( ) no # \_\_\_\_\_

Skating Rinks? ( ) yes ( ) no # Roller \_\_\_\_\_ # Ice \_\_\_\_\_

If ice, is hockey allowed? ( ) yes ( ) no Gymnasiums? ( ) yes ( ) no

Golf Courses? ( ) yes ( ) no # \_\_\_\_\_ # Holes \_\_\_\_\_ # Carts \_\_\_\_\_ Receipts \_\_\_\_\_

Ski Facilities? ( ) yes ( ) no # Lifts \_\_\_\_\_ # Tow ropes \_\_\_\_\_

Athletic Centers? ( ) yes ( ) no Describe activities & teams: \_\_\_\_\_

Zoos? ( ) yes ( ) no Animal Rides? ( ) yes ( ) no

Amusement Parks? ( ) yes ( ) no # \_\_\_\_\_ Mechanical rides? ( ) yes ( ) no # \_\_\_\_\_

If so, is there an equipment maintenance program? ( ) yes ( ) no How often are rides inspected? \_\_\_\_\_

Race tracks? ( ) yes ( ) no Rifle Ranges? ( ) yes ( ) no

Swimming Pools? ( ) yes ( ) no # \_\_\_\_\_ Diving Boards? ( ) yes ( ) no # \_\_\_\_\_

Life Guards? ( ) yes ( ) no # \_\_\_\_\_ Describe pool safety: \_\_\_\_\_

**I. SCHOOLS OR COLLEGES:**

1. Does the Insured operate to schools? ( ) yes ( ) no Budget: \_\_\_\_\_

If so, please complete a separate school application.

**J. LAND LEASED TO OTHERS?** ( ) yes ( ) no

Description: \_\_\_\_\_

**K. OPERATIONS:**

1. Waste collection/Treatment/Disposal: ( ) yes ( ) no Payroll: \_\_\_\_\_

2. Weed Control? ( ) yes ( ) no Pest Control? ( ) yes ( ) no

3. Mowing Operations? ( ) yes ( ) no Cemeteries? ( ) yes ( ) no

4. Police Payroll: \_\_\_\_\_ # Full time \_\_\_\_\_ # Part time \_\_\_\_\_
- a. Is your police department accredited by the Commission on Accreditation for Law Enforcement Agencies?  
 yes  no If NO, explain: \_\_\_\_\_
- b. Are police personnel fully trained according to state minimum requirements and fully certified by the State Police Officer Standards in Training?  yes  no If no, explain: \_\_\_\_\_
- c. Are all officers given a copy of the Policies & Procedures Manual?  yes  no
- d. Do you have formalized procedures governing: Deadly Force?  yes  no  
 "Hot Pursuit"?  yes  no Arrest?  yes  no Off Duty Employment?  yes  no  
 Carrying off duty weapon?  yes  no
5. Fire Payroll: \_\_\_\_\_ # Volunteers \_\_\_\_\_ Central Alarm System?  yes  no
6. # Paramedics/EMTs: \_\_\_\_\_ Describe training program: \_\_\_\_\_
7. Is ambulance service operated by the Insured?  yes  no Payroll: \_\_\_\_\_
8. Any jails/correctional facilities?  yes  no # \_\_\_\_\_ Payroll: \_\_\_\_\_

FACILITY	SQUARE FEET	CAPACITY	SECURITY

- a. Do you comply with "The American Correctional Association" Standards?  yes  no
- b. Halfway House programs?  yes  no Work Release Programs?  yes  no
9. Day Care Centers?  yes  no Average Daily Attendance: \_\_\_\_\_ Payroll: \_\_\_\_\_  
 # of Teachers \_\_\_\_\_ # of Volunteers \_\_\_\_\_ Adult to Child Ratio: \_\_\_\_\_  
 Describe qualification requirements for staff: \_\_\_\_\_

10. Public Housing? ( ) yes ( ) no Payroll: \_\_\_\_\_

BUILDING	HOUSING UNITS	CONSTRUCTION	FIRE PROTECTION	SECURITY

11. Animal Control? ( ) yes ( ) no Payroll: \_\_\_\_\_

12. Restaurants/Cafeterias? ( ) yes ( ) no Payroll: \_\_\_\_\_

**L. CONSTRUCTION PROJECTS:**

List projects with construction costs exceeding \$50,000 that are in progress or planned:

PROJECT	INSURED'S PAYROLL	SUBCONTRACT COST

Will these projects result in a substantial budget increase over the next 3 years? ( ) yes ( ) no

**M. UTILITIES:**

1. Gas? ( ) yes ( ) no Payroll: \_\_\_\_\_ Budget: \_\_\_\_\_  
If yes, submit a separate application.

2. Electric? ( ) yes ( ) no Payroll: \_\_\_\_\_ Budget: \_\_\_\_\_  
If yes, submit a separate application.

3. Waterworks? ( ) yes ( ) no Payroll: \_\_\_\_\_ Budget: \_\_\_\_\_  
If there are dams or reservoirs, submit a separate application.

a. Water Use: ( ) Manufacturing ( ) Human Consumption # of Customers: \_\_\_\_\_

TYPE STORAGE FACILITY	AGE	CONSTRUCTION	CAPACITY	ANNUAL DISTRIBUTION

--	--	--	--	--

b. Water Storage:

c. Downstream hazards: \_\_\_\_\_  
 \_\_\_\_\_

d. Water pipes: Miles \_\_\_\_\_ Fabrication \_\_\_\_\_

Were pipes installed by municipal employees? ( ) yes ( ) no

e. Who monitors the chemicals used in treatment? \_\_\_\_\_

f. Sewer Lines: Miles \_\_\_\_\_ Fabrication \_\_\_\_\_

Were sewer lines installed by municipal employees? ( ) yes ( ) no

**N. CARE, CUSTODY & CONTROL EXPOSURES:**

Such as but not limited to leased premises, rented equipment, garagekeepers legal liability, hangerkeepers legal liability, etc.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**O. LANDFILLS/DUMP SITES:** ( ) yes ( ) no # \_\_\_\_\_

TYPE FACILITY	ACRES	ADJACENT PROPERTY	SECURITY

1. Incinerators? ( ) yes ( ) no # \_\_\_\_\_

2. Recycling Facilities? ( ) yes ( ) no # \_\_\_\_\_

3. Wastewater Treatment Facilities ( ) yes ( ) no # \_\_\_\_\_

**P. MEDICAL OPERATIONS:**      ( ) yes      ( ) no      Budget: \_\_\_\_\_

FACILITY	YES/NO	NUMBER	SERVICES PROVIDED
	( ) yes ( ) no		
	( ) yes ( ) no		
	( ) yes ( ) no		
	( ) yes ( ) no		
	( ) yes ( ) no		
	( ) yes ( ) no		
	( ) yes ( ) no		

**Q. AUTOMOBILE EXPOSURE INFORMATION:**

Attach a list of all city owned/leased vehicles and indicate number of each type below:

VEHICLE TYPE	NUMBER	VEHICLE TYPE	NUMBER
Police/Fire Private Passenger		A/O Private Passenger	
Fire Pumper		Service Vehicles	
Fire Other		Refuse Trucks	
Ambulance/Rescue			
Busses			
A/O Transit			

If there are busses, break down by number of passengers:

# PASSENGERS	# BUSSES	USE

**R. OTHER SERVICES NOT LISTED ABOVE:** \_\_\_\_\_

**S. CLAIMS EXPERIENCE:**

1. General Liability/Law Enforcement Liability claims:

a. Attach a 5-year Loss Summary with a current valuation date:

YEAR	# CLAIMS	PAID	RESERVED	TOTAL	VALUATION

b. Do you have a currently valued Loss Summary for previous policy years?

c. Claims valued at great than \$50,000:

DATE	DESCRIPTION	PAID	RESERVED	EXPENSE	TOTAL



Any Grand Jury investigation, recall proceedings or indictments of any public officials? ( ) yes ( ) no

If yes, please provide full details.

b. Does the Insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? ( ) yes ( ) no

c. Attach a list that includes a description and the status of all Errors & Omissions claims made against the Insured during the past 5 years. If none ( )

## T. MISCELLANEOUS:

1. Is there a Risk Manager? ( ) yes ( ) no Is this a full time position? ( ) yes ( ) no

2. Name & address of outside claims servicing/handling organization: \_\_\_\_\_

a. Number of years which they have handled this Insured's claims: \_\_\_\_\_

b. If less than 5 years, state the name & address of the former outside claims service company: \_\_\_\_\_

3. Describe the Insured's internal claims handling procedures: \_\_\_\_\_

4. Is there an ongoing Safety Program? ( ) yes ( ) no Description: \_\_\_\_\_

**U. PRIOR CARRIER INFORMATION:**

POLICY	CURRENT YEAR	FIRST PRIOR YEAR	SECOND PRIOR YEAR
GL/Law Enforcement Carrier			
GL/Law Enforcement Limits			
GL/Law Enforcement Premium			
Automobile Carrier			
Automobile Limits			
Automobile Premium			
E&O Carrier			
E&O Limits			
E&O Premium			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



## EMPLOYMENT PRACTICES LIABILITY APPLICATION

1. Name of Public Entity: \_\_\_\_\_

2. Employees:

a. Total: \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_  
(non-seasonal, permanent)

b. Percentage of total employees listed in question 2a that are union employees: \_\_\_\_\_%

c. Are all union employees subject to a collective bargaining agreement?    ( ) yes    ( ) no

d. Salary Ranges:

	# of Full time Employees (non-seasonal, permanent)	# of Part time Employees (non-seasonal, permanent)
\$15,000 or less	_____	_____
\$15,001 to \$50,000	_____	_____
\$50,001 to \$200,000	_____	_____
\$200,001 and over	_____	_____

3. Indicate how many directors, public officials & other employees have been terminated in the last 24 months.

a. Terminated by Applicant: Total \_\_\_\_\_ Directors \_\_\_\_\_ Public Officials \_\_\_\_\_ Other Employees \_\_\_\_\_

b. Terminated by Applicant: Total \_\_\_\_\_ Directors \_\_\_\_\_ Public Officials \_\_\_\_\_ Other Employees \_\_\_\_\_

c. Have elected officials had recall actions during the last 24 months?    ( ) yes    ( ) no

4. Does the Applicant have a Human Resources Department or a full time Human Resource Director?    ( ) yes    ( ) no

5. a. Does the Applicant have a written Human Resources Manual or equivalent written guidelines?    ( ) yes    ( ) no

b. If yes, indicate if the manual/guidelines contain a policy or procedure for the following:

1) Written application for employment    ( ) yes    ( ) no

- 2) Confidential treatment of medical examinations ( ) yes ( ) no
- 3) Legally prohibited discrimination ( ) yes ( ) no
- 4) Sexual harassment complaints ( ) yes ( ) no
- 5) Compliance with American with Disabilities Act of 1992, Civil Rights Acts of 1964, 1965 and 1991, Age Discrimination in Employment Act of 1967, Family Medical Leave Act of 1993 and the Fifth and Fourteenth Amendments of the US Constitution ( ) yes ( ) no
- 6) Employee disciplinary actions ( ) yes ( ) no
- 7) Terminations, layoffs and early retirements ( ) yes ( ) no
- 8) Employee outplacement services ( ) yes ( ) no
- 9) Employee appraisals/reviews ( ) yes ( ) no

c. What year was this last reviewed and updated with outside counsel? \_\_\_\_\_

d. Describe Applicant's policy for handling calls for reference on Applicant's past employees: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. a. Describe prior Employment Related Practices Liability coverage carried for the last 3 years including expiring policy. (If none, so state):

Insurer	Limit of Liability	Premium	Deductible/ Self-Insured Retention
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. ( ) Claims Made or ( ) Occurrence If Claims Made, what is the retroactive date? \_\_\_\_\_

7. a. Does the Applicant have an Employee Handbook that is distributed to all employees? ( ) yes ( ) no

b. What year was the Handbook last reviewed and updated with outside legal counsel? \_\_\_\_\_

c. Does Applicant have an employment "at will" provision in the Employee Handbook and on its Employment Application? ( ) yes ( ) no

8. Does the Applicant have a detailed job description for all positions? ( ) yes ( ) no

9. Does the Applicant conduct the following background checks for new hires?

a. Past employment reference ( ) yes ( ) no

b. Motor Vehicle Records (for driving positions) ( ) yes ( ) no

c. Credit Reports ( ) yes ( ) no

d. Criminal Records ( ) yes ( ) no

If "Yes" to any of the above, are new hires informed in writing prior to conducting the background check? ( ) yes ( ) no

If "Yes" to any of the above, have the individuals involved in reviewing this information signed a Confidentiality Agreement? ( ) yes ( ) no

10. Are regular written performance evaluations conducted? ( ) yes ( ) no

If "Yes", are evaluations signed by the employee and filed in the individual's personnel file? ( ) yes ( ) no

11. Are terminations reviewed prior to implementation by anyone other than the immediate supervisor or department head? ( ) yes ( ) no

If "Yes", please advise by whom \_\_\_\_\_

12. Are interviews conducted when an employee exists from service? ( ) yes ( ) no

13. Has the Applicant undergone, within the last 12 months or does the Applicant contemplate undergoing during the next 12 months, any employee layoffs or early retirements, including layoffs or early retirement resulting from any type of restructuring? ( ) yes ( ) no

14. Have all first dollar losses for all employment related incidents, for the past five (5) years, been included with your insurance submission? ( ) yes ( ) no  
(If not, please provide a separate Employment Practices Liability listing)

In addition, please provide complete details and descriptions, including the cost of defense and amount of any settlements or judgments, for any of the following:

- a. Cases pending in litigation with claims reserved at fifty percent (50%) of Applicant's self-insured retention;
- b. Any settlements made at fifty percent (50%) of Applicant's self-insured retention/deductible.

15. None of the Organizations or person(s) applying for this insurance are aware of any fact, circumstance or situation indicating the probability of an Employment Practices Claim against which indemnification would be afforded by the proposed insurance, except as follows: (If answer is "None", so state) \_\_\_\_\_

\_\_\_\_\_

No such fact, circumstance or situation is now known by any person(s) or organization(s) applying for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if any person(s) or organization(s) applying for this insurance has any knowledge of any such fact, circumstance, or situation, any Claim subsequently emanating there from shall be excluded from coverage under the proposed insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



**BREAK YOUR VEHICLES INTO THESE MAJOR GROUPS**

Description	Class Code	Number	Mile radius
Private Passenger	7398		
Light Trucks (less than 10,000 GVW)	01499		
Medium Truck (10,000-20,000 GVW)	21499		
Heavy Trucks (20,000 – 45,000 GVW)	31499		
Extra Heavy Trucks (Over 45,000 GVW)	40499		
Heavy Truck Tractors (0-45,000)	34499		
Extra Heavy Truck Tractors (Over 45,000 GVW)	50499		
Van (0-12 passenger)	5940		
Bus/Van ( 13-20 passenger)	5940		
Bus (21-30 passenger)	5940		
Bus (31-70 passenger)	5940		
Police Vehicles	n/a		
Fire Trucks	n/a		
Ambulances	n/a		
Motorcycles	n/a		
Total			

**\*\*\* Please don't send a vehicle schedule and not complete this item \*\*\***



## EXPOSURE & LOSS INFORMATION HISTORICAL EXPOSURES

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

	GL TYPE EXPOSURE BASIS	E&O TYPE EXPOSURE BASIS	EPLI TYPE EXPOSURE BASIS	POLICE PROF # OF F/T OFFICERS	AL VEHICLES
1995-1996		\$0.00			
1996-1997		\$0.00			
1997-1998		\$0.00			
1998-1999		\$0.00			
1999-2000		\$0.00			
2000-2001		\$0.00			
2001-2002		\$0.00			
2002-2003		\$0.00			
2003-2004		\$0.00			
2004-2005		\$0.00			
<b>Prospective</b>	<b>Prospective Yr Exposure Info Worksheet must be completed.</b>				

RATING CRITERIA:

- |                          |                                |
|--------------------------|--------------------------------|
| 1) Schools – ADA         | 2) Cities – Population         |
| 3) Counties – Population | 4) Special Districts – Payroll |

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## NET OPERATING EXPENDITURES

TOTAL EXPENDITURES	\$ _____
Less	
Capital Improvements	\$ _____
Independent Contractor Expense	\$ _____
Welfare Benefits	\$ _____
Other	\$ _____
Clinic	\$ _____
Housing	\$ _____
Law/Jail	\$ _____
Schools	\$ _____
Streets/Roads	\$ _____
Utilities	\$ _____
TOTAL DEDUCTION	\$ _____
<b>NET OPERATING EXPENDITURE</b>	<b>\$ _____</b>



## ADDITIONAL DOCUMENTS

- \_\_\_\_\_ Six (6) years loss runs
  - by Date of Loss
  - Paid and reserved claims
  - by policy period
  
- \_\_\_\_\_ Controlling policy
  - M.O.C. for a pool
  - Primary policy – if excess
  - Current policy – if S.I.R.
  
- \_\_\_\_\_ Audited Financials
  - Current
  - Not the budget
  
- \_\_\_\_\_ Underlying Quote