

National Casualty Company
 Home Office: Madison, Wisconsin
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675

Euclid Managers
 234 Spring Lake Drive
 Itasca, Illinois 60143
 Phone (630) 238-1900
 Fax (630) 773-8590
 Email mail@euclidmanagers.com



**PUBLIC ENTITY—PROPERTY AND CASUALTY
 RENEWAL QUESTIONNAIRE**

Name of Public Entity: _____ State: _____ Effective Date: _____

Renewal of policy(ies): _____

1. General

Population: _____ Town protection class: _____
 Provide five (5) years company loss runs, valued within the past six (6) months, for coverages requested.

2. Property Yes No

Please provide a current signed STATEMENT OF VALUES on all property to be covered.

- a. Building Values \$ _____ Contents Values \$ _____
- b. Inland Marine values (Attach a current schedule of any equipment)
 Contractors Equipment: \$ _____ Miscellaneous Equipment: \$ _____
 EDP Hardware: \$ _____ Software: \$ _____
- c. Other changes to coverage/deductibles: _____ No changes

3. General Liability Yes No

- a. Limit of Liability: Same as expiring or New limits requested: _____
 Please provide a current operating budget for the Entity if other than sewer or water districts.
- b. Provide payroll (less clerical) for any utilities operated:
 Water: \$ _____ Sewage Disposal Plant: \$ _____
 Sewer Mains or Connections \$ _____ Number of Sewer Miles: _____
 Other: _____
- c. Emergency Services Operations (complete if exposure is to be covered under this policy):
 Fire Dept.: No. of Paid: _____ No. of Volunteers: _____
 No. of EMTs (full time): _____ (part time): _____
 No. of Paramedics (full time): _____ (part time): _____
- d. Streets and Roads: Number of miles paved: _____ Unpaved: _____
- e. Please comment on any other changes in exposure, operations or deductible: No Changes

f. Please complete the checklist for current exposures for the Entity:

Classification	Exposure?		Any part of operation sub-contracted to others?		Complete Questionnaire for exposures not previously reported
	Yes	No	Yes	No	
Airport and related facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED (E&O can be covered) Complete questionnaire N
Amusement parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED
Blasting operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item E)
Bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire A
Carnivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Cemeteries liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item I)
Chemical spraying (herbicides and pesticides)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item H)
Dams, levees or dikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire M
Day care, day camp, or nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire C
EMTs/Paramedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item A)
Exhibition and convention buildings (include arenas and auditoriums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire Q
Fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Fire department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item A)
Fireworks and other pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item D)
Garbage or refuse collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item G)
Golf courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item B)
Housing projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire H
Ice or roller rinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & C)
Lakes, reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Landfills/dumps/refuse sites/incinerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire D
Medical and ancillary care facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED
Parades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Parks and playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A through E)
Penal Institutions, jails, correctional institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED under General Liability
Racetracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item K)
Recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K
Rifle/Shooting ranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item F)
Schools and colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire J
Skate Parks—skateboarding/in-line skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & D)
Ski facilities and similar areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item K)
Stadiums, bleachers, grandstands (capacity over 5,000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item C)
Streets, roads, highways, bridges— existence, maintenance and construction hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire A

GOVERNMENTAL SUBDIVISION SURVEY (continued)

Classification	Exposure?		Any part of operation subcontracted to others?		Complete Questionnaire for exposures not previously reported
	Yes	No	Yes	No	
Swimming pools/beaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Transit/Port authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire N
Utilities: Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire E (Item A)
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire E (Item B)
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire F
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire G
Underground storage tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED for Pollution
Water slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Wharves, piers, docks, marinas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & G)
Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & H)
Zoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item J)
Describe unique exposures not identified above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. **Automobile** Yes No

a. Limits of Liability: Same as expiring or New limits requested (Please complete ACORD 137)

b. Please attach a current ACORD 127 including current drivers list.

c. Please list all changes below from last year: No Changes

5. **Commercial Umbrella/Excess Liability**..... Yes No

a. Coverage: Umbrella Excess Liability

b. Limits:

\$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000 \$3,000,000/\$3,000,000

\$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000 Other: _____ / _____

Umbrella self-insured retention requested: \$10,000 Other \$ _____

c. Coverage desired over: GL Auto EL PO Law EPL

d. Underlying Insurance:

Employers Liability:

Limits: \$ _____ Each Accident

 \$ _____ Disease-Policy Limits

 \$ _____ Disease-Each Employee

Carrier: _____

Policy Number: _____

Policy Dates: _____

- e. Previous experience: If not described elsewhere, please give details of all liability claims exceeding \$25,000 or occurrences that may give rise to claim during the past five years.

Note: Final terms and conditions of coverage are outlined in each individual binder of coverage.

Signature of Authorized Public Official

Title

Date