

LOVELAND & SMART INSURANCE SERVICES, INC

PUBLIC ENTITY SUPPLEMENTAL APPLICATION

NAME OF APPLICANT: _____

TYPE OF PUBLIC ENTITY: CITY COUNTY TOWNSHIP OTHER _____

POPULATION: _____

TOTAL EMPLOYEES: _____ NO. EMPLOYED MORE THAN FIVE YEARS: _____

CHECK ANY EXPOSURES WHICH ARE APPLICABLE:

LAW ENFORCEMENT NO. FULL TIME: _____ NO. PART TIME: _____
 DRUG UNIT S.W.A.T. TEAM BOMB DISPOSAL UNIT JAIL (NO. OF GUARDS _____)
 HARBOR PATROL/WATERCRAFT EXPOSURE AIRCRAFT SEARCH & RESCUE

FIRE DEPARTMENT NO. FULL TIME: _____ NO. VOLUNTEERS: _____
 RESCUE UNIT HAZ-MAT TEAM EMERGENCY MANAGEMENT

DOES DEPARTMENT HANDLE CHEMICALS, INCLUDING PESTICIDES, BROUGHT IN FOR DISPOSAL? YES NO.

IF YES, PROVIDE DETAILS: _____

CHECK IF ANY OF THE FOLLOWING SERVICES ARE PROVIDED:

ELECTRIC WATER SEWER SANITARY TRANSPORTATION CLINIC

THE PUBLIC ENTITY INCLUDES EXCLUDES COVERAGE FOR ALL VOLUNTEERS

CHECK EACH ITEM THAT IS 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

AIRPORT NO. OF EMPLOYEES: _____

SCHEDULED AIRLINES TOWER