

# Roush Insurance Services, Inc.

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Agency \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 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

### B. GOLF COURSES EXPOSURE

1. Name of golf course: \_\_\_\_\_
- a. Location: \_\_\_\_\_
- b. Number of holes: \_\_\_\_\_
2. Golf Receipts: \$ \_\_\_\_\_ 3. Cart Receipts: \$ \_\_\_\_\_

4. Are all chemicals used for spraying the golf courses EPA approved? .....  Yes  No
5. Are employees fully trained in handling and dispensing of these chemicals? .....  Yes  No
6. Is a Pro Shop present on the premises? .....  Yes  No  
 List services provided: \_\_\_\_\_  
 Merchandise Receipts: \$ \_\_\_\_\_
7. Are food and beverages sold? .....  Yes  No  
 If yes, Annual Sales: Food \$ \_\_\_\_\_ Non-Alcoholic Beverages: \$ \_\_\_\_\_  
 Alcoholic Beverages: \$ \_\_\_\_\_
8. Is any cooking done on the premises? .....  Yes  No  
 If yes, describe fire protection of cooking surfaces and deep fat fryers: \_\_\_\_\_  
 \_\_\_\_\_
9. Are any tournaments held at this facility? .....  Yes  No  
 If yes, approximate attendance: \_\_\_\_\_  
 Additional information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. STADIUMS/BLEACHERS/GRANDSTANDS EXPOSURE**

	STADIUMS	BLEACHERS	GRANDSTANDS
1. What are total receipts for:	_____	_____	_____
2. Describe construction:	_____	_____	_____
3. Number of separate stadiums/ bleachers/grandstands?	_____	_____	_____
4. Seating capacity of each stadium/ bleacher/grandstand?	_____	_____	_____

**D. FIREWORKS EXPOSURE**

1. a. List the types of events and scheduled dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. Estimated attendance at event: \_\_\_\_\_
2. Are displays conducted by licensed pyrotechnicians .....  Yes  No  
 If no, please explain qualifications and experiences of individuals: \_\_\_\_\_  
 \_\_\_\_\_  
 If yes, is display performed by subcontractor?.....  Yes  No  
 Does the subcontractor carry liability coverage of at least \$1,000,000 CSL? .....  Yes  No  
 Is the Entity included as an additional insured on the subcontractor's policy? .....  Yes  No
3. How many fireworks launchers are there? \_\_\_\_\_
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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_