

LOCAL GOVERNMENT (VARISK 2)
MEMBER EXPOSURE UPDATE FORM

Product Liability/Completed OPS

Insurance (if applicable)? Yes No

Professional Liability (Malpractice)

insurance (if applicable)? Yes No

Workers' Compensation insurance? Yes No

Automobile Liability insurance? Yes No

8. Does the organization include indemnity/hold-harmless agreement in contracts? Yes No

9. Do you operate any of the following:

a. Amusement parks Yes No

b. Apartments, condominiums Yes No

c. Gardens or arboretums Yes No

d. Campgrounds Yes No

e. Cemeteries Yes No

f. Libraries Yes No

g. Marinas Yes No

h. Museums Yes No

i. Schools Yes No

If yes, number of student's

j. Sewer/Water Authorities Yes No

k. Landfills-owned or operated Yes No

l. Shooting Ranges Yes No

m. Skating Rinks Ice or Roller Yes No

n. Stadiums/Arenas Yes No

o. Theaters – Live Yes No

p. Zoos Yes No

q. Horse/Equestrian Centers Yes No

10. Do you engage in any fund-raising activities?
If so, are employees required to be bonded?
If yes, what are the limits of these bonds?

\$ _____

11. Law Enforcement Operations:

a. Number of full-time officers, detectives, investigators and Sergeants (including the chief, sheriff and deputies): _____

b. Number of police dogs: _____

c. Number of armed part-time/reserve/aux. and Court Officers, or with arrest authority: _____

d. Number of animal control personnel, dispatchers, coroners, school-crossing guards unarmed part-time/reserve/aux. officers with no arrest authority: _____

e. Number of other unarmed personnel (included clerical, cooks, and other armed personnel not included elsewhere) _____

f. Do you have a policy and procedure manual Yes No
If yes, give last authorized revision date: _____

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g. Do you have written policies governing?

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| 1. Vehicles: "hot pursuit" | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Use of deadly force? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Use of non-deadly force? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

12. Do you currently purchase general liability coverage?

If so, name of carrier(s) _____
Total limits of liability? _____
Amount of Aggregate \$ _____

D. Medical Professional Liability Exposures:

1. Number of patients seen (outpatient visits):

2. On-site blood bank?

Yes _____ No

3. Site of service (check all that apply):

Hospital:

Clinic:

In-Home:

4. Please give number of employed:

Physicians - general: _____

Physicians-internal: _____

Physicians-pediatric: _____

Psychiatrists: _____

Nurses: _____

Dentists: _____

Psychologists: _____

Pharmacists: _____

Nurse Practitioners: _____

Physician's Assistants: _____

5. Does each of the above carry other primary
medical professional liability insurance?

Yes No

If yes, does it have a contractual
liability exclusion?

Yes No

6. Beds

Please give the number of bed filled annually
(including any clinics or rehab centers):

7. Veterinarians

Number employed:

THANK YOU FOR UPDATING YOUR MEMBERSHIP FILE

Please return to Division of Risk Management promptly! If you have any questions, please call Kaye Hunt at (804) 786.7146.