

National Casualty Company
 Home Office: Madison, Wisconsin
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
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Public Entity Application General Liability Section

Legal Name of Public Entity: _____ Effective Date: _____

| | |
|-----------|------------------------------------|
| A. | COVERAGES (OCCURRENCE FORM) |
|-----------|------------------------------------|

| | Limits | Option |
|--|----------|--------|
| 1. General Aggregate Limit (other than Prod./Comp. Ops.) | \$ _____ | _____ |
| 2. Products-Completed Operations Aggregate | \$ _____ | _____ |
| 3. Personal & Advertising Injury | \$ _____ | _____ |
| 4. Each Occurrence | \$ _____ | _____ |
| 5. Fire Damage Liability | \$ _____ | _____ |
| 6. Medical Expense | \$ _____ | _____ |

Options:

a. Deductible: None Other: _____

b. Self-Insured Retention Limit: \$ _____

Does SIR Limit **Include** or **Exclude** Loss Adjustment Expense? (circle one)

7. Employee benefits liability coverage: No. of Employees: _____

8. Employers' liability (stop-gap) coverage: (Available only in ND, OH, WA, WV, WY)

Total employee payroll: \$ _____

9. Additional interests:

Please provide description of each operation or interest of any organizations or individuals to be considered as additional insureds. Attach/describe agreements, contracts, hold harmless clauses and insurance requirements.

| Name | Describe Interest/Operation |
|-------|-----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

B.

GOVERNMENTAL SUBDIVISION SURVEY

(Any classification requiring a supplemental questionnaire will be so marked.
Call your agent for the appropriate supplement.)

| Classification | Exposure? | | Any part of operation sub-contracted to others? | | Separate Questionnaire |
|--|--------------------------|--------------------------|---|--------------------------|--|
| | Yes | No | Yes | No | |
| Airport and related facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EXCLUDED (E&O can be covered) Complete questionnaire N |
| Amusement parks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EXCLUDED |
| Blasting operations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire P (Item E) |
| Bridges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire A |
| Carnivals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire B |
| Cemeteries liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire P (Item I) |
| Chemical spraying (herbicides and pesticides) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire P (Item H) |
| Dams, levees or dikes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire M |
| Day care, day camp, or nursery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire C |
| EMTs/Paramedics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire P (Item A) |
| Exhibition and convention buildings (include arenas and auditoriums) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire Q |
| Fairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire B |
| Fire department | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire P (Item A) |
| Fireworks and other pyrotechnics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire P (Item D) |
| Garbage or refuse collection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire P (Item G) |
| Golf courses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire P (Item B) |
| Housing projects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire H |
| Ice or roller rinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire K (Items A & C) |
| Lakes, reservoirs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire K (Items A & F) |
| Landfills/dumps/refuse sites/incinerators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire D |
| Medical and ancillary care facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EXCLUDED |
| Parades | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire B |
| Parks and playgrounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire K (Items A through E) |
| Penal Institutions, jails, correctional institutions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EXCLUDED under General Liability |
| Racetracks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire P (Item K) |
| Recreational activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire K |
| Schools and colleges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire J |
| Skate Parks—skateboarding/in-line skating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire K (Items A & D) |

B. GOVERNMENTAL SUBDIVISION SURVEY (continued)

| Classification | Exposure? | | Any part of operation subcontracted to others? | | Separate Questionnaire |
|--|--------------------------|--------------------------|--|--------------------------|--|
| | Yes | No | Yes | No | |
| Ski facilities and similar areas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire P (Item K) |
| Stadiums, bleachers, grandstands (capacity over 5,000) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire P (Item C) |
| Streets, roads, highways, bridges— existence, maintenance and construction hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire A |
| Swimming pools/beaches | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire K (Items A & F) |
| Transit authority | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire N |
| Utilities: Sewer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire E (Item A) |
| Water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire E (Item B) |
| Electric | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire F |
| Gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire G |
| Underground storage tanks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EXCLUDED for Pollution |
| Water slides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire K (Items A & F) |
| Wharves, piers, docks, marinas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire K (Items A & G) |
| Watercraft | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire K (Items A & H) |
| Zoos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete questionnaire P (Item J) |
| Describe unique exposures not identified above: _____ | | | | | |

C. INDEPENDENT CONTRACTOR OPERATIONS

1. If any exposure is contracted, please complete the following:

| Type of Work | Certificates of Insurance Secured? | Contractor's Limit of Liability? | Entity Named as Additional Insured? |
|--------------|--|----------------------------------|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Does the entity have legal counsel review all contracts prior to execution? Yes No