

## General Liability Exposures

- Please check all of the operational exposures of the Public Entity below. Note that coverage may not be available for all operations or exposures.
- **Please complete supplemental applications for any operation noted "Yes"**

Operation / Exposure	Do you have this exposure?
Airport or Related Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amusement Park	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arena / Auditorium / Convention Center	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blasting Operation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Campground	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cemetery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Spraying (pesticide / herbicide)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dam / Levee / Dike	<input type="checkbox"/> Yes <input type="checkbox"/> No
Day Care / Day Camp / Day Nursery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Protection / Ambulance / EMT	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fireworks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garbage / Refuse Collection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Golf Course	<input type="checkbox"/> Yes <input type="checkbox"/> No
Habitational (Apartment, Dwelling)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Halfway House / Group Shelter / Group Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital / Nursing Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Authority / Project	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ice / Roller Rink	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jail / Detention Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lake / Reservoir	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landfill / Dump / Incinerator / Recycling Center	<input type="checkbox"/> Yes <input type="checkbox"/> No
Law Enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Library	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquor Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical or Electrically Operated Amusement Device	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Clinic / Health Department	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Professionals (doctors, nurses, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Museum	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mowing Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paint Spraying	<input type="checkbox"/> Yes <input type="checkbox"/> No
Piers / Dock / Marina	<input type="checkbox"/> Yes <input type="checkbox"/> No
Port Authority	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recreational Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rifle / Shooting Range	<input type="checkbox"/> Yes <input type="checkbox"/> No
School	<input type="checkbox"/> Yes <input type="checkbox"/> No

Skateboard Park / Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Event (fairs, carnivals, parades, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Streets / Roads / Highways / Bridges	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transit System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: Electric	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: Water	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watercraft / Boat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waterslide	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zoo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No