



Public Entity Program Application

SUPPLEMENTAL APPLICATIONS – Complete if Exposure Exists

SEWER UTILITY

N/A

1. Number of users Industrial _____ Commercial _____ Residential _____
2. Annual Payroll less clerical \$_____
3. Total number of miles _____ Storm _____ Sanitary _____
4. What type of facility? Treatment Plant Lift Stations Pumps
5. Type of Treatment Plant? Primary Secondary Tertiary
 - a. What regulatory agency is responsible for monitoring?
 DEC EPA Health Department Other _____
 - How often? _____
 - b. How is influent input monitored for toxic or hazardous waste? _____
 - c. How are chemicals labeled and stored? _____
 - d. What is done with residual by-product/sludge? _____
 - e. Has plant ever been fined or received a citation? Yes No If yes, explain: _____
6. Are any operations contracted? Yes No If yes, attach Certificate of Insurance and copy of hold-harmless
7. Year the system was built? _____ Year of last upgrade? _____
8. Regular maintenance? Yes No
9. Are records kept for all repairs? Yes No
10. Have there been any past/present incidents of sewer back-up to residential or commercial property? Yes No
If yes, explain (include dates, cause and corrective action taken)



Public Entity Program Application

WATER UTILITY

N/A

1. General Information

- a. Annual Payroll less clerical \$ _____
- b. Number of gallons distributed annually? _____ Maximum annual capacity? _____
- c. Miles of pipe? _____ Total number of water employees? _____
- d. Number of users? _____ Residential _____ Commercial _____ Industrial _____
- e. Number of? _____ Water treatment plants _____ Water Tanks _____ Water towers _____
- f. Are all facilities fenced? Yes No
- g. Is water provided to neighboring entities? Yes No If yes, describe and provide copies of contracts _____

2. Source of water supply?

- Lake Well River Other _____
- a. System age? _____ Year of last upgrade? _____
- b. Pipe composition? Lead _____ Cast Iron _____ Asbestos _____ Plastic _____ Clay _____ Other _____

3. Has utility completed monitoring for lead in drinking water? Yes No Date completed? _____

Test results

Tap water monitoring _____ Water quality control monitoring _____ Lead source water monitoring _____

If test results exceed the lead action level of 15 ppb, please comment on treatment techniques relating to?

Corrosion control? _____ Source water? _____

Public Education _____

Lead service line replacement as applicable _____

4. How often is water tested? _____ By which regulatory agency? _____

5. Has system ever been cited or fined for non-compliance with required standards? Yes No

6. Does entity contract any part of the water operations? Yes No **If yes, please provide certificates of insurance**

7. Does entity have a written disaster plan? Yes No Consumer Complaint Process? Yes No



Public Entity Program Application

ELECTRIC UTILITY

N/A

1. Number of users Industrial _____ Commercial _____ Residential _____

2. Annual Payroll less clerical \$ _____

3. Total number of locations _____ This number should include main location and substations

4. Are all locations protected Yes No Fenced Lighted Alarms Other _____

5. What is adjacent to the site? Rural Metro Residential

6. Are there any PCB transformers? Yes No How many? _____ When is replacement scheduled? _____

7. Who is responsible for inspection? _____ How frequent are inspections? _____

8. Who monitors and checks regulation flow? _____

9. Number of in distribution line _____ Underground _____ Overhead _____

10. Is the utility certified or licensed? Certified Licensed By what agency _____

11. Describe pole and line maintenance _____ Are maps maintained? Yes No

12. Maximum number of kilowatts distributed _____ Total annual revenues for electricity distributed _____

13. Advise if generating electricity? Yes No if yes, what is source Fossil Fuel Hydro-electric Nuclear

14. What is total daily capacity? _____ Peak demand daily? _____ Total annual generation revenues _____

15. Breakdown Percentage Generated _____ Percentage Distribution _____

16. Number of miles of transmission lines _____ What is power source? _____ Alternate power source? _____

17. Describe consumer complaint procedure _____ Describe turn off/on procedure _____



Public Entity Program Application

GAS UTILITY

N/A

1. Number of users Industrial _____ Commercial _____ Residential _____

2. Annual Payroll less clerical \$ _____

3. Advise if gas is Produced Purchased/Resold

4. Does entity own or operate a gas wellhead or pipeline Yes No

5. Who is responsible for leakage survey? _____

6. Date of last complete leakage survey of distribution system? _____ Frequency of surveys? _____

7. Describe briefly, procedure of leakage survey? _____ Repair procedure? _____

8. Are surveys conducted on a planned basis? Yes No

9. What percentage of system is cathodically protected? _____

10. Date of last corrosion survey? _____ Conducted by? _____

11. What year was system installed? _____

12. Describe main service replacement program? _____

13. Are new lines hydrostatic or pressure tested? Yes No Are records on file? Yes No

15. Who is gas purchased from? _____

16. Who is responsible for odorization? _____ Are record maintained? Yes No
Monthly Checks? Yes No

Describe type of odorization used _____

17. Does gas system have high and low pressure warning devices? Yes No Are devices constantly monitored? Yes No

Are pressure records kept? Yes No For how long? _____

18. Who installs main extensions? _____ Who installs services? _____



Public Entity Program Application

GAS UTILITY

N/A

Are welders certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe training practices _____
Is there turn on/off procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Does Gas Company maintain a distribution map?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are regulating stations adequately fenced, housed, or otherwise secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Are there any liquefied natural gas (LNG) operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Types of containers that hold gas? _____
22. Does Gas Company participate in a local or statewide "call before digging" campaign?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Does Gas Company follow an established procedure at time customer meter is turned on?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe _____
24. Are meters removed or locked up when gas is turned off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Does Gas Company maintain a customer log complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of years records maintained? _____
Are leak complaints worked on the same day received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Customer complaint frequency? _____



Public Entity Program Application

PORT / TRANSIT / AIRPORT AUTHORITY

N/A

A. PORT AUTHORITY

River Ocean Lake Railroad Other _____

1. Number of employees _____

B. TRANSIT AUTHORITY

1. Number of employees _____ 2. Revenues _____ 3. Annual Passengers _____

4. Type of service provided _____ 5. Days & Hours of operation _____

6. Number of bus shelters _____ 7. Number of signed bus stops _____

8. Auto Liability carrier _____ Who maintains the vehicles _____

C. AIRPORT AUTHORITY

1. Is this airport owned Yes No

2. Operated? Yes No 3. Leased to a 3rd party? Yes No

4. Number of daily commercial passenger flights _____

5. Is there an FBO Yes No (Fixed Base Operator)

6. Is there a tower Yes No

7. Is airport FAA controlled Yes No

8. Airport premises liability carrier? _____ What are the limits? _____

9. If airport is leased to a 3rd party, does lessee have airport premises liability coverage and does the policy name the entity as additional insured? Yes No

10. Are there air shows? Yes No If yes, describe _____

11. Is there a separate board/commission that controls airport operations? Yes No If yes, describe _____



Public Entity Program Application

SHOOTING RANGE

N/A

1. Indoor? Yes No
2. Outdoor? Yes No
3. What security measures are taken?
4. Policy Only? Yes No
5. Open to the public? Yes No
6. If open to public, is a range officer on duty whenever the shooting areas are operating? Yes No
7. Skeet? Yes No
8. Stationary targets? Yes No
9. What is the distance to the nearest buildings? _____
10. Is the range near an industrial or residential area? Industrial Residential Other _____
11. Does the insured host competitions on the premises? Yes No



Public Entity Program Application

LANDFILL

N/A

Type of Facility	<input type="checkbox"/> Landfill <input type="checkbox"/> Dump <input type="checkbox"/> Transfer Station
2. Advise if the site is	<input type="checkbox"/> Owned by the public entity <input type="checkbox"/> Operated by the public entity
3. Has the site been designate as either a hazardous waste or Superfund site by EPA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Describe the site:	_____
5. What is adjacent to the site?	_____
6. What is the nearest body of water?	_____ How far away from site? _____
7. What is nearest building	_____ How far away from site? _____
8. Total number of acres	_____ Number of acres in use? _____
9. Number of years operated	_____ What is remaining useful life? _____
10. Is the landfill certified or licensed?	<input type="checkbox"/> Certified <input type="checkbox"/> Licensed By what agency _____
11. Security Provisions	
a. Fenced	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Height?	_____
c. Attendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Hours of operation	_____
e. Locked	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe lock policy _____
12. Types of waste accepted	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____
13. Form of waste	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Other _____
14. Hazardous waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, explain _____
15. Any violations / citations?	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, explain _____



Public Entity Program Application

LANDFILL

N/A

16. Number of inactive landfills _____ Location? _____ Number of acres _____

17. How are leachate and methane exposures controlled and evaluated?

18. Are monitoring wells installed Yes No if yes, explain _____

19. Describe closure plans for landfill _____ Were EPA guidelines followed? Yes No

20. Transfer stations

a. Are dumpsters used Yes No

b. Is there an open pit? Yes No if yes, explain

c. Is entity responsible for transportation to the landfill Yes No If no, is it contracted? Yes No

21. Name and address of locations _____



Public Entity Program Application

SPECIAL EVENTS

N/A

1. Description of Events _____
2. Date and duration of events _____
3. Location and ownership of premises used for the event _____
4. Anticipated crowd attendance _____
5. Are any bleachers used Yes No Capacity _____
6. Describe entities responsibility for the event _____
7. List each sponsor/co-sponsor and their respective responsibilities for each event _____
8. Are independent contractors used to provide any services Yes No If yes, what services? _____
9. Describe security/crowd control and safety precautions _____
10. Are certificates of insurance required from all sponsors indicating the entity as "additional insured? And showing adequate limits of liability? Yes No Limits required _____
11. Are alcoholic beverages, including beer, available at this event Yes No
12. Anticipated liquor sales _____
13. Is there a liquor liability policy in force? Yes No



Public Entity Program Application

CHEMICAL SPRAYING

N/A

1. Purpose of spraying operations? _____ Frequency of spraying? _____
2. Which employees do the spraying? _____
3. Please list all chemicals used. _____
4. Where are chemicals stored? _____

CEMETERY

N/A

1. Describe operations performed by the entity? _____
2. How many plots? _____
3. How many new burial plots expected in the next 12 months? _____
4. How many burials have been performed in the past 3 years? _____

GARBAGE COLLECTION

N/A

1. Does the entity collect garbage? Yes No If yes, who owns the operation? _____
2. Where is collection dumped? _____
3. Is the landfill certified? Yes No
4. Types of trash? Household Commercial Industrial



Public Entity Program Application

GOLF COURSE

N/A

1. Course name? _____
2. Number of holes? 18 9 Other _____
3. Golf receipts? \$ _____
4. Cart receipts? \$ _____
5. Are chemicals used for spraying the golf course EPA approved? Yes No
6. Are employees fully trained in handling and dispensing of these chemicals? Yes No
7. Is there a pro shop? Yes No
8. What services provided? _____
9. Merchandise receipts? \$ _____
10. Are food and beverages sold? Yes No Annual receipts \$ _____
Food \$ _____
Alcohol \$ _____
Non-alcohol \$ _____
11. Is any cooking done on premises? Yes No If yes, is there fire protection? Yes No
12. Are tournaments held at this course? Yes No If yes, average attendance _____



Public Entity Program Application

BLASTING

N/A

1. Describe blasting operations? _____
2. Is blaster certified? Yes No Number of years experience? _____
3. Number of shots annually? _____
4. Is blasting contracted? Yes No If yes, provide certificates
5. If not contracted, please describe? Safety Precautions _____ Site monitoring _____
Explosives Transport and storage _____

ZOO

N/A

1. What type of animals? _____
2. Is petting allowed? Yes No
3. Are visitors allowed to feed the animals? Yes No
4. Describe security controls for questions 1 & 2? 1. _____ 2. _____
5. Is there a charge for entry and feeding/petting? Yes No If yes, annual receipts \$ _____
6. Is this operation sponsored by the entity? Yes No
7. If this operation is contracted out by the insured are certificates obtained? Yes No Liability limit required? \$ _____