

TRIBAL BUSINESS MANAGEMENT LIABILITY IS PROVIDED ON A CLAIMS-MADE BASIS. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. DEFENSE EXPENSES ARE PAYABLE WITHIN, AND ARE NOT IN ADDITION TO, THE LIMITS OF INSURANCE. PAYMENT OF DEFENSE EXPENSES WILL REDUCE, AND MAY EXHAUST, THE LIMITS OF INSURANCE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s):	Today's Date:
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Mailing Address: _____

Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	Bid Date:	Need by Date:
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Primary Contact For:	Name	Phone Number	Email Address
Risk Control			
Law Enforcement			
Human Resources			

1. Is the applicant, or the Indian Tribe affiliated with the applicant, a Federally recognized tribe? Yes No
2. Population of tribe living on tribal _____
3. Name of tribal chairperson: _____ Years in position: _____
4. Complete the following schedule for each tribally owned corporation, partnership, joint venture, limited liability company, or other organization organized or operated by the applicant for the financial benefit of an Indian Tribe or its members. Specify for each such entity whether coverage is requested.
If there is an attachment, please check here.

Legal name of entity	Description of entity	Date acquired or formed (mm/dd/yyyy)	Separate legal status? (check if yes)	% of tribal ownership	Total assets (\$) from current financial statement	Coverage requested? (check if yes)
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>
			<input type="checkbox"/>	%	\$	<input type="checkbox"/>

5. Provide a complete list and description of all potential new ventures and business expansions that may take place within the requested policy term. Specify for each entity whether coverage is requested.

<i>Name of new venture or business expansion</i>	<i>Description</i>	<i>Coverage requested? (check if yes)</i>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

6. Does the applicant want any requested insurance to exclude coverage for tort claims and suits eligible for coverage by the Federal government under the Federal Tort Claim Act? Yes No
If yes, please provide a complete list of all Self Determination related contracts.

Name of Tribal Claim Administrator for Federal Tort Claims: _____

Email address and phone number: _____

7. Who is responsible for safety and safety training? _____

8. Please describe all safety training programs and procedures in place:

REQUIRED ATTACHMENTS AND INFORMATION

For each entity for which coverage is requested, please provide the following information:

- ACORD Applications (Automobile Liability and Physical Damage Workers Compensation and/or Tribal Workers Comp Ordinance)
- Copy of the most recent audited financial statement
- Five (5) Year Claim History
 - TPA or Carrier Loss Runs
 - Total Paid and Incurred
 - Separated by Line of coverage

PROFESSIONAL LINES ADDITIONAL INFORMATION

<i>Exposure / Coverage</i>	<i>Does the applicant have this exposure and is seeking coverage? (check if yes)</i>	<i>Complete Required Form</i>
Cyber Liability	<input type="checkbox"/>	<i>Public Sector Services CyberFirstSM Liability Application (CP-8125)</i>
Employee Benefits Liability	<input type="checkbox"/>	No. of employees including all officials _____
Employment Practices Liability	<input type="checkbox"/>	<i>Public Entity Employment-Related Practices Liability Additional Information Request (CP-7615)</i>
Law Enforcement Liability	<input type="checkbox"/>	<i>Law Enforcement Liability Additional Information Request (CP-7612)</i>
Public Entity Management Liability	<input type="checkbox"/>	<i>Public Entity Management Liability Additional Information Request (CP-7616)</i>

Please complete additional supplements as requested in the Exposure Checklist on the next page

EXPOSURES

Complete the following exposure checklist. For exposures not listed, please place additional comments at the end of the checklist.

EXPOSURE CHECKLIST						
Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Tribe	Separate Legal Entity	Sub-contracted		
A separate supplemental application may be required for certain exposures identified below						
Airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Airports	
Amusement Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Apartment Building (independent from Housing Authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Floors	
					No. of Units	
Arena/Convention Center/ Amphitheater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Buildings	
					Total Sq. Ft. Area	Sq. Ft.
Athletic Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Events per Year	
Auto Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description	
					Gross Sales	\$
Autonomous Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe vehicle and/or street and road exposure:	
Bakery/Confectionary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Barber/Beautician Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Bar/Tavern (other than casino locations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete ACORD 803 - Liquor Liability Section	
Blasting Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Blasts per Year	
					Annual Payroll	\$
Bleachers/Stadium/ Grandstand >5,000 seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Grandstands/ Stadiums	
Blood Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Buildings	
					Total Sq. Ft. Area	Sq. Ft.
Bottling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description	
					Annual Payroll	\$
Boarding Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Animals	
					Annual Payroll	\$
Building – Lessors Risk Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupancy	
					Total Sq. Ft. Area	Sq. Ft.
Bowling Alley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Bus Station/Terminal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Stations/Terminals	
Casino or Bingo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Gaming Area	Sq. Ft.
Casino or Hotel Parking Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Lots	
Campground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$

EXPOSURE CHECKLIST

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Tribe	Separate Legal Entity	Sub-contracted		
Car Wash – Self Serve (Independent from convenience or gas station)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Acres	
Chemical Spraying (weeds or insects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Acres	
Construction Operations (other than maintenance of tribal government buildings), including: general, electrical, plumbing, carpentry, heating, excavation, concrete/asphalt work or street, road, bridge construction or other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description(s)	
					Annual Payroll for Each Operation	\$ \$
Convenience Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales (less gas sales)	\$
					No. of Gallons Gas Sold	
Dam/Reservoir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Dams/Levee/Dike/Canal/Flood Wall Additional Information Request - CP-7610	
Dance Troupe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description	
					Annual Payroll	\$
Daycare Center/Day Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avg. No. of Children per Day	
					Complete Abuse Or Molestation Supplemental Application - CP-4501	
EMT/Paramedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Healthcare Professionals Additional Information Request - CP-7611	
					Complete Abuse Or Molestation Supplemental Application - CP-4501	
Employee Leasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Employees	
					Annual Payroll	\$
Farming/Ranching, including: Cattle, Fish Hatcheries, Deer, Bison, Wild Rice Production, Cranberry Production, Grains, Hay or Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description	
					No. of Acres	
					Annual Sales	\$
Film Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Fine Art Gallery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Healthcare Professionals Additional Information Request - CP-7611 Complete Abuse Or Molestation Supplemental Application - CP-4501	

EXPOSURE CHECKLIST

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Tribe	Separate Legal Entity	Sub-contracted		
Firework Display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Displays per Year	
Game Warden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Law Enforcement Liability Additional Information Request - CP-7612	
Gas Station (separate from convenience store gas sales)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Gallons Gas Sold	
Gift Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Golf Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Guide Service, including: Fishing, Hunting, Cave Exploration, Snowmobiling, Wilderness Guide Services or Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description:	
					Annual Payroll Each Service	\$
					Gross Sales Each Service	\$
Health Fitness Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Health/Mental Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description	
Health Care – Alcohol & Drug Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Clinics	
					Total Sq. Ft. Area	Sq. Ft.
Health Care – Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Clinics	
					Total Sq. Ft. Area	Sq. Ft.
Tribal Healer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide a copy of the job description	
Health Care – Convalescent Center/Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Centers	
					Gross Sales	\$
Health Care - Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Hospitals	
					Total Sq. Ft. Area	Sq. Ft.
Hotel/Motel/Hospitality Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete the Hotel/Motel/Hospitality Services Supplement section of this application	
Housing Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Buildings	
					No. of Units	
					Total Sq. Ft. Area	Sq. Ft.
Insurance Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Offices	
					Total Sq. Ft. Area	Sq. Ft.
Irrigation Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Jail/Detention Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Law Enforcement Liability Additional Information Request - CP-7612	
Lake/Reservoir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Lakes/Reservoirs	
Landfill/Dump/Refuse Site/ Incinerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Open/Closed	
					No. of Acres	
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Law Enforcement Liability Additional Information Request - CP-	

EXPOSURE CHECKLIST

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Tribe	Separate Legal Entity	Sub-contracted		
					7612	
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area	Sq. Ft.
Liquor Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete ACORD 803 - Liquor Liability Section	
Logging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Manufacturing or Processing of Products, including: Clothing, Candles, Cabinets, Food Products, Technology Instruments, Tire Retred, Clay Products or Other Do you have any plans to discontinue any products or merge and/or acquire a company that has discontinued any products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide an explanation in the Additional Information section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description	
					Annual Payroll for Each Operation	\$
					Gross Sales for Each Operation	\$
Marijuana: Farm/Crop/Grow Packaging/Processing Distribution Sales Laboratory/Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll for Each Operation	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales for Each Operation	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mechanical or Electronically Operated Amusement Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Devices	
					Gross Sales	\$
Museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area	Sq. Ft.
Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Pier, Dock, Marina & Wharf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area	Sq. Ft.
					Gross Sales	\$
Port Authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net Expenditures	\$
Race Track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Race Track	
					Gross Sales	\$
Radio Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Real Estate Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
Real Estate Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description	
					No. of Acres	
Real Estate Property Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$

EXPOSURE CHECKLIST

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Tribe	Separate Legal Entity	Sub-contracted		
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete the Restaurant Supplement section of this application	
Residential – Dwelling 1 Family (separate from Housing Authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Dwellings	
Residential – Dwelling 2 Family (separate from Housing Authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Dwellings	
Residential – Dwelling 3 Family (separate from Housing Authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Dwellings	
Residential – Dwelling 4 Family (separate from Housing Authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Dwellings	
Retail Stores – With Food Or Drink, including: Coffee Shops, Ice Cream or Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Stores	
					Gross Sales	\$
Retail Stores – Without Food Or Drink, including: Clothing, Gift, Hardware, Tobacco (other than Smoke Shops) or Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Stores	
					Gross Sales	\$
Rifle/Shooting Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Ranges	
Rodeo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Saddle Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Animals	
					Use of Animals	
					No. of Animals	
Sanitation, Garbage Collection, Recycle Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$
School – Elementary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Students	
					Total Sq. Ft. Area	Sq. Ft.
School – Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Students	
					Total Sq. Ft. Area	Sq. Ft.
School – College/Universities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Students	
					Total Sq. Ft. Area	Sq. Ft.
School – Faculty Liability Corporal Punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Faculty Members	
School – Dormitories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Dormitories	
					No. of Floors	
					Total Sq. Ft. Area	Sq. Ft.
School – Trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Students	
					Total Sq. Ft. Area	Sq. Ft.
Shelter/Youth or Group Home (separate from all other residential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Units	
					Total Sq. Ft. Area	Sq. Ft.
Skateboard Park/Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Parks / Facilities	

EXPOSURE CHECKLIST

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Tribe	Separate Legal Entity	Sub-contracted		
Ski Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales – Downhill	\$
					Gross Sales – X-country	\$
Smoke Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Stores	
					Gross Sales	\$
Special Event, including: Pow Wow, Entertainer, Fair and Other Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Events	
					No. of Events Per Year	
					Gross Sales – All Events	\$
					Complete Other Exposures Section	
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Social Services	
Streets/Roads/Bridges (existence of)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Miles	
					Complete Streets/Roads/Highways/Bridges Additional Information Request - CP-8601	
Swimming Pool (separate from hotel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Swimming Pools	
Theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Theaters	
					No. of Admissions per Year?	
Telecommunications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operations Description	
					Annual Payroll	\$
Television Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Stations	
					Annual Payroll	\$
Transportation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Transit	
					Annual Payroll	\$
Unmanned Aircraft (Drone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide the No. of device(s)	
					Describe usage	
Utilities – Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Utility Additional Information Request - CP-7617	
Utilities – Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Utilities – Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Utilities: Telecommunications (TV/Cable, Phone, Internet, Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Utilities – Sewer or Sewage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

EXPOSURE CHECKLIST

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Tribe	Separate Legal Entity	Sub-contracted		
Alternative Energy (Solar, Wind, Hydro, Biomass, Biofuel, Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe:	
Vacant Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area	Sq. Ft.
Vacant Land – Not For Profit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Acres	
Watercraft/Boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Watercraft/Boats	
					Type of Watercraft/Boats	
Watercraft/Boat – Storage & Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Sales	\$
Warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Buildings	
					Occupancy	
					Total Sq. Ft. Area	Sq. Ft.
Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Zoos	

Other Exposures Not Listed Above	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
	Tribe	Separate Legal Entity	Sub-contracted		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

MANAGEMENT LIABILITY COVERAGES

Please indicate the management liability coverage(s) requested and complete the corresponding supplement(s):

- Tribal Government – complete the Public Entity Management Liability application ([CP-7616](#))
- Business Enterprises – complete the [Tribal Business Management Liability Supplement](#) below
- Educational Administration – complete the [School/Education Operations Supplement](#) below

TRIBAL BUSINESS MANAGEMENT LIABILITY SUPPLEMENT

Name of Applicant: _____

IMPORTANT NOTE: TRIBAL BUSINESS MANAGEMENT LIABILITY IS PROVIDED ON A CLAIMS-MADE BASIS. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. DEFENSE EXPENSES ARE PAYABLE WITHIN, AND ARE NOT IN ADDITION TO, THE LIMITS OF INSURANCE. PAYMENT OF DEFENSE EXPENSES WILL REDUCE, AND MAY EXHAUST, THE LIMITS OF INSURANCE.

9. Each wrongful act limit/aggregate limit: \$1M/\$1M \$2M/\$2M \$5M/\$5M Other \$ _____ /\$
Deductible: \$2,500 \$5,000 \$10,000 Other \$ _____
Retroactive Date: _____
Has there been continuous claims made coverage back to the requested Retroactive Date? Yes No
10. Does the applicant currently carry directors and officers liability coverage? Yes No
If yes:
a. Was prior coverage cancelled or non-renewed? Yes No
b. Provide the following with respect to the current or most recent directors and officers liability coverage:
(1) Insurer: _____
(2) Each wrongful act limit/total (aggregate) limit: \$ _____ / \$ _____
(3) Retroactive Date: _____ Deductible/Retention: \$ _____
(4) Policy Period: _____ Premium: \$ _____
11. In the past 3 years, have any of the directors or officers of the applicant's business organizations:
a. Left prior to the end of their scheduled term as director or officer? Yes No
b. Been fired, dismissed or resigned from their position as director or officer? Yes No
c. Been indicted or convicted of a felony? Yes No
If yes to any, attach full details.
12. Do any of the applicant's business organizations issue or sell shares of stocks or bonds? Yes No
If yes, attach full details.
13. In the past 3 years has there been, or is there now pending or anticipated within the next 12 months, any merger, acquisition or restructuring of the applicant's business organizations? Yes No
If yes, attach full details.
14. If requesting coverage for any business organization that is a partnership or joint venture, identify the respective partners or joint venturers: _____

If this is a Travelers renewal policy, skip questions 15 and 16.

15. In the past 5 years has there been, or is there now pending, any claim or suit against the applicant, or against any person for whom directors and officers liability coverage applies or is intended to apply (whether or not reported to an insurer)? Yes No
If yes, attach full details for each claim or suit, including date, description, damages sought or settlement paid, defense expenses paid, and current status if pending.
16. Does the applicant, or any person for whom this coverage applies or is intended to apply, have any knowledge of any act, error or omission that might give rise to a claim or suit that would fall within the scope of the proposed directors and officers liability insurance? Yes No
If yes, attach full details.

SCHOOL/EDUCATION OPERATIONS SUPPLEMENT

Name of Applicant: _____

17. How many members comprise the applicant's Board of Education, Commissioners, Governors, Trustees, Regents, or other equivalent board? _____

Members are: Elected Appointed Other Explain: _____

If appointed, by whom? _____

Length of term members are in office: _____

18. Is the applicant affiliated with any other entity? Yes No
If yes, attach full details.

19. Does the applicant have written conflict of interest guidelines relating to business dealings between the applicant or its board members with entities in which members have significant financial interest? Yes No

20. Does the applicant conduct any publishing or broadcasting activities?..... Yes No
If yes, attach full details.

21. Has the applicant had in the past 3 years, or anticipate having in the next twelve months, any:
a. school openings, mergers or closings? Yes No
b. expansion or reduction of study or extracurricular programs (including athletic, music or arts)? Yes No
If yes to either, attach full details.

22. Has there been within the past 5 years any denial of accreditation, any academic disciplinary or probationary action, or any court or governmental supervision, of the applicant, or any program of the applicant? Yes No
If yes, attach full details.

23. In the past 5 years has the applicant been involved in any disputes involving:
a. Integration, segregation, busing or equal rights? Yes No
b. Anti-trust, copyright or patent infringement? Yes No
If yes to either, attach full details.

24. Does the applicant:
a. Have a written policy for student admissions? Yes No
b. Have a written policy for handling student grievances, including harassment? Yes No
c. Have a written policy on discrimination? Yes No
d. Have a written policy on fraternization between students and faculty/employees/volunteers/interns? Yes No
e. Have a written student handbook that has been reviewed by legal counsel? Yes No
f. Have a written policy for student disciplinary action?..... Yes No
g. Have a written policy on corporal punishment? Yes No
h. Have a written policy for administration hearings or appeals for admission or disciplinary matters? ... Yes No
i. Have a written policy on extracurricular activities? Yes No
j. Circulate all policies and procedures to all faculty, employees, volunteers and interns? Yes No
k. Circulate all policies and procedures to all students? Yes No
If no to any, attach full details.

25. Are faculty, employees, volunteers and interns of the applicant regularly trained on policies and procedures, including harassment, discrimination and fraternization with students? Yes No
If yes, how frequently is training conducted? _____

26. Does the applicant have special education programs, vocational training, or facilities for gifted students or for physically, mentally or emotionally handicapped students? Yes No
- a. *If yes:* How often are students evaluated for:
- (1) Placement: _____
- (2) Adjustment to an Individualized Education Plan (IEP) based on their progress: _____
- (3) Mainstreaming: _____
- b. How frequently does the applicant conduct due process hearings? _____
- c. Have any due process hearing decisions been appealed in the past twelve months?..... Yes No
If yes, how many: _____
- d. Are other schools permitted to access the applicant's special education programs, training or facilities? Yes No
If yes, attach full details.

If this is a Travelers renewal policy, skip questions 27 and 28.

27. In the past 5 years, has there been, or is there now pending, any claim or suit against the applicant, or against any person for whom educational administration liability coverage applies or is intended (whether or not reported to an insurer)? Yes No
If yes, attach full details for each claim or suit, including date, description, damages sought or settlement paid, defense expenses paid, and current status if pending.
28. Does the applicant, or any person for whom this coverage applies or is intended, have any knowledge of any act, error or omission that might give rise to a claim or suit that would fall within the scope of the proposed educational administration liability insurance? Yes No
If yes, attach full details.

RESTAURANT SUPPLEMENT
(complete a separate supplement for each location)

Name of Applicant: _____

Name of Restaurant	Location	Type / Features (check all that apply)	% of Alcohol to Gross Sales	Gross Sales – Food & Alcohol
		<input type="checkbox"/> Restaurant <input type="checkbox"/> Banquet Facilities <input type="checkbox"/> Happy Hour/2 for 1 <input type="checkbox"/> Ladies' Night <input type="checkbox"/> Catering <input type="checkbox"/> Other – describe:	<input type="checkbox"/> Bar <input type="checkbox"/> Night Club / Dancing <input type="checkbox"/> Contests <input type="checkbox"/> Athletic Event Specials <input type="checkbox"/> Food Delivery	% \$

29. Is the facility operated by the applicant?..... Yes No
If no, who operates it? _____
30. What are the hours of operation? _____
31. Does the lessee provide certificates of insurance naming the applicant as an additional insured?..... Yes No
32. In the past 3 years, have any citations been issued by a regulatory agency? Yes No
If yes, please attached full details.
33. What type of training do employees receive for safe food handling practices? _____
- a. How often are they required to attend training? _____
- b. What employee positions are required to attend? _____

34. If food is delivered off premises, are employee vehicles or business vehicles used? Employee Business N/A
35. If catering services are offered, are they offered on premises or off premises? On Premises Off Premises N/A
36. Is there a deep fat fryer? Yes No
If yes:
 a. What types of cooking oils are used? Animal Vegetable _____
 b. Is there a 16-inch separator between fryers and adjacent cooking appliances and other equipment? Yes No
37. Are all hoods, ducts, grease filters and surface cooking equipment (including deep fat fryers) protected by a UL listed automatic fire suppression system? Yes No
 a. Is there a service/maintenance agreement in place for the protective systems? Yes No
 b. Name of firm: _____
 c. Is the fire suppression system professional inspected and serviced at least every 6 months? Yes No
 d. Date last serviced: _____
 e. How often are exhaust systems, hoods and ducts cleaned? Quarterly Semi-annually Annually
 f. How often are filters cleaned? Weekly Bi-Monthly Monthly
 g. Does the system automatically shut off all sources of fuel and heat to equipment protected by the suppression system (including electrically heated deep fat fryers)? Yes No
 h. Does the system have a manual pull fuel shut-off valve readily accessible? Yes No
38. Are portable extinguishers available in the kitchen? Yes No
39. Is the building a converted structure? Yes No
40. Is the building designed for the business occupancy? Yes No

HOTEL/MOTEL/HOSPITALITY SERVICES SUPPLEMENT
 (complete a separate supplement for each location)

Name of Applicant: _____

Name of Hotel	Location	Type of Facility	No. Floors	Gross Sales
		<input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Resort <input type="checkbox"/> Suite Hotel		\$

Features/Services (check all that apply)	Description
<input type="checkbox"/> Swimming Pool/Beach/Jacuzzi/Sauna	
<input type="checkbox"/> Health Club Facilities/Weight Room	
<input type="checkbox"/> Child Care Facilities/Playground	Complete Abuse Or Molestation Supplemental Application - CP-4501
<input type="checkbox"/> Gift Shop/Other Retail	
<input type="checkbox"/> Barber/Beautician/Spa Service	
<input type="checkbox"/> Convention/Conference Facility	
<input type="checkbox"/> Shuttle Service	
<input type="checkbox"/> Other (describe)	

41. Is the facility: Owner managed Management Company Name of _____
 Years in hotel management? <1yr 1-5 yrs 6-10 yrs >10 yrs
42. Do individual guest rooms have balconies? Yes No
If yes, describe: _____
 a. Are balcony platforms and railings regularly inspected for structural integrity and strength? Yes No

If yes, how often? _____

43. Please indicate the types of security measures in place (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Closed Circuit TV | <input type="checkbox"/> Alarms | <input type="checkbox"/> Guards |
| <input type="checkbox"/> Security Patrols | <input type="checkbox"/> Police Patrols | <input type="checkbox"/> Cardkey Access to Guest Rooms |
| <input type="checkbox"/> Locked Exterior Entrances | <input type="checkbox"/> Other: _____ | |

Describe any areas not monitored: _____

44. Are elevators and escalators inspected regularly? Yes No
If yes, how frequently? _____

45. Are periodic guest safety inspections of the property conducted? Yes No
If yes, how frequently? _____

46. Are guests allowed to store valuables in hotel safe? Yes No

47. Is there an emergency evacuation plan in place Yes No

a. Are there at least 2 emergency exits in each building? Yes No

b. Are there at least 2 enclosed stairwells in each building? Yes No

c. Is there emergency lighting in each building? Yes No

d. Have all National Fire Protection Association (NFPA) Life Safety Codes been met? Yes No

48. Are all rooms equipped with smoke detectors and sprinklers? Yes No

a. Are there special smoke or fire alarm devices for hearing impaired guests? Yes No

b. Are fire safety messages posted in all rooms? Yes No

c. What percentage of the building is sprinklered? 90-100% 50-89% Less than 50%

d. What part(s), if any, are not sprinklered? _____

49. Are employees trained in First Aid? Yes No

50. If barbers, beauticians or spa services are offered, are employees licensed as required
by law? Yes No N/A

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: 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: 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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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 subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: x	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: x	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.