

SUPPLEMENTAL APPLICATION FOR PUBLIC ENTITIES

US SPECIALTY UNDERWRITERS, INC.

6140 Parkland Blvd., Suite 300, Mayfield Heights, OH 44124

(440) 605-6100 Fax (440) 605-6101

Date: _____ Submitted By: _____
Insured: _____ Producer: _____
Address: _____

1.) **Type of Public Entity:** City County Township Other

2.) **Population:** _____

3.) **Total Employees:** _____ Number employed more than 5 years: _____

4.) **Check if exposures are applicable:**

Law Enforcement # Full-time: _____ # Part-time: _____

Drug Unit SWAT Team Hot Pursuit

Jail # Guards: _____ Average length of stay: _____

Fire Department # Full-time: _____ # Part-time: _____

Rescue Unit Haz Mat Team Emergency Management

Underground Trenching Operations

5.) **Check if any of the following services are provided:**

Electric Water Sewer Sanitary Transportation

6.) **The Public Entity** includes excludes **coverage for all Volunteers.**

7.) **Check each item applicable:**

Formal Safety Committee Full-time Loss Control or Safety Coordinator

Written Procedures Manual All Employees Read and Sign Procedures

The Public Entity provides alternative work and return to work program

Describe recommendations initiated during the previous 6-month period:

