DELAWARE VALLEY PROPERTY & LIABILITY TRUST

Prospective Member Application

Entity Name:

Address:

County:

Contact Name & Title:

Email:

Phone Number:

Desired Effective Date:

General Information

List all entities to be names on the declarations as **Covered Parties** with brief descriptions of operations or purpose if not self-evident in name of entity:

List any operating or non-operating (lease-back) **Authorities** established and controlled by Applicant and indicate whether each has their own insurance program:

1. _____ Has separate all-lines insurance program? Yes ☐ No ☐
2. _____ Has separate all-lines insurance program? Yes ☐ No ☐
3. _____ Has separate all-lines insurance program? Yes ☐ No ☐

Exposure Information

Overall

Current Population:

Number of Full-time Employees:

Number of Part-time Employees:

Number of Seasonal Employees:

Total # of Employees:

Total # of Employees in Full-time Equivalents (pt, seasonal=1/2 each):

Estimated Total Payroll for Upcoming Year:

Public Works

Water utility: Yes ☐ No ☐

Total estimated budget:

Total Estimated payroll:

# of miles of pipeline:

Own/operate a water treatment plant: Yes ☐ No ☐

Total estimated gallonage per day (GPD):

Sewer utility: Yes ☐ No ☐

Total estimated budget:

Total estimated payroll:

# of miles of sewer pipeline:

Own/operate a wastewater treatment plant: Yes ☐ No ☐

Total estimated gallonage per day (GPD):

Electric utility Yes ☐ No ☐

Total estimated budget:

Total estimated payroll:

# of miles of power lines:

Does electrical system: Store ☐ Generate ☐ Distribute ☐

Sources of supply if not generating power:

Amount purchased annually:

Number of customers: Residential: _____ Commercial: _____ Industrial: _____

Gas utility: Yes ☐ No ☐

Total estimated budget:

Total estimated payroll:

# of miles of gas pipeline:

Source of supply if not generating power:

Amount purchased annually:

Number of customers: Residential: _____ Commercial: _____ Industrial: _____

Refuse collection: Yes ☐ No ☐

Total estimated budget:

Total estimated payroll:

Landfills or dumps: Yes ☐ No ☐

# of Landfills or dumps:

# of Acres:

Streets and Roads: Yes ☐ No ☐

# of miles of roads: _____ Paved _____ Unpaved

# of bridges:

# of Traffic signals:

Maintain traffic signs/lights: Yes ☐ No ☐

Dams, levees or dikes: Yes ☐ No ☐

If dam exposure, PA DEP Dam #s:

Levees or dikes: Yes ☐ No ☐

Reservoirs: Yes ☐ No ☐

If "Yes," to any of the above, additional information will be required. Please request a Dam Supplement Application from the Trust.

Blasting operations: Yes ☐ No ☐

Pesticide application: Yes ☐ No ☐

Housing

Housing authority: Yes ☐ No ☐

# of housing units:

# of buildings less than four stories:

# of buildings four stories or more:

Provide employee housing: Yes ☐ No ☐

If Yes, # of Units:

Day Care and Education

Operate a PA Licensed day care: Yes ☐ No ☐ Summer only: Yes ☐ No ☐

# of Children: Age Range:

Operate a school or college: Yes ☐ No ☐

Dorms or other living quarters: Yes ☐ No ☐

Recreation

Zoos: Yes ☐ No ☐ # of Zoos:

Parks: Yes ☐ No ☐ # of Parks:

Playgrounds: Yes ☐ No ☐ # of Playgrounds:

Swimming pools: Yes ☐ No ☐ # of Pools:

# of lifeguards:

# of diving boards/platforms:

# of waterslides:

Beaches/Lakes/Reservoirs: Yes ☐ No ☐

# of beaches/lakes or reservoirs:

# of diving boards/platforms:

Depth of diving area at point of entry (in feet):

Golf Courses: Yes ☐ No ☐

Estimated annual revenue:

# of golf carts:

Operated by Applicant: Yes ☐ No ☐

Camps: Yes ☐ No ☐

Brief description of camp(s) if Yes:

Any overnights: Yes ☐ No ☐

Briefly describe and advise how many per year:

Estimated # of camper days:

Fireworks: Yes ☐ No ☐

# of events per year:

Festivals or exhibitions: Yes ☐ No ☐

Circuses fairs or carnivals: Yes ☐ No ☐

If Yes to festivals, exhibitions, circuses, fairs or carnivals, briefly list major applicant-sponsored events:

Boat launching: Yes ☐ No ☐

Wharves/marinas: Yes ☐ No ☐

Skiing facilities: Yes ☐ No ☐

Downhill: Yes ☐ No ☐

Cross country: Yes ☐ No ☐

Ice/Roller skating arenas: Yes ☐ No ☐

Skateboard/rollerblade park: Yes ☐ No ☐ # of Parks:

Stadiums/Grandstands: Yes ☐ No ☐

Seating more than 5,000: Yes ☐ No ☐ Total capacity:

Estimated annual revenue:

Gymnastics: Yes ☐ No ☐

Trampolines: Yes ☐ No ☐

Other rebounding devices: Yes ☐ No ☐

Child Abuse

Does the Prospective Member or any other entity to be covered have any knowledge of any past or pending claims or circumstances, or any acts, errors or omissions, related to any actual or alleged Child Abuse or the reporting or failure to report any actual or alleged Child Abuse? Yes ☐ No ☐

For **employees** responsible for a child's welfare or having direct contact with children (e.g. lifeguards, camp counselors, recreation coaches or assistants), are the following background checks requested, reviewed, and archived prior to employment start date:

Pa. Criminal History: Yes ☐ No ☐

Pa. Child Abuse Clearance: Yes ☐ No ☐

FBI Criminal History: Yes ☐ No ☐

Are new certifications obtained at least every 60 months in accordance with Pa. Child Protective Services Law (CPSL): Yes ☐ No ☐

Are “mandated reporters” under Pa. law advised of such status and provided training: Yes ☐ No ☐

For **child day care workers**, are the following additional checks requested, reviewed, and archived prior to employment start date:

National Crime Information Center National Sex Offender Registry: Yes ☐ No ☐

Pa. State Sex Offender Registry: Yes ☐ No ☐

For **volunteers** responsible for a child’s welfare or having direct contact with children, are the following background checks requested, reviewed, and archived prior to first initial date of authorized contact with children:

Pa. Criminal History: Yes ☐ No ☐

Pa. Child Abuse Clearance: Yes ☐ No ☐

FBI Criminal History: Yes ☐ No ☐

Above repeated within 60 months? Yes ☐ No ☐

“Mandated reporters” provided training: Yes ☐ No ☐

For **child day care volunteers**, are the following additional checks requested, reviewed, and archived prior to first initial date of authorized contact with children:

National Crime Information Center National Sex Offender Registry: Yes ☐ No ☐

Pa. State Sex Offender Registry: Yes ☐ No ☐

Watercraft and Aircraft

Own any watercraft: Yes ☐ No ☐

Operate non-owned watercraft: Yes ☐ No ☐

Watercraft instruction: Yes ☐ No ☐

Own or operate an airport: Yes ☐ No ☐

Own any aircraft: Yes ☐ No ☐

Operate non-owned aircraft: Yes ☐ No ☐

Own/operate any drones: Yes ☐ No ☐

Tax Collectors

Elected/appointed official: Yes ☐ No ☐

Name of position:

Amount of bond required:

Employee not elected or appointed: Yes ☐ No ☐

Name of position:

Amount of bond required:

Independent contractor: Yes ☐ No ☐

Name of firm:

Amount of bond required:

Do any employees or elected/appointed officials collect taxes for another entity: Yes ☐ No ☐

Name of other entity(ies):

Type of tax collected:

Amount of tax collected:

Solicitors

Elected/appointed official: Yes ☐ No ☐

Employee: Yes ☐ No ☐

Independent contractor: Yes ☐ No ☐

Errors & Omissions ins. req if not an employee: Yes ☐ No ☐

E&Q Limit required:

Engineers

Elected/appointed official: Yes ☐ No ☐

Employee: Yes ☐ No ☐

Independent contractor: Yes ☐ No ☐

Errors & Omissions ins. req if not an employee: Yes ☐ No ☐

E&Q Limit required:

Law Enforcement

# of personnel authorized to use force:

Est. Total Payroll for Upcoming Year for personnel authorized to use force (no admin, crossing guards or auxiliary):

# of other law enforcement employees:

Written use of force policy: Yes ☐ No ☐

Department accredited: Yes ☐ No ☐

Accrediting commission:

Prison, jail or lockup facility: Yes ☐ No ☐

Area of lockup facility:

# of cells:

Capacity (Maximum # of prisoners):

Medical Services (other than EMS through Fire, Ambulance or Rescue)

Operate any hospitals: Yes ☐ No ☐

Total square footage of facility:

Operate any nursing homes: Yes ☐ No ☐

Total square footage of facility:

Total estimated revenue:

Operate any medical clinics: Yes ☐ No ☐

Total square footage of facility:

Employed professionals: Yes ☐ No ☐

# of employed doctors:

# of employed nurses:

While completing the next two sections, the Applicant should consult with the organizations providing fire, ambulance and rescue services to the Applicant's population to properly coordinate coverages. To avoid coverage gaps or duplicate coverage, Applicants are encouraged to provide documentation showing current property and liability coverage for any fire companies for which coverage from DVPLT is being requested.

Fire Protection

Paid fire department: Yes ☐ No ☐

Volunteer fire company: Yes ☐ No ☐

DVPLT to cover volunteer fire companies:

- General Liability: Yes ☐ No ☐
- Auto Liability: Yes ☐ No ☐
- Auto Physical Damage: Yes ☐ No ☐
- Public Officials Liability (Directors & Officers): Yes ☐ No ☐
- Real and Personal Property: Yes ☐ No ☐
- Crime: Yes ☐ No ☐

List all volunteer fire companies to be covered:

Provide the following **ONLY** if General Liability, Public Officials Liability and/or Crime coverages are needed:

Name of the Volunteer Fire Company to be Covered	Total Sq. Ft. of Fire Station(s)	Estimated Annual Liquor Sales	# of Employees	# of Volunteers:

If only General Liability (including malpractice) coverage is needed, advise if emergency medical services are provided by fire company(ies)? Yes ☐ No ☐

# of employed paramedics/EMT's: _____ # of volunteer paramedics/EMT's: _____

Emergency Medical Services

Paid ambulance corps: Yes ☐ No ☐

Volunteer ambulance corps: Yes ☐ No ☐

DVPLT to cover volunteer ambulance corps:

- General Liability Yes ☐ No ☐
- Auto Liability Yes ☐ No ☐
- Auto Physical Damage: Yes ☐ No ☐
- Public Officials Liability (Directors & Officers) Yes ☐ No ☐
- Real and Personal Property: Yes ☐ No ☐
- Crime: Yes ☐ No ☐

List all volunteer ambulance corps to be covered:

Provide the following **ONLY** if General Liability, Public Officials Liability and/or Crime coverages are needed:

Name of Paid and/or Volunteer Ambulance Corps to be Covered	# of Employed Paramedics/EMT's	# of Volunteer Paramedics/EMT's	# of All Employees	# of All Volunteers

IT Cyber Security Risk Controls

Implementation of full back-up and recovery capability using an off-site data center or the cloud: Yes ☐ No ☐

If "no", provide details/further description below on the process used to back-up and recover data:

Practice ongoing cyber security awareness training program including employee training and phishing attack testing: Yes ☐ No ☐

If "no", provide details/further description below on the process used to prepare employees for cyber threats:

Implementation of Privilege Access Management (PAM) strategy: Yes ☐ No ☐

If "no", provide details/further description below on the process used to restrict full network access:

Use of critical operation systems accessed/manipulated via the internet (e.g., SCADA controls of water treatment chemicals, water discharge valves, etc.) Yes ☐ No ☐

If "yes", provide details/further description below on critical operation systems that are accessed/manipulated via the internet:

Cancellation or Non-Renewal

Any policy or coverage cancelled or non-renewed during the current or prior three (3) years: Yes ☐ No ☐

If "yes", provide details/further description below and attached the cancellation/non-renewal notice:

Please attach the following information to your application

☐ List of all Board or Commissions appointed or controlled by Applicant.

☐ Most Recent Budget for Each Entity (all Funds).

☐ Audited Financial Statements for Each Entity.

☐ Schedule or statement of Real and Personal Property (Excel preferred – Inc. Physical Location; Est. Replacement Cost Value of building and contents; Sq. Footage; Construction type; Occupancy; Sprinkler protection; Year built).

☐ Schedule of Mobile (Contractor's) Equipment (Excel preferred – Inc. Year, Make and Model; Serial No.; Est. Replacement Cost Value).

☐ Schedule of Traffic Signals and related control equipment (Excel preferred – Inc. Location and Est. Replacement Cost Value).

☐ Schedule of any other special type of property (Excel preferred – Example: fine art, Inc. Phys. Location, Market or Replacement Cost Value).

☐ Schedule of Vehicles (Excel preferred – Inc. Year; Make; Model; VIN#; Vehicle Type; Department/Related Entity united is assigned to; and Original or Replacement Cost New; Gross Vehicle Weight).

☐ Schedule of watercrafts (Excel preferred – if applicable).

☐ Schedule of Drones (Excel preferred – if applicable).

☐ Prior Child Abuse accounts or narratives (if applicable).

Signature

The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and may be relied upon by Delaware Valley Property and Liability Trust and its underwriting consultants, Insurance Buyers' Council, as the basis for offering membership in the Trust and providing coverage. The Applicant will notify the Trust of any material changes to the information provided.

Signature: _____ **Date:** _____