

**Subject:** Town of Raymond RFP Information Required

**From:** Nick Jobin <njobin@clarkinsurance.com>

**Date:** 5/5/2017 10:45 AM

**To:** "'cathy.ricker@raymondmaine.org'" <cathy.ricker@raymondmaine.org>

Good morning Cathy,

Attached are two supplemental applications required by Glatfelter Public Practice in order to quote the Town of Raymond's RFP. Please complete and send them back to us.

Glatfelter Public Practice is also asking for the following items:

- Copy of current annual operating budget
- Complete auto schedule including year, make, model, and vin numbers.
- Details on the open defamation claim, and what has been done to prevent from occurring again
- Completed table indicating what buildings are sprinklered or not.

Location	Occupancy	Sprinklered or Nonsprinklered	Construction Type	Square Footage
401 Webbs Mills Road	Town Hall	NO	Frame	3,480
1443 Roosevelt Trail	Public Safety	YES	Frame	15,848
387 Webb Mills Road	Public Works/Fire Station	NO	Masonry	6,807
423 Webbs Mills Road	Regional School Broadcast Studio	NO	Steel	52,506 1736
47 Main Street	Public Works	NO	Masonry	3,000
1234R Roosevelt Trail	Tassel Top Main Cabin	↓	Frame	680
1234R Roosevelt Trail	Tassel Top Bath		Frame	416
1234R Roosevelt Trail	Tassel Top-Changing Booth		Frame	185
1234R Roosevelt Trail	Tassel Top-Changing Booth		Frame	220
1234R Roosevelt Trail	Tassel Top Gat House		Frame	240
1234R Roosevelt Trail	Tassel Top Sleeping Cabin 1		Frame	512
1234R Roosevelt Trail	Tassel Top Sleeping Cabin 2		Frame	200
1234R Roosevelt Trail	Tassel Top Snack Bar	↓	Frame	200
170 Plains Road	Salt/Sand Shed	NO	Steel	6,240
Mill Street	Playground Structures/Field	NO		

If you have any questions or concerns please contact me.

Date: 07/03/2015 10:57H- Fri  
Time : 14:32:47

Town of Raymond  
APPROPRIATION CONTROL REPORT  
Revenues Subtracted from Paid

Page : 1

Sub Description	-----Appropriations-----			Encumb	-----Expended-----		Unencumb Balance	---\$ Expended---		%
	Initial	Adjusted	Corrected		A/P	Paid		Last Yr	Yr Bef	
Department 0100 ADMINISTRATION										
0100 SALARIES	352267.00	.00	352267.00	.00	.00	301912.11	50354.89	341568	331509	85
0200 SUPPLIES	4000.00	.00	4000.00	.00	.00	2013.68	1986.32	6349	3801	50
0300 EQUIPMENT	600.00	.00	600.00	.00	.00	-166.00	766.00	923	1402	-27
0325 CONTRACTS	21935.00	.00	21935.00	.00	.00	22718.02	-783.02	19673	17143	103
0500 UTILITIES-PHONE	4800.00	.00	4800.00	.00	.00	2547.27	2252.73	3866	3377	53
0600 POSTAGE	8060.00	.00	8060.00	.00	.00	4131.06	3928.94	5793	7992	51
0700 LEGAL/AUDIT	36875.00	.00	36875.00	.00	.00	22538.95	14336.05	28423	29106	61
0800 DUES & PUBLICATIONS	1565.00	.00	1565.00	.00	.00	1444.09	120.91	1010	867	92
0900 ADVERTISING	4200.00	.00	4200.00	.00	.00	4847.49	-647.49	4795	3651	115
1000 REGISTRY OF DEEDS	5700.00	.00	5700.00	.00	.00	3883.00	1817.00	5456	5610	68
1100 TRAVEL & TRAINING	10099.00	.00	10099.00	.00	.00	9162.00	937.00	10609	9981	90
1200 PRINTING	2800.00	.00	2800.00	.00	.00	1532.60	1267.40	2110	2162	54
1400 ELECTIONS	5525.00	.00	5525.00	.00	.00	2845.59	2679.41	6522	5959	51
Department 0100 Totals	458426.00	.00	458426.00	.00	.00	379409.86	79016.14	437097	422560	82
Department 0125 ASSESSORS' ACCOUNT										
0050 CONTRACT ASSESSOR	30000.00	.00	30000.00	.00	.00	18500.00	11500.00	30000	30000	61
0100 ASSISTANT SALARY	14976.00	.00	14976.00	.00	.00	11509.00	3467.00	13863	10908	76
0200 SUPPLIES/MISC	1100.00	.00	1100.00	.00	.00	1049.26	50.74	763	839	95
0250 LEGAL	.00	.00	.00	.00	.00	.00	.00	0	0	0
0275 SOFTWARE MAINTENANCE	8985.00	.00	8985.00	.00	.00	8976.00	9.00	8706	8342	99
0300 REGISTRY OF DEEDS	1200.00	.00	1200.00	.00	.00	554.00	646.00	606	594	46
Department 0125 Totals	56261.00	.00	56261.00	.00	.00	40588.26	15672.74	53938	50683	72
Department 0150 CODE ENFORCEMENT										
0100 CODE ENFORCEMENT OFF	65024.00	.00	65024.00	.00	.00	52769.30	12254.70	0	0	81
0150 ASSISTANT CEO	10000.00	.00	10000.00	.00	.00	.00	10000.00	0	0	0
0175 MUNICIPAL ASSISTANT	14976.00	.00	14976.00	.00	.00	11364.50	3611.50	0	0	75
0200 SUPPLIES	1000.00	.00	1000.00	.00	.00	1629.32	-629.32	0	0	162
0350 VEHICLE FUEL/MAINTEN	4000.00	.00	4000.00	.00	.00	476.45	3523.55	0	0	11
0500 PHONE	1400.00	.00	1400.00	.00	.00	862.07	537.93	0	0	61
0900 SOFTWARE	5000.00	.00	5000.00	.00	.00	8760.00	-3760.00	0	0	175
1100 TRAINING/CONFERENCES	1500.00	.00	1500.00	.00	.00	340.00	1160.00	0	0	22
Department 0150 Totals	102900.00	.00	102900.00	.00	.00	76201.64	26698.36	0	0	74
Department 0200 TOWN HALL										
0200 SUPPLIES	1200.00	.00	1200.00	.00	.00	709.82	490.18	470	849	59
0300 EQUIPMENT/COPIER LEA	1900.00	.00	1900.00	.00	.00	449.96	1450.04	1850	1746	23
0400 OIL/PROPANE	1920.00	.00	1920.00	.00	.00	958.14	961.86	2629	3375	49
0500 UTILITIES	8500.00	.00	8500.00	.00	.00	7820.23	679.77	7684	8556	92
1300 CONTRACT SERVICE	1075.00	.00	1075.00	.00	.00	2443.12	-1368.12	1193	1422	227

Date : 05/05/2017 - Fri  
Time : 14:32:48

Town of Raymond  
APPROPRIATION CONTROL REPORT  
Revenues Subtracted from Paid

Page : 2

Sub Description	-----Appropriations-----			-----Expended-----			Unencumb Balance	---\$ Expended---		%
	Initial	Adjusted	Corrected	Encumb	A/P	Paid		Last Yr	Yr Bef	
1400 REPAIRS, ETC	9020.00	.00	9020.00	.00	.00	979.82	8040.18	1682	1819	10
Department 0200 Totals	23615.00	.00	23615.00	.00	.00	13361.09	10253.91	15508	17767	56
Department 0400 INSURANCE										
0599 SOCIAL SECURITY	97701.00	.00	97701.00	.00	.00	76816.34	20884.66	94534	94372	78
0699 UNEMPLOYMENT INS.	1000.00	.00	1000.00	.00	.00	.00	1000.00	0	0	0
0749 LIABILITY/VEHICLE IN	52500.00	.00	52500.00	.00	.00	59196.25	-6696.25	47762	40464	112
0799 WORKMAN'S COMP.	26354.00	.00	26354.00	.00	.00	24635.00	1719.00	25114	21407	93
0899 PUBLIC OFFICIALS LIA	2100.00	.00	2100.00	.00	.00	2006.00	94.00	2006	1331	95
0900 INLAND MARINE	3505.00	.00	3505.00	.00	.00	4099.00	-594.00	3408	3062	116
1399 HEALTH/DENTAL INSURA	260000.00	.00	260000.00	.00	.00	170818.49	89181.51	217744	191927	65
1450 LIFE INSURANCE	4800.00	.00	4800.00	.00	.00	3670.31	1129.69	3920	3331	76
1499 ICMA RET CORP.	55020.00	.00	55020.00	.00	.00	36108.97	18911.03	43495	44809	65
1600 RECUR BILLING SERVI	12500.00	.00	12500.00	.00	.00	15232.72	-2732.72	10649	11392	121
Department 0400 Totals	515480.00	.00	515480.00	.00	.00	392583.08	122896.92	448632	420095	76
Department 0500 GENERAL ASSISTANCE										
0110 GENERAL ASSISTANCE	6000.00	.00	6000.00	.00	.00	8360.61	-2360.61	18413	14189	139
Department 0500 Totals	6000.00	.00	6000.00	.00	.00	8360.61	-2360.61	18413	14189	139
Department 0550 TECHNOLOGY DEPARTMENT										
0100 BROADCASTING SALARIE	15506.00	.00	15506.00	.00	.00	1402.50	14103.50	15944	35359	9
0150 DIRECTOR SALARY	80000.00	.00	80000.00	.00	.00	65050.99	14949.01	74298	60230	81
0200 CABLE BROADCASTING E	19000.00	.00	19000.00	.00	.00	16269.59	2730.41	18195	5595	85
0600 TECH/COMPUTER/UPGRAD	59165.00	.00	59165.00	.00	.00	72351.55	-13186.55	63296	66317	122
0900 DATA MANAGEMENT SERV	10600.00	.00	10600.00	.00	.00	18093.84	-7493.84	11502	15127	170
Department 0550 Totals	184271.00	.00	184271.00	.00	.00	173168.47	11102.53	183235	182628	93
Department 0575 COMMUNITY DEV & SERVICES										
0025 PLANNING SERVICES	26500.00	.00	26500.00	.00	.00	12473.88	14026.12	10694	18223	47
0030 PLANNING SECRETARY	7488.00	.00	7488.00	.00	.00	5712.00	1776.00	7756	10010	76
0100 DIRECTOR OF DEVELOPM	.00	.00	.00	.00	.00	2858.72	-2858.72	1615	0	0
0200 SUPPLIES	500.00	.00	500.00	.00	.00	230.64	269.36	288	483	46
0700 COMP PLAN IMPLEMENTA	.00	.00	.00	.00	.00	.00	.00	0	0	0
0800 PB - ORDINANCE UPDAT	5000.00	.00	5000.00	.00	.00	1088.00	3912.00	6594	1197	21
0900 ADVERTISING	2000.00	.00	2000.00	.00	.00	854.00	1146.00	954	2552	42
1000 RTP LAKE REGION BUS	.00	.00	.00	.00	.00	.00	.00	2500	0	0
1250 CONSERVATION COMMISS	.00	.00	.00	.00	.00	.00	.00	0	0	0
1300 USE OF TIMBER HARVES	.00	.00	.00	.00	.00	.00	.00	0	21683	0
Department 0575 Totals	41488.00	.00	41488.00	.00	.00	23217.24	18270.76	30401	54148	55

Date : 05/05/2017 - Fri  
Time : 14:32:48

Town of Raymond  
APPROPRIATION CONTROL REPORT  
Revenues Subtracted from Paid

Page : 3

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Department 0600 FIRE DRPT										
0025 CLOTHING ALLOWANCE	5000.00	.00	5000.00	.00	.00	1690.30	3309.70	2990	2509	33
0050 OPERATIONS	25000.00	.00	25000.00	.00	.00	22659.58	2340.42	23696	15924	90
0075 TRAVEL	2000.00	.00	2000.00	.00	.00	723.84	1276.16	2235	437	36
0100 FIRE/RESCUE PAYROLL	450811.00	.00	450811.00	.00	.00	370083.09	80727.91	421131	404531	82
0175 DISPATCH SERVICES	30741.00	.00	30741.00	.00	.00	28967.00	1774.00	31957	31680	94
0200 BUILDING MAINT	21400.00	.00	21400.00	.00	.00	13260.03	8139.97	25341	48207	61
0300 NEW EQUIPMENT	8000.00	.00	8000.00	.00	.00	3070.88	4929.12	7316	8174	38
0325 GAS/OIL	13000.00	.00	13000.00	.00	.00	11279.39	1720.61	12455	13116	86
0340 MAINT. OF VEHICLES	36000.00	.00	36000.00	.00	.00	15852.36	20147.64	32197	34526	44
0350 FIREFIGHTER EQ & RRP	5500.00	.00	5500.00	.00	.00	6693.56	-1193.56	5391	6177	121
0355 RADIO REPAIRS & REPL	10709.00	.00	10709.00	.00	.00	7957.99	2751.01	12463	8821	74
0400 HEATING	9000.00	.00	9000.00	.00	.00	10833.01	-1833.01	9389	11500	120
0500 UTILITIES	25010.00	.00	25010.00	.00	.00	20200.05	4809.95	21359	24628	80
0600 MAINT. & LICENSE CON	6350.00	.00	6350.00	.00	.00	9297.02	-2947.02	6099	6955	146
0700 HEALTH & SAFETY	7300.00	.00	7300.00	.00	.00	5378.18	1921.82	4620	8974	73
0800 DUES,PUBLICATIONS,AS	1600.00	.00	1600.00	.00	.00	1005.45	594.55	1607	1385	62
1100 TRAINING	10500.00	.00	10500.00	.00	.00	5450.92	5049.08	9458	9722	51
1200 FIRE PREVENTION	1300.00	.00	1300.00	.00	.00	861.78	438.22	1391	438	66
1300 TURN-OUT GEAR/EQUIP	10200.00	.00	10200.00	.00	.00	4401.91	5798.09	6831	8774	43
1400 AIR-PAKS/SCBA	4800.00	.00	4800.00	.00	.00	582.09	4217.91	4802	6318	12
Department 0600 Totals	684221.00	.00	684221.00	.00	.00	540248.43	143972.57	642728	652796	78
Department 0750 ANIMAL CONTROL										
0025 REVENUE	-4000.00	.00	-4000.00	.00	.00	-4000.00	.00	0	-4000	100
0100 SALARIES	7900.00	.00	7900.00	.00	.00	4693.64	3206.36	5412	6218	59
0200 UNIFORMS	400.00	.00	400.00	.00	.00	.00	400.00	0	0	0
0300 EQUIPMENT	500.00	.00	500.00	.00	.00	.00	500.00	0	0	0
1100 MILEAGE/EXPENSES	5300.00	.00	5300.00	.00	.00	1169.67	4130.33	2217	2165	22
1300 CONTRACT SERVICES	6122.00	.00	6122.00	.00	.00	6121.68	.32	6121	5855	99
Department 0750 Totals	16222.00	.00	16222.00	.00	.00	7984.99	8237.01	13750	10238	49
Department 0775 INFRASTRUCTURE										
0050 STREET LIGHTS	21816.00	.00	21816.00	.00	.00	16463.56	5352.44	19275	19797	75
Department 0775 Totals	21816.00	.00	21816.00	.00	.00	16463.56	5352.44	19275	19797	75
Department 0800 PUBLIC WORKS										
0100 SALARIES	260191.00	.00	260191.00	.00	.00	214603.07	45587.93	252097	250899	82
0200 SUPPLIES/CLOTHING	3500.00	.00	3500.00	.00	.00	1880.21	1619.79	1322	4150	53
0225 MATERIALS	15000.00	.00	15000.00	.00	.00	13216.58	1783.42	20141	8382	88
0230 STREET SIGNS	5500.00	.00	5500.00	.00	.00	2108.91	3391.09	3840	519	38
0250 ROAD SALT	60000.00	.00	60000.00	.00	.00	61233.40	-1233.40	30698	49918	102

Date : 05/05/2017 - Fri  
Time : 14:32:48

Town of Raymond  
APPROPRIATION CONTROL REPORT  
Revenues Subtracted from Paid

Page : 4

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0300 SHOP/SAFETY EQUIPMEN	4500.00	.00	4500.00	.00	.00	1429.44	3070.56	4091	2975	31
0350 EQUIPMENT MAINTENANC	39625.00	.00	39625.00	.00	.00	35180.36	4444.64	66070	49455	88
0400 GAS/DIESEL	29000.00	.00	29000.00	.00	.00	24454.36	4545.64	20323	25720	84
0500 UTILITIES	4000.00	.00	4000.00	.00	.00	6089.56	-2089.56	4125	4464	152
0600 DISTRICT 1 BUILDING	5000.00	.00	5000.00	.00	.00	2276.05	2723.95	4743	6060	45
0700 BUILDING MAINTENANCE	7100.00	.00	7100.00	.00	.00	5205.51	1894.49	5732	8385	73
1100 TRAVEL&TRAINING	400.00	.00	400.00	.00	.00	.00	400.00	60	54	0
1310 SNOW REMOVAL CONTRAC	185420.00	.00	185420.00	.00	.00	174400.00	11020.00	185420	181005	94
1320 STRIPING CONTRACT	17554.00	.00	17554.00	.00	.00	15027.93	2526.07	25318	15549	85
1325 ROADSIDE MOWING	4300.00	.00	4300.00	.00	.00	1159.00	3141.00	1722	2313	26
1370 SUBCONTRACTING	6000.00	.00	6000.00	.00	.00	2400.00	3600.00	8813	5254	40
1380 RENTAL EQUIPMENT	2500.00	.00	2500.00	.00	.00	2541.95	-41.95	1516	160	101
1390 WINTER SAND	41200.00	.00	41200.00	.00	.00	26601.25	14598.75	29393	35011	64
Department 0800 Totals	690790.00	.00	690790.00	.00	.00	589807.58	100982.42	665424	650273	85
Department 0900 SOLID WASTE										
0400 RECYCLING PICKUP & H	127381.00	.00	127381.00	.00	.00	106358.25	21022.75	126620	124872	83
0450 RECYCLING COMMITTEE	.00	.00	.00	.00	.00	.00	.00	0	0	0
1325 ROADSIDE PICKUP CONT	127381.00	.00	127381.00	.00	.00	106149.80	21231.20	126620	124872	83
1335 MMWAC	61500.00	.00	61500.00	.00	.00	47350.90	14149.10	58344	41178	76
1340 MMWAC DEBT SERVICE	.00	.00	.00	.00	.00	.00	.00	0	135526	0
1475 BCOMAINE MRF DEBT	.00	.00	.00	.00	.00	.00	.00	0	0	0
Department 0900 Totals	316262.00	.00	316262.00	.00	.00	259858.95	56403.05	311584	426448	82
Department 1100 EMPLOYEE COMPENSATION & TRAINI										
0100 MERIT INCREASES	841.00	.00	841.00	.00	.00	.00	841.00	0	0	0
0900 MERIT PAY IMPLEMENTA	5000.00	.00	5000.00	.00	.00	1400.00	3600.00	0	0	28
1100 EMPLOYEE TRAINING	10000.00	.00	10000.00	.00	.00	8716.00	1284.00	0	0	87
Department 1100 Totals	15841.00	.00	15841.00	.00	.00	10116.00	5725.00	0	0	63
Department 1200 CEMETERIES										
0900 SOFTWARE MAINTENANCE	585.00	.00	585.00	.00	.00	405.00	180.00	0	0	69
1300 CONTRACT SERVICES	22379.00	.00	22379.00	.00	.00	14652.64	7726.36	21654	10959	65
1400 GENERAL REPAIR/MAINT	4200.00	.00	4200.00	.00	.00	112.50	4087.50	3966	3957	2
1500 RAYMOND HILL BOUNDAR	.00	.00	.00	.00	.00	.00	.00	0	2370	0
Department 1200 Totals	27164.00	.00	27164.00	.00	.00	15170.14	11993.86	25620	17286	55
Department 1250 PARKS										
0300 MATERIALS/EQUIPMENT	2500.00	.00	2500.00	.00	.00	.00	2500.00	1964	480	0
1300 CONTRACT SERVICES	8688.00	.00	8688.00	.00	.00	5076.72	3611.28	6805	5200	58
1350 RAYMOND BASEBALL	1000.00	.00	1000.00	.00	.00	.00	1000.00	1000	1000	0

Date : 05/05/2017 - Fri  
Time : 14:32:48

Town of Raymond  
APPROPRIATION CONTROL REPORT  
Revenues Subtracted from Paid

Page : 6

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Department 8000 OVERLAY										
0100	.00	.00	.00	.00	.00	.00	.00	0	0	0
0200	.00	.00	.00	.00	.00	.00	.00	0	0	0
Department 8000 Totals	.00	.00	.00	.00	.00	.00	.00	0	0	0
Department 9595 TIF										
0175 HYDRANT RENTAL	5796.00	.00	5796.00	.00	.00	4680.00	1116.00	6049	5327	80
0200 WATERLINE BOND PAYME	61481.00	.00	61481.00	.00	.00	61480.79	.21	63904	64063	99
0300 ROUTE 302 BOND PAYME	42078.00	.00	42078.00	.00	.00	42077.31	.69	43735	43844	99
0350 STREET FLAG MAINTENA	1000.00	.00	1000.00	.00	.00	.00	1000.00	999	994	0
0400 ROUTE 302 CORRIDOR	29721.00	.00	29721.00	.00	.00	8680.66	21040.34	28967	24341	29
0450 PARKS	.00	.00	.00	.00	.00	.00	.00	0	0	0
0600 RAYMOND WATERWAYS-MI	20000.00	.00	20000.00	.00	.00	20000.00	.00	17500	17500	100
0700 RAYMOND/CASCO HISTOR	1800.00	.00	1800.00	.00	.00	1800.00	.00	0	1800	100
0800 GPCOG DUES	4436.00	.00	4436.00	.00	.00	4436.00	.00	4436	4436	100
0850 ECONOMIC DEVELOPMENT	.00	.00	.00	.00	.00	602.75	-602.75	5410	6584	0
0875 GIS CONTRACT	25000.00	.00	25000.00	.00	.00	2884.00	22116.00	18197	15782	11
0890 RTP LAKE REGION BUS	5000.00	.00	5000.00	.00	.00	3750.00	1250.00	0	0	75
0900 GBLRCC	.00	.00	.00	.00	.00	.00	.00	0	0	0
0925 GIS PLOTTER	.00	.00	.00	.00	.00	.00	.00	10000	0	0
0950 GIS 2016 ORTHO FLIGH	.00	.00	.00	.00	.00	.00	.00	10862	0	0
0975 MAINE VOLUNTEER LK M	.00	.00	.00	.00	.00	.00	.00	970	0	0
1000 MAIN STREET SIDEWALK	.00	.00	.00	.00	.00	.00	.00	0	4481	0
9999	.00	.00	.00	.00	.00	.00	.00	0	0	0
Department 9595 Totals	196312.00	.00	196312.00	.00	.00	150391.51	45920.49	211029	189152	76
Department 9800 SCHOOLS ASSESSMENT										
0100 RSU#14	8746622.00	.00	8746622.00	.00	.00	7288851.55	1457770.45	8523009	8530675	83
Department 9800 Totals	8746622.00	.00	8746622.00	.00	.00	7288851.55	1457770.45	8523009	8530675	83
GRAND TOTALS	13839014.00	.00	13839014.00	.00	.00	11562600.44	2276413.56	13232974	13158051	83

\*\*\*\*\*

# Business Auto Vehicle Schedule

Prepared on: 12/28/2016

agency: Cross Insurance-Windham

For:

Town Of Raymond  
401 Webbs Mills Road  
Raymond, ME 04071  
Bus: (207)855-4742  
don.willard@raymondmaine.org

745 Roosevelt Trail, Unit#1, PO Box 1383  
Windham, ME 04062  
(207)892-7996  
www.crossagency.com

Vehicle#	Cust#	Year	Make/Model	VIN	Garaged	Class	Cost/New	Liab	PIP	Med	UM	UIM	Comp	Coll	SP	Stated Amt
00001	0003	1989	Freightliner/Fire Truck	62393	Raymond, ME		225,000	X		X	X	X	250	1,000		
00003	0005	1997	International/Fire Truck	03519	Raymond, ME		225,000	X		X	X	X	250	1,000		
00004	0009	2002	E-1/Teleboom Fire Apparatus	05752	Raymond, ME		375,000	X		X	X	X	250	1,000		
00005	0010	2003	E-1/Super Lynx Pumper	72325	Raymond, ME		141,626	X		X	X	X	250	1,000		
00007	0017	2004	Chev/Silverado K2500	76332	Raymond, ME		43,710	X		X	X	X	250	1,000		
00008	0019	2006	International/7400 Dump	00260	Raymond, ME		108,229	X		X	X	X	250	1,000		
00009	0026	2005	Ford/F150	B43885	Raymond, ME		35,000	X		X	X	X	250	1,000		
00010	0028	2000	Ford/F250	C69288	Raymond, ME		22,000	X		X	X	X	250	1,000		
00011	0030	2006	Ford/Crown Victoria	165400	Raymond, ME		28,000	X		X	X	X	250	1,000		
00013	0040	2004	John Deere/Backhoe	941937	Raymond, ME			X		X	X	X				
00014	0041	1990	John Deere/670B	528773	Raymond, ME			X		X	X	X				
00015	0042	2012	Chevy/G4500	121500	Raymond, ME			X		X	X	X	250	1,000		
00016	0043	1999	Johnston/3000	172022	Raymond, ME			X		X	X	X				
00017	0045	2006	GMC/Sierra	260469	Raymond, ME			X		X	X	X				
00018	0046	2003	Ford/F350	D07359	Raymond, ME		28,000	X		X	X	X	250	1,000		
00019	0047	2008	Cam/utility 13,800 lb	019836	Raymond, ME			X		X	X	X	250	1,000		
00020	0048	2012	Trailwin/cargo 7000 GVW	N09108				X		X	X	X	250	1,000		
00021	0049	2006	Volvo/VHD64F	412143	Raymond, ME			X		X	X	X	250	1,000		
00022	0050	2001	Custom/Equipment	002777	Raymond, ME			X		X	X	X	250	1,000		
00023	0052	2014	FORD/F550	A40332	Raymond, ME			X		X	X	X	250	1,000		
00024	0052	2008	Carry-On w/ Equipment/E	164511	Raymond, ME			X		X	X	X	250	1,000		
00025	0053	1999	Freightliner/EVI Rescue T	986055	Raymond, ME			X		X	X	X	250	1,000		
00026	0055	2014	Ford/F450	A04240	Raymond, ME			X		X	X	X	250	1,000		
00027	0057	2015	CHEV/ROLET/TAHOE	513148	Raymond, ME			X		X	X	X	250	1,000		
00028	0058	2015	Ford/F250	C29476	Raymond, ME			X		X	X	X	250	1,000		
00030	0060	2015	International/Dump/Plow	716986	Raymond, ME			X		X	X	X	250	1,000		
00032	0062	2008	GMC/Sierra	261249	Raymond, ME			X		X	X	X	250	1,000		
00033	0063	2016	PIERCE/SABRE PUMPER	015949	Raymond, ME			X		X	X	X	250	1,000		
00034	0064	2016	Chevrolet/sILVERADO	147323	Raymond, ME			X		X	X	X	250	1,000		
00035	0065	2001	CHEV/ROLET/TAHOE	170856	Raymond, ME			X		X	X	X	250	1,000		
00036	0066	2016	Chevrolet/Silverado	260819	Raymond, ME			X		X	X	X	250	1,000		
00037	0067	2009	Ford/Crown Victoria	135113	Raymond, ME			X		X	X	X	250	1,000		

These schedules are provided as a brief outline of your policy. You must refer to the provisions found in your policy for the details of your coverages, terms, conditions and exclusions that apply.

## Notes for Clark Insurance

Status of open defamation claim:

The portion of the case against the Town manager was dismissed for lack of merit.

The Selectman's portion of the case is awaiting a State of Maine Supreme Court decision.

It is the town's position that none of this case had merit, however new members do get orientation and the opportunity to attend trainings offered by the Maine Municipal Association.



183 Leaders Heights Road  
 P.O. Box 2726  
 York, PA 17405  
 (800) 233-1957  
 Fax: (717) 747-7033

## GENERAL SUPPLEMENTAL APPLICATION

In addition to this General Supplemental Application, please submit all relevant supplements, ACORD® applications and schedules.

- Municipal Operations Supplement
- Law Enforcement Liability Supplement
- Water & Water-Related Entities Supplement
- Public Officials/Management Liability, EPLI, Cyber (Municipal or Water only)
- Educational Institutions Supplement
- School Bus Contractor Supplement
- Public Officials (Municipal & Education combined)

**PLEASE COMPLETE ONLY THOSE SECTIONS THAT ARE APPLICABLE.**

10100 Trinity Parkway Drive, Suite 110  
 Stockton, CA 95219  
 (888) 477-3007  
 Fax: (888) 477-7005  
 Agency License OB17046

704 Haywood Drive  
 Exton, PA 19341  
 (888) 855-4782  
 Fax: (717) 747-7033

## GENERAL INFORMATION

### Entity

Application Date: 5/5/17 FEIN: 01-600342  
 Legal Name of Entity: Town of Raymond Maine  
 Legal Address: 401 Webb's Mills Rd Cumberland ME  
(Street) (City) (County) (State) (Zip Code)  
 Mailing Address: Same 04071  
(If different from Legal Address) (Street) (City) (County) (State) (Zip Code)

Extended Named Insured(s): \_\_\_\_\_  
 Entity Population: 4500 Web site address: www.raymondmaine.org  
 Policy Effective Date: 7/1/17 Quote Due Date: \_\_\_\_\_

### Type of Municipal or Water/Water-Related Entity:

- ☐ Borough
- ☐ Cemetery District
- ☐ City
- ☐ Community Services District
- ☐ Conservation District
- ☐ District Operations – Other

Identify: \_\_\_\_\_

- ☐ Homeowners' Association
- ☐ Investor-Owned Utility
- ☐ Irrigation District
- ☐ Memorial District
- ☐ Mutual Water Company
- ☐ Public Entity – Other

Identify: \_\_\_\_\_

- ☐ Sewer District
- ☒ Town
- ☐ Township
- ☐ Village
- ☐ Water District

### Type of Educational Entity:

- ☐ Charter School
- ☐ Higher Education

- ☐ Private School
- ☐ Public School

- ☐ School Bus Contractor
- ☐ Vocational-Technical School

Inspection and Insurance Contact Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

### Submitting Agency

All agents participating in this program must comply with their state licensing requirements. Please indicate your current resident license in the space provided.

Agency: \_\_\_\_\_  
 Agency License No.: \_\_\_\_\_ Licensing Contact Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
 FEIN: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

### Operations Information

Identify the number of each:

5 Board Members, Public Officials, Directors or Officers 16 Temporary or Seasonal Workers  
15 Full-Time Paid Employees 30 Volunteers (do not include volunteer board members)  
37 Part-Time Paid Employees

*Volunteer fireman are paid for oncall & call out*

☐ Yes ☐ No Does the entity want a supplemental accident quote? If "Yes", do you want to cover:

☐ Board Members & Full-Time Employees ☐ Volunteers

How long have the board members and management team served? TM 13+ yrs BOARD 3yr terms

☒ Yes ☐ No Does the entity fund, operate or control other boards, commissions or authorities? If "Yes", explain: County Government

☐ Yes ☒ No Does the entity provide employees or equipment to any local government? If "Yes", explain:

What is the entity's current bond rating? AAA ☒ Standard & Poor's ☐ Moody's ☐ N/A

☒ Yes ☐ No Are certificates of insurance required from the entity's subcontractors? If "Yes", what are the minimum limits required?

☒ Yes ☐ No Does the entity utilize a uniform written contract for all subcontractors? If "Yes", check those items that are included:

- ☐ Additional Insured Status on a Primary and Non-Contributory Basis  
☐ Hold Harmless wording  
☐ Defense and Indemnification wording

☒ Yes ☐ No Is the entity named as an additional insured on subcontractors' liability policies?

☐ Yes ☐ No Does the entity have a formalized risk management procedure or program? If "Yes", check those items that are included:

- ☐ Written Safety or Loss Prevention Manual  
☒ Emergency Planning / Disaster Recovery Planning  
☐ Employee training meeting  
☐ Property or equipment inspection and maintenance logs  
☒ Procedures to prevent and report sexual harassment  
☐ Accident investigation program

Describe any other formal or informal operating controls.

☒ Yes ☐ No Are "mutual aid" agreements in place with other local governments? If "Yes", identify:

Gray, Wincham Casco Stundish Naples

☐ Yes ☐ No Are these "mutual aid" agreements formal agreements?

#### Coverage Requested / Expiring Information

Check to request coverage	Line of Coverage	Carrier	Limit	Deductible	Premium
<input checked="" type="checkbox"/>	Property				
<input checked="" type="checkbox"/>	Equipment / Inland Marine				
<input checked="" type="checkbox"/>	Crime				
<input checked="" type="checkbox"/>	General Liability	<u>see policy in place</u>			
<input type="checkbox"/>	Law Enforcement Liability				
<input checked="" type="checkbox"/>	Professional Healthcare Liability				
<input checked="" type="checkbox"/>	Public Officials & Mgmt. Liability				
<input type="checkbox"/>	Educators Legal Liability				
<input checked="" type="checkbox"/>	Employment Practices Liability				
<input checked="" type="checkbox"/>	Auto Liability				
<input checked="" type="checkbox"/>	Auto Physical Damage				
<input checked="" type="checkbox"/>	Excess Liability				
<input type="checkbox"/>	Other:				

#### Large Loss History

Loss history for each insurance coverage requested must be verified through submission of loss experience reports. Reports must be currently valued and include the current expiring policy term plus four (4) preceding policy terms. Please provide details of any loss greater than \$10,000 (including expenses) on a separate page.

## PROPERTY

The Property coverage form includes Real Property (Coverage A) and Personal Property (Coverage B) based on the insured Statement of Values submitted as part of this application. Loss of Income (Coverage C) and Extra Expense (Coverage D) are each included at a limit of \$250,000 per occurrence. Additional limits for Loss of Income and Extra Expense may be selected below. The Property form includes the following extensions of coverage:

Coverage Extension	Non-Education Limits Included	Education Limits Included
Accounts Receivable *	\$50,000	\$250,000
Commandeered Property	Replacement cost plus loss of use	same
Debris Removal Expenses	25% of Direct Loss plus \$100,000	25% of Direct Loss plus \$250,000
Equipment Breakdown	Up to applicable Property Limits for Coverage A, B, C & D  Sub-limits* apply to Expediting Expenses, Hazardous Substances, Spoilage, Computer Equipment, Data Restoration, Green Coverage, Off-Premises Equipment Breakdown, and Public Relations	same
Fine Arts *	\$25,000 Per Occurrence, \$1,500 Per Item without a certified appraisal \$50,000 Per Occurrence with a certified appraisal	\$50,000 Per Occurrence
Fire Department Charges	\$25,000 Per Occurrence	\$50,000 Per Occurrence
Fire Equipment Recharge Costs	All necessary and reasonable costs	same
Limited Coverage for Fungus	\$25,000 Policy Aggregate	same
Newly Acquired or Under Construction Real Property & Related Personal Property	\$1,000,000 Per Occurrence Coverage A \$500,000 Per Occurrence Coverage B	same \$1,000,000 Per Occurrence Coverage B
Ordinance Coverage	Undamaged portion of Real Property – included within Coverage A limit Demolition of undamaged portion and increased cost of construction – limit is equal to 100% of amount paid of initial direct loss or \$1,000,000, whichever is greater (\$500,000 for water treatment or wastewater processing equipment)	same
Outdoor Property *	\$150,000 Per Occurrence	same
Personal Effects	\$25,000 Per Occurrence	same
Pollution Remediation Expenses	\$100,000 Aggregate	\$250,000 Aggregate
Preservation of Property	Coverage A and B Limits Apply	same
Real Property or Personal Property In Transit or Off Premises *	\$100,000 Per Occurrence	same
Software *	\$500,000 Per Occurrence	same
Supplementary Provisions for Loss of Income and Extra Expense	Actual Loss Sustained for 30 days for new buildings and fund raising activities	same
Trees, Shrubs, Plants, and Lawns	\$25,000 Per Occurrence \$1,000 Per Item	same \$5,000 Per Item
Valuable Papers and Records *	\$50,000 Per Occurrence	same
Arson, Theft or Vandalism Reward	\$25,000 Per Loss	same
Building Glass – Tenant	Included	same
Claim Expense	\$20,000 Per Occurrence	same
Damage to Building from Theft	\$100,000 Per Occurrence	same
Lock Replacement	\$25,000 Per Occurrence	same
Non-Owned Detached Trailers	\$50,000 Per Occurrence	same
Spoilage Due to Off Premises	\$50,000 Per Occurrence	same
Electrical Service Interruption		
Water Contamination Notification Expense	\$25,000 Any One Policy Period	same
Food Contamination – Schools	N/A	\$100,000 Per Occurrence
Property used for School Activities	N/A	\$250,000 Per Occurrence

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

# all current insurance policies

1. Limit of Insurance: \_\_\_\_\_ (A Statement of Values signed by the Insured is required for Blanket Limits.)  
☐ Policy Blanket    ☐ Premises Blanket    ☐ Individual
  
2. Property Deductible requested?  

<input type="checkbox"/> \$250 *	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$75,000
<input type="checkbox"/> \$500	<input type="checkbox"/> \$5,000 **	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$50,000	

\* \$250 deductible option only available in WI for Municipal entities.  
 \*\* \$5,000 standard deductible for Education entities.
  
3. Loss of Income and Extra Expense Limit requested? \_\_\_\_\_ \$250,000 is the default minimum
  
4. Accounts Receivable Limit requested?  
☐ \$50,000    ☐ \$250,000    ☐ \$500,000    ☐ \$1,000,000
  
5. Fine Arts Blanket Limit requested? Fine arts means property that is rare or that has historic or artistic value, including antiques, rare articles, etchings, pictures, awards, trophies, historic memorabilia, statuary, marbles, bronzes, porcelains and similar property for which you have secured a certified appraisal.  
☐ \$50,000    ☐ \$100,000  
 For limits greater than \$100,000, please provide an itemized schedule.
  
6. Outdoor Property Limit requested? \_\_\_\_\_ \$150,000 is the default minimum
  
7. Property in Transit or Off Premises Limit requested?  
☐ \$100,000    ☐ \$250,000
  
8. Software Limit requested? \_\_\_\_\_ \$500,000 Per Occurrence is the default minimum
  
9. Valuable Papers and Records Limit requested?  
☐ \$50,000    ☐ \$250,000    ☐ \$500,000    ☐ \$1,000,000
  
10. What valuation % applies to the submitted property values? If 100% values are provided, the coinsurance requirement is waived for Premises Blanket. Minimum of 90% coinsurance required for Policy Blanket.  
☐ 80%    ☐ 90%    ☐ 100%
  
11. Property Valuation?  
☒ Replacement Cost    ☐ Actual Cash Value    ☐ Functional Replacement Cost  
 Replacement Cost is required for Policy Blanket Limits.
  
12. ☐ Yes    ☒ No Any vacant buildings? If "Yes",  
 Identify all vacant premises, how long they have been vacant, if there are any obvious signs of vandalism or water damage, and its intended future use:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are the utilities turned off for all premises listed above?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are the pipes drained for all vacant premises?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are these premises routinely monitored? If "Yes", how often? _____
  
13. ☒ Yes    ☐ No Any buildings over 30 years old?  
 If "Yes", list premises, renovations, and date completed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



14. ☐ Yes ☐ No Do any pumps or motors exceed 750 HP?

15. ☒ Yes ☐ No Do any individual specialized equipment items exceed \$100,000 in value? Specialized equipment items include fuel cells, micro turbines, rotating biological contractors and submersible pumps. *see list*

16. ☐ Yes ☒ No Does the entity have on-premises electrical generation capability (including emergency generators) of 250 kilowatts or higher?

If "Yes", please identify the type of power generation and kilowatts generated:

**Type of Source** (check all that apply) **Kilowatts Generated**

☐ Hydroelectric \_\_\_\_\_

☐ Wind \_\_\_\_\_

☐ Solar \_\_\_\_\_

☐ Geothermal \_\_\_\_\_

☐ Other \_\_\_\_\_

What is the generated power used for (check all that apply):

☐ Primary power

☐ Emergency Power

☐ Peak Shaving

☐ Standby

☐ Supplemental

☐ Unsure

17. ☐ Yes ☒ No Does the entity currently have any property in the "course of construction" or have any new additions, renovations or expansions planned?

If "Yes", describe: \_\_\_\_\_ Cost of construction: \_\_\_\_\_

18. ☐ Yes ☒ No Does the entity have any hydro-electric equipment?

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

19. ☐ Yes ☒ No Is optional Flood Coverage requested?

If "Yes", Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

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

NOTE: Flood coverage cannot be provided for any premises determined to be in a 100-year flood zone.

20. ☐ Yes ☒ No Are there any premises insured in the National Flood Program?

If "Yes", identify and list the locations: \_\_\_\_\_

21. ☐ Yes ☐ No Is optional Earthquake Coverage requested?

If "Yes", Limit: *if included in policy* Deductible: \_\_\_\_\_

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

22. ☒ Yes ☐ No Are any premises occupied 24 hours a day?

If "Yes", identify and list the locations: *Public Safety*

23. ☐ Yes ☒ No Does the insured have a written Environmental Remediation procedure?

If "Yes", please provide a copy.

Property Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INLAND MARINE

The following options are available for the Inland Marine coverage form:

**Coverage A** provides RC coverage to Blanket Tools and Equipment, subject to the chosen occurrence limit and a per item maximum limit of \$10,000.

**Coverage B** provides RC or ACV coverage to Scheduled Equipment (high-valued tools and equipment such as air compressors, backhoes, etc.) with individual values greater than \$10,000 as per the schedule.

**Coverage C** provides GRC coverage to Emergency Services Equipment on a blanket basis (portable law enforcement, firefighting, ambulance, rescue and communications equipment) at the deductibles requested.

(ACV = Actual Cash Value; RC = Replacement Cost; GRC = Guaranteed Replacement Cost)

The Inland Marine form includes the following extensions of coverage:

Coverage Extension	Limits Included
Debris Removal Expenses	\$15,000 Per Occurrence
Tools and Equipment (Employee owned)	\$25,000 Per Occurrence
Emergency Services and Law Enforcement Personal Effects	Actual Replacement Cost
Non-owned Tools and Equipment and Emergency Services Equipment	\$10,000 Per Occurrence
Rented or Borrowed Equipment *	\$100,000 Per Occurrence
Rental Reimbursement for Scheduled Equipment	\$10,000 Per Occurrence
Unmanned Aircraft (Drones)	\$25,000 Per Occurrence
Fire Department Charge	\$1,000 Per Occurrence
Fire Extinguishing Recharge Cost	All necessary and reasonable costs
Newly Acquired Scheduled Equipment	30 Days
Watercraft and Personal Watercraft	Extends Coverage A and C for watercraft with <100hp for up to \$25,000 Per Occurrence
Deductible Waiver	Included

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

*all current policies*

- What Deductible is to apply for Coverage A and C? Coverage A and C must have the same deductible.  
☐ \$250      ☐ \$1,000      ☐ \$5,000      ☐ \$15,000  
☐ \$500      ☐ \$2,500      ☐ \$10,000      ☐ \$25,000
- What Deductible is to apply for Coverage B, if the same deductible is being used for all items?  
☐ \$250      ☐ \$1,000      ☐ \$5,000      ☐ \$15,000  
☐ \$500      ☐ \$2,500      ☐ \$10,000      ☐ \$25,000
- ☐ Yes    ☐ No    Does the entity maintain an equipment inventory? If "Yes", please attach schedule.
- ☐ Yes    ☐ No    Are all equipment items secured when not in use?
- Rented or Borrowed Equipment Extension limit requested?  
☐ \$100,000      ☐ \$250,000      ☐ \$500,000

Inland Marine Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Unmanned Aircraft Systems (Drones)

1. ☐ Yes ☒ No Does the entity own or operate drones? If "Yes", please complete the schedule below.

Model	Serial Number	Weight (lbs./oz.)	Value of Drone	Value of Attached Equipment

2. ☐ Yes ☐ No Are all operations being conducted in accordance with FAA rules?
3. How many personnel are authorized to operate the drones? \_\_\_\_\_
4. How many hours of training are required prior to personnel being authorized to operate the drones? \_\_\_\_\_
5. ☐ Yes ☐ No Does the entity loan, rent or lease the drones to others? If "Yes",
- a. Describe to whom: \_\_\_\_\_
- b. Will you loan, rent or lease: ☐ with your authorized operator ☐ without your operator

### Blanket Emergency Services Equipment

If Coverage C is requested, indicate the number for each of the following:

Type	Code	Count	Type	Code	Count
Pumper (Regular)	PR	_____	First Responder Vehicle	FR	_____
Pumper (LDH)	PLDH	_____	Police Car	LE	_____
Tanker	T	_____	Private Passenger Vehicle	OTH	_____
Pumper-Tanker	PT	_____	Snowmobile	OTH	_____
Mini Pumper	MP	_____	Antique	OTH	_____
Brush Vehicle	BV	_____	Bus	OTH	_____
Aerial Device	AD	_____	Tournament Vehicle	OTH	_____
Quint Regular	QR	_____	Service Vehicle (non-emergency)	OTH	_____
Quint Large Diameter Hose	QLDH	_____	Trailer	OTH	_____
Rescue Truck (Light)	RTL	_____	Fire Chief's Car	OTH	_____
Rescue Truck (Heavy)	RTH	_____	Municipal Car	OTH	_____
Ambulance (ALS)	ALS	_____	Motorcycle	OTH	_____
Ambulance (BLS)	BLS	_____	Dump Truck	OTH	_____
Chemical Material	CF	_____	Tow Truck	OTH	_____
Hazardous Material	HM	_____	Street Sweeper	OTH	_____
Air Cascade Vehicle	AC	_____	Other	OTH	_____
Salvage Vehicle	S	_____			_____

Total Count: \_\_\_\_\_

### Service Animals (Law Enforcement and/or Schools)

Please list any scheduled service animals.

Breed	Name	Sex	Year of Birth	Agreed Value
	N/A			

## CRIME

The Crime coverage form has limits of insurance available as shown in the chart below.

1. Limits Option requested? (Select one of the following)

Limits Option	Employee Theft	Forgery or Alteration	Inside the Premises		Outside the Premises	Computer & Funds Transfer Fraud	Money Orders	Fraudulent Impersonation
			Theft of Money & Securities	Robbery/Safe Burglary				
<input type="checkbox"/> 1	\$10,000	\$10,000	\$10,000	\$5,000	\$10,000	\$20,000	\$10,000	\$10,000
<input type="checkbox"/> 2	\$25,000	\$25,000	\$25,000	\$5,000	\$25,000	\$20,000	\$10,000	\$10,000
<input type="checkbox"/> 3	\$50,000	\$50,000	\$50,000	\$5,000	\$50,000	\$50,000	\$25,000	\$25,000
<input type="checkbox"/> 4	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
<input type="checkbox"/> 5	\$250,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
<input type="checkbox"/> 6	\$500,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
<input type="checkbox"/> 7	\$1,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
<input type="checkbox"/> 8	\$1,500,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
<input type="checkbox"/> 9	\$2,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000

Note: Money and Securities is only offered within the Crime coverage form.

2. Deductible requested? (Deductibles above \$1,000 are only available with Limits Options 5, 6, 7, 8 and 9.)

- ☐ \$250      ☐ \$1,000      ☐ \$5,000      ☐ \$15,000  
☐ \$500      ☐ \$2,500      ☐ \$10,000      ☐ \$25,000

3. Crime Type requested?

- ☐ Commercial Crime (used for private entities, including private educational institutions)  
☒ Government Crime (used for public entities, including public educational institutions)

4. ☒ Yes ☐ No Is Faithful Performance Coverage needed? (Government Crime Form only)

5. ☐ Yes ☐ No Are Specific Excess Limits required for Employee Theft? If "Yes", specify names or positions:

Name	Excess Limit *
<i>See current coverage</i>	

Position	Location of Covered Position	# in Position	Excess Limit *

The Employee Theft Limit plus the requested Specific Excess Limit must equal one of these Total Limits:

\$25,000      \$100,000      \$500,000      \$1,500,000  
 \$50,000      \$250,000      \$1,000,000      \$2,000,000

**Valid example:** Option 1 Employee Theft Limit of \$10,000 + Position Excess Limit\* of \$15,000 = a \$25,000 Total Limit.  
 Option 5 Employee Theft Limit of \$250,000 + Position Excess Limit\* of \$250,000 = a \$500,000 Total Limit.

**Invalid example:** Option 1 Employee Theft Limit of \$10,000 + Position Excess Limit\* of \$50,000 = an invalid \$60,000 Total Limit

Note: Surety Bonds and Public Officials bonds are not available.



6. Indicate what security provisions apply and identify how often:

☐ Audit

☐ Bank statements

☐ Countersignature

☐ Reconciliations

☐ Other

Annual  
monthly  
N/A

as needed

7. Number of ratable employees?

6-10 permanent

*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.*

Crime Comments:

fussell top park Seasonal

60,000 annual receipts

See current coverages

## GENERAL LIABILITY

The General Liability coverage form includes the following coverages and limits:

**Coverage A. Bodily Injury and Property Damage Liability**  
Limit also applies to Property Damage to Premises Rented to You

\$1,000,000 Each Occurrence

**Coverage B. Personal and Advertising Injury Liability**

\$1,000,000 Any One Person or Organization

**Coverage C. Medical Expense**

\$10,000 Any One Person

General Aggregate

\$3,000,000

Products and Completed Operations Aggregate

\$3,000,000

Blanket additional insured is included in the core form when required by a written contract.

### Exposure Summary (Check all that apply. Complete relevant supplements where indicated.)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Aircrafts (not Drones)  | <input type="checkbox"/> Electric Utilities <sup>2</sup>                        | <input type="checkbox"/> Landfills, Dumps, Refuse Sites, Incinerators <sup>1</sup> | <input type="checkbox"/> Security Operations (subcontracted)                              |
| <input type="checkbox"/> Airports  | <input checked="" type="checkbox"/> Emergency Medical Services <sup>1</sup>     | <input type="checkbox"/> Law Enforcement Activities <sup>4</sup>                   | <input type="checkbox"/> Sewage Disposal Plants <sup>2</sup>                              |
| <input checked="" type="checkbox"/> Ambulance Services <sup>1</sup>                              | <input checked="" type="checkbox"/> Exhibit Halls or Meeting Areas <sup>1</sup> | <input type="checkbox"/> Libraries   | <input type="checkbox"/> Skateboard Parks or Activities <sup>1 or 3</sup>                 |
| <input type="checkbox"/> Amusement Parks   | <input checked="" type="checkbox"/> Fire Departments <sup>1</sup>               | <input type="checkbox"/> Memorial Districts  | <input type="checkbox"/> Ski Areas – all  |
| <input type="checkbox"/> Bleachers, Grandstands or Stadiums (> 5,000 capacity) <sup>1 or 3</sup> | <input type="checkbox"/> Fireworks Exhibits <sup>1</sup>                        | <input type="checkbox"/> Marinas <sup>1</sup>                                      | <input checked="" type="checkbox"/> Streets & Roads – Construction or Paving <sup>1</sup> |
| <input type="checkbox"/> Boat Docks <sup>1</sup>   | <input checked="" type="checkbox"/> Garbage Collection <sup>1</sup>             | <input type="checkbox"/> Museums or Historical Societies                           | <input checked="" type="checkbox"/> Streets & Roads – Maintenance <sup>1</sup>            |
| <input type="checkbox"/> Bridges <sup>1</sup>  | <input type="checkbox"/> Gas Utilities <sup>2</sup>                             | <input type="checkbox"/> Nursing Homes   | <input checked="" type="checkbox"/> Swimming Areas, Pools or Beaches <sup>1 or 3</sup>    |
| <input type="checkbox"/> Cable TV / Telephone services   | <input type="checkbox"/> Golf Courses <sup>1 or 3</sup>                         | <input type="checkbox"/> Parks and Recreation <sup>1 or 3</sup>                    | <input type="checkbox"/> Transit Operations   |
| <input checked="" type="checkbox"/> Campgrounds <sup>1</sup>                                     | <input type="checkbox"/> Halfway Houses, Shelters, Group Homes                  | <input checked="" type="checkbox"/> Playgrounds <sup>1 or 3</sup>                  | <input type="checkbox"/> Utility Construction or Repair                                   |
| <input type="checkbox"/> Carnivals, Fairs, Parades <sup>1</sup>                                  | <input type="checkbox"/> Hospitals or Medical Clinics                           | <input type="checkbox"/> Ports, Harbors, Terminals                                 | <input type="checkbox"/> Vacant Land  |
| <input checked="" type="checkbox"/> Cemetery Operations <sup>1</sup>                             | <input type="checkbox"/> Hydro-electric Generation <sup>2</sup>                 | <input type="checkbox"/> Public Housing Authorities or Projects                    | <input type="checkbox"/> Wastewater Operations <sup>2</sup>                               |
| <input type="checkbox"/> Chemical Spraying – Pesticide/Herbicide <sup>1</sup>                    | <input type="checkbox"/> Ice or Roller Skating Rinks <sup>1 or 3</sup>          | <input type="checkbox"/> Rescue Squads <sup>1</sup>                                | <input type="checkbox"/> Wastewater Plants <sup>2</sup>                                   |
| <input type="checkbox"/> Dams, Dikes, Lakes, Reservoirs or Levees <sup>2</sup>                   | <input type="checkbox"/> Industrial Buildings for Redevelopment                 | <input type="checkbox"/> Rental Facilities <sup>1</sup>                            | <input type="checkbox"/> Watercraft (> 100 hp)  |
| <input type="checkbox"/> Day Cares, Day Camps, Day Nurseries <sup>1</sup>                        | <input type="checkbox"/> Irrigation Ditches & Operations <sup>2</sup>           | <input type="checkbox"/> Sanitary Sewers <sup>2</sup>                              | <input type="checkbox"/> Water Utilities or Operations <sup>2</sup>                       |
| <input type="checkbox"/> Drones  | <input type="checkbox"/> Jail Facilities  | <input type="checkbox"/> Schools – Private Charter <sup>3</sup>                    | <input type="checkbox"/> Waterslides <sup>1 or 3</sup>                                    |
| <input checked="" type="checkbox"/> Dwellings (including Teacherages)                            | <input type="checkbox"/> Laboratory – Testing or Consulting <sup>2</sup>        | <input type="checkbox"/> Schools – Public <sup>3</sup>                             | <input type="checkbox"/> Zoos   |

<sup>1</sup> Municipal Operations Supplement

<sup>2</sup> Water & Water-Related Entities Supplement

<sup>3</sup> Educational Institutions Supplement

<sup>4</sup> Law Enforcement Liability Supplement

### Miscellaneous Exposures

1. ☒ Yes ☐ No Are there any owned watercraft in excess of 100 horsepower?  
If "Yes", describe: See Equip list
2. ☐ Yes ☒ No Are any buildings or industrial properties held for redevelopment?  
Number of buildings: \_\_\_\_\_ Location numbers: \_\_\_\_\_  
If "Yes", describe: \_\_\_\_\_
3. ☐ Yes ☒ No Are any buildings used for commercial purposes?  
If "Yes", describe: \_\_\_\_\_
4. ☐ Yes ☒ No Are any dwellings owned and/or leased to others?  
Number of dwellings: \_\_\_\_\_ Location numbers: \_\_\_\_\_  
If "Yes", describe: \_\_\_\_\_
5. ☒ Yes ☐ No Are fund raising activities conducted (including fire dept. and emergency medical services)?  
If "Yes", describe: \_\_\_\_\_  
Total gross receipts from all fund raising activities: 10,000 - 20,000 Annual
6. ☐ Yes ☒ No Does the entity own, operate or maintain any special districts or utilities other than fire, water utility, wastewater, recreation, irrigation or cemetery? If "Yes", provide the following:  
Description of district/utility: \_\_\_\_\_ Payroll: \_\_\_\_\_
7. Does the entity perform laboratory testing or consulting for others? If "Yes", receipts: \_\_\_\_\_
8. What is the annual payroll for utility construction or repair? \_\_\_\_\_
9. Which of the following best describes the entity's use of alcoholic beverages?  
☒ The entity prohibits alcohol on the premises and at all sponsored functions.  
☐ The entity permits alcohol on the premises or at sponsored functions, but does not sell it.  
☐ The entity sells alcohol only at special events.  
Describe events: \_\_\_\_\_  
☐ The entity sells alcohol year round (bar or club), which may include special events.  
If the entity sells alcohol, please indicate the following:  
Annual gross receipts: \_\_\_\_\_  
☐ Yes ☐ No License/permit required by the state?  
☐ Yes ☐ No License/permit obtained?  
☐ Yes ☐ No Have the servers been TIPS trained?
10. ☒ Yes ☐ No Does the entity purchase Workers' Compensation insurance?
11. ☐ Yes ☐ No Is Employer's Liability (Stop Gap) Coverage required?  
If "Yes", Limit of Insurance: \_\_\_\_\_ Payroll: \_\_\_\_\_
12. ☒ Yes ☐ No Does the entity confirm that independent contractors and sub-contractors purchase Workers' Compensation insurance?
13. ☐ Yes ☒ No Does the entity utilize volunteer labor not covered by Workers' Compensation?
14. ☐ Yes ☒ No Does the entity have any railroad contracts, sidetrack or easement agreements? If yes, please submit a copy of the entire contract with the application.

Other Exposure Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTO**

1. ☒ Yes ☐ No Are all of the entity's owned or leased vehicles to be insured under this policy?  
If "No", list vehicles insured elsewhere: \_\_\_\_\_
2. ☐ Yes ☐ No Does the entity require any motor carrier filings?  
If "Yes", indicate vehicles and usage: \_\_\_\_\_
3. ☐ Yes ☒ No Does the entity hire automobiles?  
If "Yes", indicate cost and usage: \_\_\_\_\_
4. ☒ Yes ☐ No Does the entity permit employees to use their own vehicles in the course of employment?  
If "Yes", list employees, for what purpose, and the limit of insurance that an employee must provide: \_\_\_\_\_
5. ☒ Yes ☐ No Does the entity permit employees to use its own autos for personal use?  
If "Yes", describe vehicle usage: \_\_\_\_\_
6. ☐ Yes ☒ No Are any vehicles used to provide public transportation?  
If "Yes", describe vehicle usage: \_\_\_\_\_
7. ☐ Yes ☒ No Are any vehicles used to provide transportation for recreational activities?  
If "Yes", describe vehicle usage: \_\_\_\_\_
8. ☐ Yes ☐ No Does the entity require Commercial Drivers Licensing (CDL)?
9. ☒ Yes ☐ No Does the entity obtain Motor Vehicle Records on a pre-hire basis? *Some positions*
10. ☒ Yes ☐ No Are Motor Vehicle Records checked for current employees? *Some positions*
11. ☐ Yes ☒ No Does the entity have written guidelines defining an acceptable Motor Vehicle Report?
12. ☐ Yes ☒ No Does the entity require formal driver training for its employees?
13. ☐ Yes ☒ No Does the entity have a formalized automobile safety program in place?
14. ☒ Yes ☐ No Does the entity review each motor vehicle accident?
15. ☒ Yes ☐ No Does the entity have a formalized automobile maintenance program in place?
16. ☐ Yes ☒ No Does the entity own or use any 15 passenger vans? If "Yes,"
- ☐ Yes ☐ No Has the entity modified the vans with either dual rear wheels or removed the rear seat?
- ☐ Yes ☐ No Does the entity have a policy that prohibits fully loading the vans?
- ☐ Yes ☐ No Are drivers given special training on the operation of 15 passenger vans?

The following 2 questions apply only to entities with school bus operations.

17. ☐ Yes ☐ No Do all buses meet all state and federal requirements for the transportation of children?
18. ☐ Yes ☐ No If you subcontract your busing operations, are you named as an Additional Insured on the contractor's policy?

Auto Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EXCESS LIABILITY

The Excess Liability coverage form is available with limits up to:

\$10,000,000 Each Occurrence

\$10,000,000 Aggregate

All underlying coverage to be scheduled must be provided by the program. Exceptions are permitted for Employer's Liability coverage. If coverage is insured elsewhere, then the minimum underlying limits required to schedule Employer's Liability are:

\$500,000 Each Accident

\$500,000 Disease per Employee

\$500,000 Disease Aggregate

For Employer's Liability Coverage insured elsewhere, provide the following:

Policy Number: \_\_\_\_\_

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

Policy Limits: \_\_\_\_\_

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

Excess Limit requested?

- ☐ \$1,000,000 / \$1,000,000 Aggregate
- ☐ \$2,000,000 / \$2,000,000 Aggregate
- ☐ \$3,000,000 / \$3,000,000 Aggregate
- ☐ \$4,000,000 / \$4,000,000 Aggregate
- ☐ \$5,000,000 / \$5,000,000 Aggregate
- ☐ \$6,000,000 / \$6,000,000 Aggregate
- ☐ \$7,000,000 / \$7,000,000 Aggregate
- ☐ \$8,000,000 / \$8,000,000 Aggregate
- ☐ \$9,000,000 / \$9,000,000 Aggregate
- ☐ \$10,000,000 / \$10,000,000 Aggregate

*See  
Current  
policies*

Excess Liability Comments: \_\_\_\_\_



## PLEASE READ CAREFULLY --- GENERAL FRAUD WARNING NOTICE

Any person who knowingly and with intent to defraud any insurance company or another 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 act, which is a crime and may subject the person to criminal and civil penalties.

### STATE-SPECIFIC FRAUD WARNING NOTICES

#### **Alabama Fraud Warning**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

#### **Arkansas Fraud Warning**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **Colorado Fraud Warning**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### **Delaware Fraud Warning**

Any person who knowingly and with intent to defraud any insurance company or another 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 act, which is a crime and may subject the person to criminal and civil penalties.

#### **District of Columbia Fraud Warning**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by an applicant.

#### **Florida Fraud Warning**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

#### **Kansas Fraud Warning**

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

#### **Kentucky Fraud Warning**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

#### **Louisiana Fraud Warning**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **Maine Fraud Warning**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

#### **Maryland Fraud Warning**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **New Hampshire Statement of Residency**

To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.

#### **New Jersey Fraud Warning**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### **New Mexico Fraud Warning**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

#### **New York Fraud Warning**

Commercial 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.

Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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.

#### **Ohio Fraud Warning**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

#### **Oklahoma Fraud Warning**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

#### **Oregon Fraud Warning**

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

#### **Pennsylvania Fraud Warning**

All Types of Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application 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 subjects such person to criminal and civil penalties.

Motor Vehicle Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

#### **Rhode Island Warning**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **Tennessee Fraud Warning**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

#### **Vermont Fraud Warning**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

#### **Virginia Fraud Warning**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

#### **Washington Fraud Warning**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

#### **West Virginia Fraud Warning**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## APPLICATION CHECKLIST



COMPLETED GENERAL SUPPLEMENTAL APPLICATION, RELEVANT SUPPLEMENTS, AND ACORD APPLICATIONS/SCHEDULES?



SIGNATURES ON APPLICATIONS AND STATEMENT OF VALUES WHERE REQUIRED?



COPY OF ENTITY'S MOST RECENT BUDGET PROVIDED?



VERIFIED LOSS HISTORY, INCLUDING LARGE LOSS DETAILS?



STATEMENT OF VALUES FOR PROPERTY AND EQUIPMENT?

### Additional Information

where deductible choices not  
made refer to currently in place  
policies

I CERTIFY THE INFORMATION CONTAINED WITHIN THIS GENERAL SUPPLEMENTAL APPLICATION AND ANY RELEVANT SUPPLEMENTS ARE 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 of 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, locations schedules, valuation statements, loss history information and engineering reports.

Cathy A. R.  
SIGNATURE OF PROPOSED INSURED

Finance Director  
TITLE

5/5/17  
DATE

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE



## MUNICIPAL OPERATIONS SUPPLEMENT

PLEASE COMPLETE ONLY THOSE SECTIONS THAT ARE APPLICABLE.

GlatfelterPublicPractice.com

Legal Name of Entity: \_\_\_\_\_

### COMMUNITY & RECREATIONAL EXPOSURES

#### Convention Facilities, Exhibit Halls and Meeting Areas

☐ N/A

1. How many facilities does the entity have? Conventions: \_\_\_\_\_ Exhibit Halls: \_\_\_\_\_ Meeting Areas: ✓
2. What is the square footage for each? 1736 Sq ft
3. Who uses the entity's facilities? selectment + Board meetings
4. ☐ Yes ☒ No Are fees charged for use of any indoor or outdoor facilities?  
 If "Yes", estimated annual receipts: \_\_\_\_\_
5. ☒ Yes ☐ No Are outside groups required to provide a Certificate of Insurance?
6. How many days per year are the facilities rented? ✓

#### Special Events

☒ N/A

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 the entity's responsibility for each event or activity (i.e., entity provides premises, funds, personnel, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_
3. List each sponsor/co-sponsor and their respective responsibility for each event or activity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. ☐ Yes ☐ No Are independent contractors used to provide any services?  
 If "Yes", what services? \_\_\_\_\_
5. ☐ Yes ☐ No Are Certificates of Insurance obtained from sponsors and/or independent contractors?  
 If "Yes", limit required? \_\_\_\_\_

**Fireworks**☒ N/A

1. Identify fireworks events and dates: \_\_\_\_\_
  2. What is the expected number of people in attendance? \_\_\_\_\_
  3. Where are the fireworks displayed? \_\_\_\_\_
  4. ☐ Yes ☐ No Are fireworks detonated by a vendor?
  5. ☐ Yes ☐ No Does the vendor provide a Certificate of Insurance? Limit required? \_\_\_\_\_
  6. ☐ Yes ☐ No Is the fireworks technician licensed?
  7. ☐ Yes ☐ No Is a formal safety procedure in place for each event?
- If "Yes", describe: \_\_\_\_\_

**Boat Docks & Marinas**☐ N/A

1. Total receipts from marina and/or boat dock operations:           X
2. Total number of boat slips available for rent:           X
3. ☐ Yes ☒ No Do services include boat storage or repair?
4. ☐ Yes ☒ No Does the marina include fueling operations?

**Parks & Recreational Activities**☐ N/A

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

Activity	Receipts (if any)	Activity	Receipts (if any)
<input type="checkbox"/> Baseball fields	_____	<input type="checkbox"/> Parasailing	_____
<input type="checkbox"/> Basketball courts	_____	<input checked="" type="checkbox"/> Parks	_____
<input type="checkbox"/> Bike riding	_____	<input type="checkbox"/> Playground equipment	_____
<input type="checkbox"/> Camping	_____	<input checked="" type="checkbox"/> Playgrounds	_____
<input type="checkbox"/> Equestrian trails	_____	<input type="checkbox"/> Rollerblading (in-line skating)	_____
<input type="checkbox"/> Football fields	_____	<input type="checkbox"/> Skateboarding	_____
<input type="checkbox"/> Golf Courses/Clubs	_____	<input type="checkbox"/> Ski lifts/Ski trails	_____
<input checked="" type="checkbox"/> Hiking trails	_____	<input type="checkbox"/> Soccer fields	_____

2. ☐ Yes ☐ No Does the entity permit any winter sports on their premises?

If "Yes", describe: snowmobile trails

3. What is the total acreage of park land? unknown

4. What safety programs apply to recreational activities? \_\_\_\_\_

5. ☒ Yes ☐ No Does the entity conduct self inspections of all recreational facilities and equipment?

6. How often are the self inspections completed? ☐ Weekly ☐ Monthly ☐ Other: as needed

7. ☐ Yes ☐ No Are all inspections and corrective actions documented?

**Organized Sports for Municipal Operations**☒ N/A

1. List organized recreational activities sponsored by the entity: ☐ None

Activity (Ex. Baseball, football, etc.)	Number of Participants		Entity Sponsored		3 <sup>rd</sup> Party Sponsored			
	Youth?	Adult?	Supervised?		Supervised?		COI to Entity?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Park and recreation brochures may be provided in lieu of completion of this chart.

2. ☐ Yes ☐ No Does the entity secure liability waiver forms from all participants?
3. ☐ Yes ☐ No Do any third-party sponsors provide their own insurance?
4. ☐ Yes ☐ No Does the entity own, operate or maintain any golf courses?  
If "Yes", total annual rounds of golf: \_\_\_\_\_

### Bleachers, Grandstands & Stadiums

☒ N/A

1. ☐ Yes ☐ No Any bleachers or grandstands? If "Yes", identify: Number of bleachers/grandstands: \_\_\_\_\_  
Total seating capacity: \_\_\_\_\_
2. ☐ Yes ☐ No Any stadium facilities? If "Yes", identify: Number of stadiums: \_\_\_\_\_  
Total seating capacity: \_\_\_\_\_ Identify Usage: \_\_\_\_\_

### Playgrounds

☐ N/A

1. Total number of playground areas: 1
2. What protective surface is used in playground areas? \_\_\_\_\_ Depth of surface: \_\_\_\_\_
3. ☐ Yes ☐ No For school entities, are students supervised while using playground equipment during recess?

### Skate Parks

☒ N/A

1. ☐ Yes ☐ No Was the skate park designed/constructed by a specialized contractor?
2. ☐ Yes ☐ No Are inspections conducted on a regular basis? If "Yes", how often? \_\_\_\_\_
3. Is there signage stating: (check all that apply)  
☐ adult supervision required for children under age 12 ☐ protective equipment required  
☐ skate at your own risk ☐ other posted rules Briefly describe: \_\_\_\_\_

### Ice Skating

☒ N/A

1. ☐ Yes ☐ No Are outdoor areas provided for ice skating?
2. Who determines the safety of the designated area? \_\_\_\_\_
3. What controls are used to limit access to the skating area? \_\_\_\_\_

### Swimming

☐ N/A

1. Where is swimming permitted? (Check all that apply)  
☐ School Pool ☐ Community Pool ☐ River ☒ Lake/Pond ☐ Reservoir ☐ Other: \_\_\_\_\_
2. Number of indoor pools? 2 Number of outdoor pools? 2
3. ☒ Yes ☐ No Are swimming areas roped or marked?
4. What safety programs apply to swimming areas? \_\_\_\_\_
5. ☐ Yes ☒ No Are lifeguards on duty?
6. ☐ Yes ☐ No Are the lifeguards certified?
7. ☐ Yes ☐ No Are lifeguards present whenever the facility is open?
8. ☐ Yes ☐ No Do any swimming areas include a diving area? If "Yes", describe: \_\_\_\_\_
9. ☐ Yes ☐ No Do any swimming areas include a waterslide? If "Yes", how many? \_\_\_\_\_  
Describe: \_\_\_\_\_

### OTHER EXPOSURES

#### Cemetery Districts

☐ N/A

1. How many acres and locations are owned or maintained by the entity for cemetery operations? 7
2. Who is responsible for maintenance, site preparation or burial? town. maintenance prep + burial by USU



3. ☐ Yes ☒ No Is a written burial agreement required?

4. What is the expected number of interments each year? 12<sup>+</sup>

5. What is the entity's policy concerning disinterment requests?

follow state requirements

**Chemical Spraying – Pesticide/Herbicide**

☒ N/A

1. Where and for what purpose are chemicals sprayed? \_\_\_\_\_

2. ☐ Yes ☐ No Are employees licensed?

3. List all chemicals sprayed: \_\_\_\_\_

4. Where and in what quantity are these chemicals stored? \_\_\_\_\_

**Day Care, Day Camp, Nursery (Municipally operated)**

☒ N/A

1. What childcare services are provided by the entity?

☐ Day Care

☐ Day Camp

☐ Nursery

☐ Other: \_\_\_\_\_

2. What facility or location is used? \_\_\_\_\_

3. ☐ Yes ☐ No Is the facility licensed? If licensed, by what agency? \_\_\_\_\_

4. Number of years in operation? \_\_\_\_\_

5. How many children are enrolled? 0–2 years: \_\_\_\_\_ 3–5 years: \_\_\_\_\_ 6–9 years: \_\_\_\_\_ 10+ years: \_\_\_\_\_

6. What are the days and hours of operation? Days: \_\_\_\_\_ Hours: \_\_\_\_\_

7. ☐ Yes ☐ No Are enrollment forms required?

8. How many staff members? Teachers: \_\_\_\_\_ Volunteers: \_\_\_\_\_

**Landfills, Dumps, Refuse Sites, Incinerator Operations, Sanitation (solid waste)**

☒ N/A

Complete the following if the entity currently owns, operates or maintains any sanitary landfills, landfills, dumps, refuse sites, trash transfer facilities, recycling centers or incinerators.

Location and Operation	Classes of Waste	Area	Age	Active?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

1. ☒ Yes ☐ No Did the entity own, operate or maintain any dump or landfill in prior years?

If "Yes", what is the current use of the former dump or landfill?

has been closed for 10+ years

2. ☐ Yes ☐ No Does the entity contract any part of operations?

3. ☐ Yes ☒ No Has the entity ever been cited or fined for non-compliance with required standards?

If "Yes", provide details: \_\_\_\_\_

4. ☒ Yes ☐ No Does the entity provide residential refuse collection services to residents?

If "Yes", where is it sent?

MMWAC is contracted out

5. ☐ Yes ☒ No Is public access permitted to any refuse facility owned by the entity?

**Streets & Roads**

☐ N/A

1. How many miles of roadway are owned or maintained by the entity? \_\_\_\_\_

2. ☐ Yes ☒ No Are any non-owned roadways maintained by the entity for others? If "Yes", Receipts: \_\_\_\_\_

3. ☒ Yes ☐ No Is there a routine inspection and maintenance program in place?

4. ☐ Yes ☒ No Are there written maintenance logs?

5. ☐ Yes ☒ No Is there a road condition complaint log?

6. ☐ Yes ☒ No Does the entity perform its own road re-paving or reconstruction? If "Yes", Payroll: \_\_\_\_\_

*Contracted out.*

7. ☒ Yes ☐ No Does the entity build new roads? If "Yes", Payroll: \_\_\_\_\_
8. How does the entity confirm its roads are properly signed, marked and maintained? observation, inspection, Citizen complaints
9. ☐ Yes ☒ No Does the entity employ a licensed engineer?
10. How many bridges are owned and maintained by the entity? 8  
Number of bridges that are greater than 300 feet in length? 8
11. ☐ Yes ☐ No Are bridges subject to periodic inspections?
12. ☐ Yes ☐ No Are bridge condition reports documented in writing?

**FIRE & EMERGENCY MEDICAL SERVICES / PROFESSIONAL HEALTHCARE LIABILITY**

☐ N/A

1. What fire departments, ambulance corps or rescue squads are to be insured within this entity?  
Raymond Fire + Rescue  
a town department
2. What emergency service operations are conducted?  
☒ Fire Department ☐ Fire Department with Ambulance  
☐ Ambulance Corps ☒ Rescue Squads  
☒ First Responder ☐ Other: \_\_\_\_\_
3. What is the population of the area on a first call basis? 4500 ±
4. ☒ Yes ☐ No Do employees and volunteers receive formal training?  
If "Yes", how often is training provided? as required
5. What is the estimated number of responses annually?  
Fire/rescue (non-medical\*) \_\_\_\_\_  
Emergency medical runs \*\* \_\_\_\_\_  
Non-emergency transports \_\_\_\_\_
- \* Use of an automatic defibrillator only without other medical procedures will be considered a non-medical run.  
\*\* Includes runs involving patient transports or runs involving medical treatment at the scene of an emergency.
6. ☒ Yes ☐ No Does the organization have a specially organized hazardous material team?
7. ☒ Yes ☐ No Do volunteers use personal vehicles for emergencies?
8. ☒ Yes ☐ No Are all volunteers covered by Workers' Compensation insurance?
9. ☐ Yes ☒ No Are firefighting or emergency services provided to any private entity?  
If "Yes", to what entity? \_\_\_\_\_
10. What is the entity's level of state certification or licensing for emergency medical service?  
☐ Not state certified or licensed  
☐ First Responder  
☐ Basic Life Support  
☒ Advanced Life Support
- If "Not state certified or licensed" or "First Responder" was checked above, what is the highest level of service provided?  
☐ Non-medical only  
☐ Basic Life Support  
☒ Advanced Life Support

**Note: Professional Healthcare coverage is included within the General Liability limits.**

Fire and Emergency Medical Services Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_