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 Scottsdale, Arizona 85258

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Scottsdale Insurance Company
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Public Entity Application Miscellaneous Exposure Questionnaire P

Legal Name of Public Entity: _____ **Effective Date:** _____

A. EMERGENCY SERVICES EXPOSURE

1. EMTs/Paramedics/EMTAs:

Number of:	Full-Time	Part-Time	Volunteer
EMTs/EMTAs			
Paramedics			

- a. Describe training/certification procedures: _____
- b. Approximate number of annual calls: _____ Radius of operations: _____
- c. Are all EMTs/Paramedics certified or licensed? Yes No
- d. Is substance abuse testing done? Yes No

2. Fire Department: Regular Volunteer

- a. Number of firefighters: _____ Paid: _____ Volunteer: _____
- b. Describe training/certification procedures: _____
- c. Approximate number of annual calls: _____ Radius of operations: _____
- d. Do any fire marshals carry guns or other weapons? Yes No
- e. Total square footage at all fire stations/firehouses: _____
- f. Describe all fund raising activities: _____
- g. Are mutual aid agreements in place with neighboring communities? Yes No

Attach copies.

(1) Has legal counsel reviewed and approved the agreements? Yes No

4. Where is display held? (River, park, open field, etc.)? _____

5. How long will display last? _____
6. Will emergency vehicles be on premises? Yes No
If yes, number and type of vehicles: _____
7. Distance from crowd: _____
8. Distance to nearest structure: _____

E. BLASTING EXPOSURE

1. Describe all blasting operations: _____

2. Is blaster certified? Yes No
Number of years experience: _____
3. Number of shots per year: _____
4. Is blasting contracted out? Yes No
If yes, provide a copy of the Certificate of Insurance.
If no, please provide details of:
 - a. Safety precautions: _____
 - b. Site monitoring: _____
 - c. Transport/storage of explosives: _____

F. RIFLE RANGES

1. Indoor? Yes No
Outdoors? Yes No
2. What security measures are taken (including signage)? _____

3. Police only? Yes No
4. Open to public? Yes No
If public, is a range officer on duty whenever the shooting areas are operating? Yes No
5. Skeet? Yes No
Stationary targets? Yes No
6. What is the distance to the nearest buildings? _____
7. Is the range near an industrial or residential section? Yes No
8. Does the insured host competitions on the premises? Yes No

G. GARBAGE COLLECTION

1. Who owns and operates it? _____
2. Where is the collection going? _____
3. Is the landfill certified? Yes No
4. What type of trash?
Household Yes No Commercial Yes No Industrial Yes No

H. CHEMICAL SPRAYING

- 1. Purpose and frequency of spraying operations: _____
- 2. What employees do the spraying? _____
- 3. Are the employees properly licensed?..... Yes No
- 4. Please list the chemicals used: _____

- 5. Where are the chemicals stored? _____
Is Pesticide or Herbicide Applicator Coverage desired?..... Yes No

I. CEMETERIES

- 1. Describe operations performed by insured (crematories, etc.): _____

- 2. How many plots in cemetery? _____
- 3. How many new burial plots are expected for the next 12 months? _____
- 4. How many burials have been performed in the past three years? _____

J. ZOO EXPOSURE

- 1. What type of animals are kept (i.e., man-eaters, farm birds, reptiles, snakes, etc.)? _____

- 2. Is petting allowed? Yes No
- 3. Are visitors allowed to feed the animals?..... Yes No
- 4. Explain security and controls for #2 and #3: _____

- 5. Is a charge being made for #2 or #3? Yes No
If yes, what are the annual receipts? _____
- 6. Is this operation sponsored by the insured? Yes No
- 7. If this operation is contracted by the insured, are "Certificates of Insurance" obtained?..... Yes No
Limits of liability the insured requires from the contractor: _____

K. MISCELLANEOUS EXPOSURES

Provide complete details of the operation(s): _____

