

SECTION I - INSURED INFORMATION

Name of Insured: _____ Renewal Effective Date: _____

Insured Mailing Address: _____

Insured Contact: _____ Insured Contact E-Mail Address: _____

SECTION II - AGENCY INFORMATION

Agency Name: _____

Completed by (name): _____ Date: _____

SECTION III – KEY DATES

Quote Due Date: _____

SECTION IV – ATTACHMENTS REQUIRED

- Current Budget
- Currently Valued Ground-up Losses for a Minimum of 5 years
- Updated Auto Schedule
- Updated Property & Inland Marine Schedules (if applicable)
- Drone Schedule including weights and uses
- Most Recent Jail Inspections
- Most Recent Dam Inspections

SECTION V – INDICATE COUNTS BELOW

Employees	Full Time Count		Part Time Count
Total Employees (all departments)			
School Exposure	ADA		
Total Average Daily Attendance (ADA) / Student Count/ On Line			
Water & Sewer Operations Payroll			
Police / Jail Personnel	# Full-time	# Part-time	Reserve/Aux
Officers with power of arrest			
Jailers/matrons/detention guards			
School Security – Certified Police Officer			
School Security – Non-Certified			

SECTION VI

Indicate any new or discontinued operations:

SECTION VII – ADDITIONAL INFORMATION REQUESTED BY YOUR UNDERWRITER

Please provide update of any changes in claims handling and risk management practices.