Marine Commercial Liability

GREAT AMERICAN INSURANCE GROUP

Ocean Marine Division

SUPPLEMENTARY INFORMATION FOR WHARFINGERS

Note: This information supplements the following ACORD Applications, which must also be completed and included:

1. **Acord Form 125: Commercial Insurance Application.**
2. **Acord Form 126: Commercial General Liability Section Application.**

Applicant's Name: City of Key West

Number of years in business: 40+ Number of years under current management: 40+

Location(s):
Key West Ferry Terminal
100 Grinnell St
Key West, FL

Maximum draft of vessels calling: 6 ft

Water depth: 12 ft Number of berths: 4

Distance to next dock N/A Upstream 150 ft Downstream

Distance to nearest bridge or lock N/A Upstream Downstream

Type of vessels handled (indicate number per year):

Ocean Vessels	Dry Cargo 0	Tankers 0	
Barges	Dry Cargo 0	Tank 0	Other Ferry Service 450-500 Annuall

Annual Number of Dockings last 5 years:

20 09	393	20 10	479	20 11	464
20 12	351	20 13	362		

Average value of vessels: Average length of stay: 5 hrs

Are vessels inspected and signed for when picked up and delivered? Yes ☐ No ☐

Vessels are moved by: Hand Power Winch Other Ship's crew

Describe mooring facilities, including type of moorings: 180 ft concrete pier

Describe traffic passing to and from and off your facility: Foot traffic only

Who is responsible for mooring vessels at your facility? Vessel Captains Who checks mooring lines?

Describe loading and unloading equipment including type, capacity and power:
Gangways are for passenger traffic only.

Describe your procedures in the event of a breakaway:
Per lease agreement, responsibility is with the Vessel Captain & Crew

Number of hours watchman is on duty 24 hrs Is clock punched? Yes ☑ No ☐

Is facility lighted? Yes ☑ No ☐

Fenced? Yes ☑ No ☐

Describe public access:
Vessels moor on a public access area w/restrictive barriers in place for the duration of stay

Are fueling services provided? Yes ☑ No ☐

Types of fuel handled: Diesel fuel available, seldom used

Who is responsible for bilge inspection and pumping if needed? Vessel crew

Is there a municipal or volunteer fire department? Yes ☑ No ☐

What is the distance from the nearest fire fighting facility? 1/4 mile

Number of fire hydrants at your facility? 1

Number of fire extinguishers at your facility Size_____ Kind _____

Do you own, charter, lease or operate any watercraft? Yes ☑ No ☐

If so, are any watercraft not covered by a Protection & Indemnity policy? Yes ☐ No ☑

Please explain.

Gross Receipts (all operations)

Type of Work	Last 12 Months	% Marine	Next 12 months	% Marine
KW Express	343,184		415,500	
Total				

Please list the five principal entities for which work was performed in the past two years. Please include the entity, type of work performed, and gross receipts for each.

Do you enter into contracts with customers that contain hold harmless or indemnity agreements in the favor of the customer? Yes ☐ No ☑

If "Yes", please list the customers and indicate the percentage of total receipts that the customer(s) represents.

Are you required to name any of your customers or other parties as Additional Insureds and waive subrogation? Yes ☐ No ☑

If "Yes", please list them and their relationship to you.

Temporary Workers/Leased Workers/Subcontractors

a. Do you use temporary workers? Yes ☐ No ☑
   percentage of total workers _____ %
b. If the answer to a. is "Yes", are there hold harmless/indemnity agreements in place in your favor? Yes ☐ No ☐
c. If the answer to a. is "Yes", are waivers of subrogation in place in your favor? Yes ☐ No ☐
d. If the answer to a. is "Yes", are certificates of insurance obtained showing limits equal to or greater than yours? Yes ☐ No ☐
e. Do you use leased workers? Yes ☐ No ☑
   percentage of total workers _____ %
f. If the answer to e. is "Yes", are there hold harmless/indemnity agreements in place in your favor? Yes ☐ No ☐
g. If the answer to e. is "Yes", are waivers of subrogation in place in your favor? Yes ☐ No ☐
h. If the answer to e. is "Yes", are certificates of insurance obtained showing limits equal to or greater than yours? Yes ☐ No ☐
i. Do you use subcontractors? Yes ☐ No ☑
j. If the answer to i. is "Yes", are there hold harmless/indemnity agreements in place in your favor? Yes ☐ No ☐
k. If the answer to i. is "Yes", are waivers of subrogation in place in your favor? Yes ☐ No ☐
l. If the answer to i. is "Yes", are certificates of insurance obtained showing limits equal to or greater than yours and naming you as an Additional Insured? Yes ☐ No ☐
m. If the answer to i. is "Yes, what percentage of your work is subcontracted? Yes ☐ No ☐
n. If the answer to i. is "Yes, what type of work is subcontracted and who supervises their work? Yes ☐ No ☐

Please provide a sketch or drawing of the premises.

see attached

Contact and phone number to arrange an inspection:

Lisa Takach Borzy
Risk manager
305-809-3811

SCHEDULE A - Wharfinger's Application

No of Fire Extinguishers at Ferry Terminal Facility	
1	fire suppresion system w/2 fire hoses on dock
2	fire extinquishers on dock
1	50 lb chemical extinquisher on dock
1	fire hose & extinquisher under terminal building
6	fire extinquishers in terminal building

Has any policy or coverage been declined, cancelled or non-renewed during the past five years? Yes ☐ No ☑

If so, please provide details:

Loss History (**Please list all Wharfingers Liability and Commercial General Liability losses that have occurred over the past five years and attach hard copy** loss runs.)

☑ No known or reported losses in the past 5 years.

Date of Loss	Description of Loss	Loss & Expense Deductible	Loss & Expense Paid	Loss & Expense Outstanding	Total Claim (net of Deductible)

Producer remarks:

Signing this application does not bind you to purchase the insurance or the Company to accept the risk. However, if you do elect to purchase insurance from the Company and the Company binds the risk, it is agreed that this application forms part of the policy issued by the Company and that underwriters rely on the information provided to determine acceptability, premium charge and coverage. It is further understood and agreed that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and/or denial of any claim.

Signature of Applicant JKSchaff Date 9/17/14

Signature of Producer Chris Martin Date 9/16/14

Key West Bight Ferry Terminal

70 Austin Street
US Dept of State Geographer

Marine Commercial Liability

GREAT AMERICAN. INSURANCE GROUP

Ocean Marine Division

SUPPLEMENTARY INFORMATION FOR WHARFINGERS

Note: This information supplements the following ACORD Applications, which must also be completed and included:

1. **Acord Form 125: Commercial Insurance Application.**
2. **Acord Form 126: Commercial General Liability Section Application.**

Applicant's Name: City of Key West

Number of years in business: 40+ Number of years under current management: 40+

Location(s):
Mallory Square
1 Whitehead St
Key West, FL

Maximum draft of vessels calling: 25 ft

Water depth: 30 ft Number of berths: 1

Distance to next dock N/A Upstream 240 yds Downstream

Distance to nearest bridge or lock N/A Upstream Downstream

Type of vessels handled (indicate number per year):

Ocean Vessels	Dry Cargo 0	Tankers 0	
Barges	Dry Cargo 0	Tank 0	Other 0

Annual Number of Dockings last 5 years:

20 09	48	20 10	17	20 11	44
20 12	32	20 13	29		

Average value of vessels: Average length of stay: 7.5 hrs

Are vessels inspected and signed for when picked up and delivered? Yes ☐ No ☐

Vessels are moved by: Hand Power Winch Other Pilots contracted by ship's agent

Describe mooring facilities, including type of moorings: T-pier with 3 dolphins

Describe traffic passing to and from and off your facility: Foot traffic

Who is responsible for mooring vessels at your facility? Key West Bar Pilots Who checks mooring lines? Key West Bar Pilots

Describe loading and unloading equipment including type, capacity and power:
Gangways are for passenger traffic only.

Describe your procedures in the event of a breakaway:
Vessel Captain & Crew

Number of hours watchman is on duty 8 hrs Is clock punched? Yes ☐ No ☑

Is facility lighted? Yes ☑ No ☐

Fenced? Yes ☑ No ☐

Describe public access:
Fenced.

Are fueling services provided? Yes ☐ No ☑

Types of fuel handled:

Who is responsible for bilge inspection and pumping if needed?

Is there a municipal or volunteer fire department? Yes ☑ No ☐

What is the distance from the nearest fire fighting facility? 8 City blocks

Number of fire hydrants at your facility? 2

Number of fire extinguishers at your facility Size 0 Kind _____

Do you own, charter, lease or operate any watercraft? Yes ☐ No ☑

If so, are any watercraft not covered by a Protection & Indemnity policy? Yes ☐ No ☑

Please explain.

Gross Receipts (all operations)

Type of Work	Last 12 Months	% Marine	Next 12 months	% Marine
Cruise Terminal	289,717		325,361	
Total				

Please list the five principal entities for which work was performed in the past two years. Please include the entity, type of work performed, and gross receipts for each.

Do you enter into contracts with customers that contain hold harmless or indemnity agreements in the favor of the customer? Yes ☐ No ☑

If "Yes", please list the customers and indicate the percentage of total receipts that the customer(s) represents.

Are you required to name any of your customers or other parties as Additional Insureds and waive subrogation? Yes ☐ No ☑

If "Yes", please list them and their relationship to you.

Temporary Workers/Leased Workers/Subcontractors

a. Do you use temporary workers? Yes ☐ No ☑
   percentage of total workers _____ %
b. If the answer to a. is "Yes", are there hold harmless/indemnity agreements in place in your favor? Yes ☐ No ☐
c. If the answer to a. is "Yes", are waivers of subrogation in place in your favor? Yes ☐ No ☐
d. If the answer to a. is "Yes", are certificates of insurance obtained showing limits equal to or greater than yours? Yes ☐ No ☐
e. Do you use leased workers? Yes ☐ No ☑
   percentage of total workers _____ %
f. If the answer to e. is "Yes", are there hold harmless/indemnity agreements in place in your favor? Yes ☐ No ☐
g. If the answer to e. is "Yes", are waivers of subrogation in place in your favor? Yes ☐ No ☐
h. If the answer to e. is "Yes", are certificates of insurance obtained showing limits equal to or greater than yours? Yes ☐ No ☐
i. Do you use subcontractors? Yes ☐ No ☑
j. If the answer to i. is "Yes", are there hold harmless/indemnity agreements in place in your favor? Yes ☐ No ☐
k. If the answer to i. is "Yes", are waivers of subrogation in place in your favor? Yes ☐ No ☐
l. If the answer to i. is "Yes", are certificates of insurance obtained showing limits equal to or greater than yours and naming you as an Additional Insured? Yes ☐ No ☐
m. If the answer to i. is "Yes, what percentage of your work is subcontracted? Yes ☐ No ☐
n. If the answer to i. is "Yes, what type of work is subcontracted and who supervises their work? Yes ☐ No ☐

Please provide a sketch or drawing of the premises.

See attached

Contact and phone number to arrange an Inspection:

Lisa Takach Borzy
Risk Management
305-809-3811

Has any policy or coverage been declined, cancelled or non-renewed during the past five years? Yes ☐ No ☑

If so, please provide details:

Loss History **(Please list all Wharfingers Liability and Commercial General Liability losses that have occurred over the past five years and attach hard copy** loss runs.)

☑ No known or reported losses in the past 5 years.

Date of Loss	Description of Loss	Loss & Expense Deductible	Loss & Expense Paid	Loss & Expense Outstanding	Total Claim (net of Deductible)

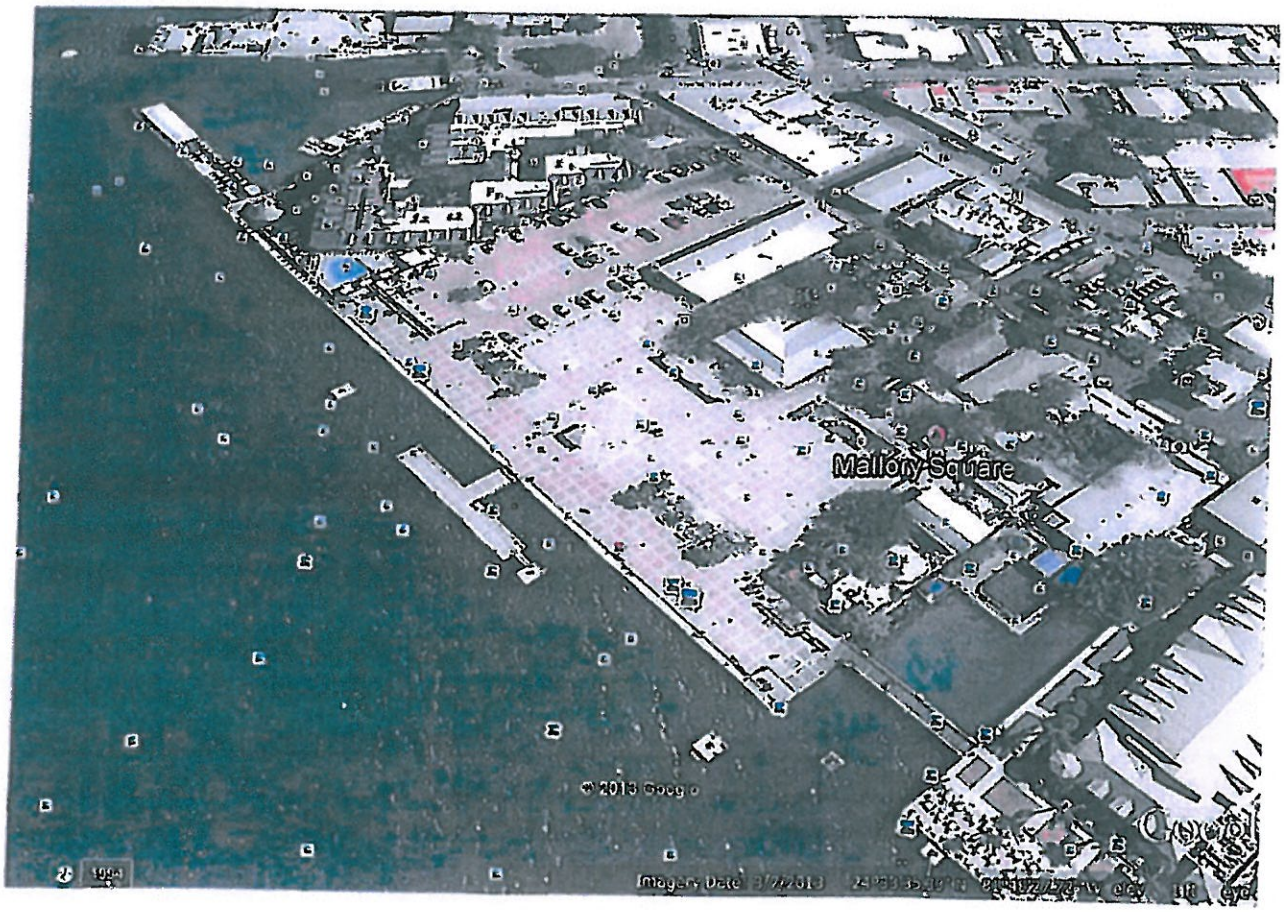
Producer remarks:

Signing this application does not bind you to purchase the insurance or the Company to accept the risk. However, if you do elect to purchase insurance from the Company and the Company binds the risk, it is agreed that this application forms part of the policy issued by the Company and that underwriters rely on the information provided to determine acceptability, premium charge and coverage. It is further understood and agreed that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and/or denial of any claim.

Signature of Applicant JK Schall Date 9/17/14

Signature of Producer Jerry Martin Date 9/16/14

Mallory Square


Mallory Square

GREAT AMERICAN. INSURANCE GROUP

Ocean Marine Division

Marine Commercial Liability

SUPPLEMENTARY INFORMATION FOR WHARFINGERS

Note: This information supplements the following ACORD Applications, which must also be completed and included:

1. **Acord Form 125: Commercial Insurance Application.**
2. **Acord Form 126: Commercial General Liability Section Application.**

Applicant's Name: City of Key West

Number of years in business: 40+ Number of years under current management: 40+

Location(s):
Outer Mole

Maximum draft of vessels calling: 29 ft

Water depth: 36 ft Number of berths: 1

Distance to next dock N/A Upstream 140 yds Downstream

Distance to nearest bridge or lock N/A Upstream Downstream

Type of vessels handled (indicate number per year):

Ocean Vessels	Dry Cargo 0	Tankers 0	
Barges	Dry Cargo 0	Tank 0	Other Cruise Ships 55-60 Annually

Annual Number of Dockings last 5 years:

20 09	88	20 10	108	20 11	95
20 12	81	20 13	64		

Average value of vessels: Average length of stay: 7.5 hrs

Are vessels inspected and signed for when picked up and delivered? Yes ☐ No ☐

Vessels are moved by: Hand Power Winch Other Pilots contracted by ship's agent

Describe mooring facilities, including type of moorings: Concrete pier with fixed bollards

Describe traffic passing to and from and off your facility: Contract with train & trolleys for passenger transport. No commercial traffic.

Who is responsible for mooring vessels at your facility? Key West Bar Pilots Who checks mooring lines? Key West Bar Pilots

Describe loading and unloading equipment including type, capacity and power:
Gangways are for passenger traffic only.

Describe your procedures in the event of a breakaway:

Number of hours watchman is on duty 8.5 hrs Is clock punched? Yes ☐ No ☑

Is facility lighted? Yes ☑ No ☐

Fenced? Yes ☑ No ☐

Describe public access:
Pier is on U.S Navy property with access thru a guarded gate requiring 100% ID check.

Are fueling services provided? Yes ☐ No ☑

Types of fuel handled:

Who is responsible for bilge inspection and pumping if needed?

Is there a municipal or volunteer fire department? Yes ☑ No ☐

What is the distance from the nearest fire fighting facility? 5 City blocks

Number of fire hydrants at your facility?

Number of fire extinguishers at your facility Size 0 Kind _____

Do you own, charter, lease or operate any watercraft? Yes ☐ No ☑

If so, are any watercraft not covered by a Protection & Indemnity policy? Yes ☐ No ☑

Please explain.

Gross Receipts (all operations)

Type of Work	Last 12 Months	% Marine	Next 12 months	% Marine
Cruise terminal	1,568,031		1,521,558	
Total				

Please list the five principal entities for which work was performed in the past two years. Please include the entity, type of work performed, and gross receipts for each.

Do you enter into contracts with customers that contain hold harmless or indemnity agreements in the favor of the customer? Yes ☐ No ☑

If "Yes", please list the customers and indicate the percentage of total receipts that the customer(s) represents.

Are you required to name any of your customers or other parties as Additional Insureds and waive subrogation? Yes ☐ No ☑

If "Yes", please list them and their relationship to you.

Temporary Workers/Leased Workers/Subcontractors

a. Do you use temporary workers? Yes ☐ No ☑
   percentage of total workers _____ %
b. If the answer to a. is "Yes", are there hold harmless/indemnity agreements in place in your favor? Yes ☐ No ☐
c. If the answer to a. is "Yes", are waivers of subrogation in place in your favor? Yes ☐ No ☐
d. If the answer to a. is "Yes", are certificates of insurance obtained showing limits equal to or greater than yours? Yes ☐ No ☐
e. Do you use leased workers? Yes ☐ No ☑
   percentage of total workers _____ %
f. If the answer to e. is "Yes", are there hold harmless/indemnity agreements in place in your favor? Yes ☐ No ☐
g. If the answer to e. is "Yes", are waivers of subrogation in place in your favor? Yes ☐ No ☐
h. If the answer to e. is "Yes", are certificates of insurance obtained showing limits equal to or greater than yours? Yes ☐ No ☐
i. Do you use subcontractors? Yes ☐ No ☑
j. If the answer to i. is "Yes", are there hold harmless/indemnity agreements in place in your favor? Yes ☐ No ☐
k. If the answer to i. is "Yes", are waivers of subrogation in place in your favor? Yes ☐ No ☐
l. If the answer to i. is "Yes", are certificates of insurance obtained showing limits equal to or greater than yours and naming you as an Additional Insured? Yes ☐ No ☐
m. If the answer to i. is "Yes, what percentage of your work is subcontracted? Yes ☐ No ☐
n. If the answer to i. is "Yes, what type of work is subcontracted and who supervises their work? Yes ☐ No ☐

Please provide a sketch or drawing of the premises.

see attached

Contact and phone number to arrange an inspection:

Lisa Takach Borzy
Risk Manager
305-809-3811

Has any policy or coverage been declined, cancelled or non-renewed during the past five years? Yes ☐ No ☑

If so, please provide details:

Loss History (**Please list all Wharfingers Liability and Commercial General Liability losses that have occurred over the past five years and attach hard copy** loss runs.)

☑ No known or reported losses in the past 5 years.

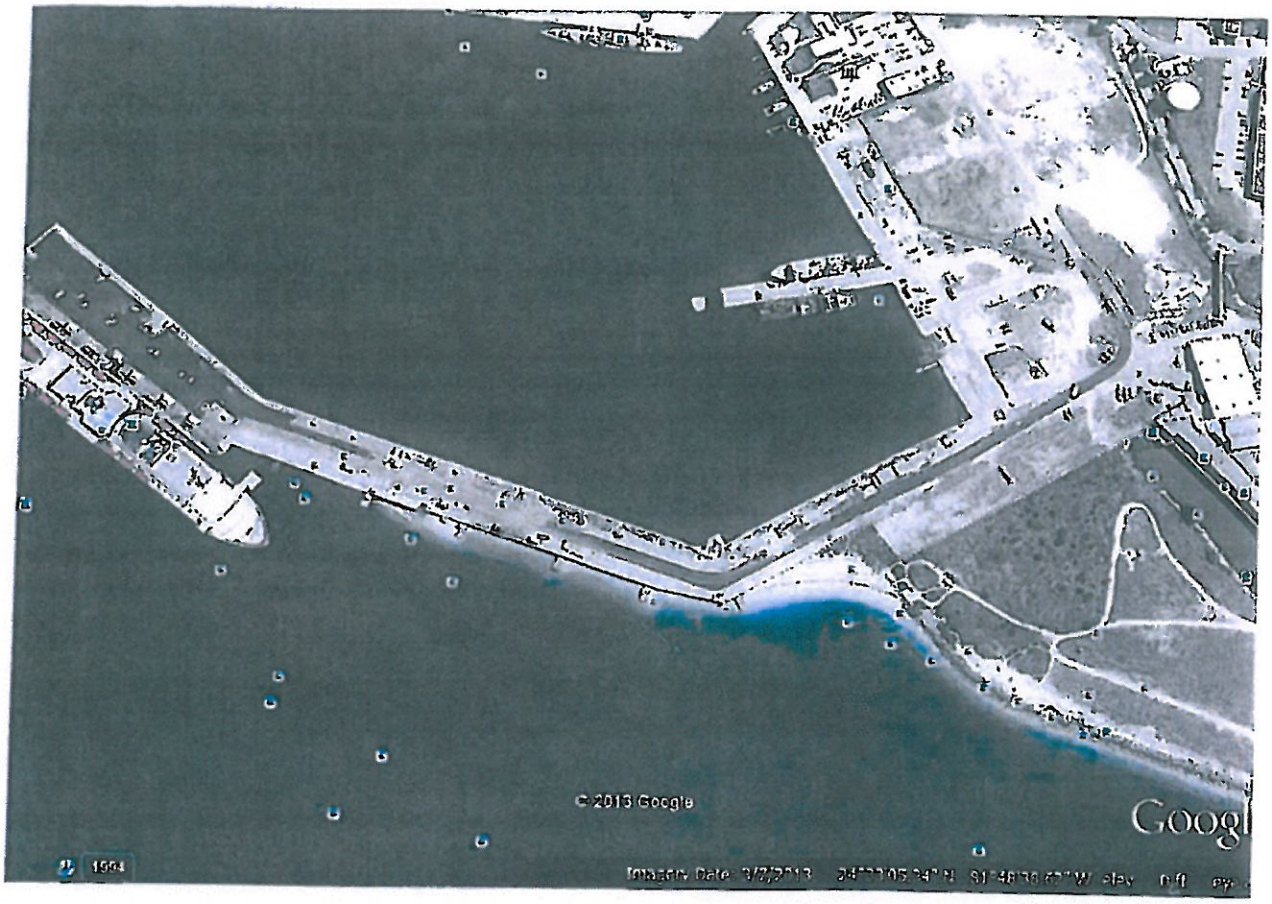
Date of Loss	Description of Loss	Loss & Expense Deductible	Loss & Expense Paid	Loss & Expense Outstanding	Total Claim (net of Deductible)

Producer remarks:

Signing this application does not bind you to purchase the insurance or the Company to accept the risk. However, if you do elect to purchase insurance from the Company and the Company binds the risk, it is agreed that this application forms part of the policy issued by the Company and that underwriters rely on the information provided to determine acceptability, premium charge and coverage. It is further understood and agreed that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and/or denial of any claim.

Signature of Applicant JKScholl Date

Signature of Producer [signature] Date 9/10/14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Fort Zachary Taylor Historic State Park
© 2013 Google

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GREAT AMERICAN INSURANCE GROUP

APPLICATION COMMERCIAL HULL

This is not a Binder

☐ Great American Insurance Company of New York
☐ Great American Insurance Company
☐ _____

NAME OF APPLICANT City of Key West, Florida	PRODUCER NAME AND ADDRESS Risk Management Associates dba Public Risk Insurance Agency P.O. Box 2416 Daytona Beach, FL 32115
ADDRESS - NUMBER AND STREET P.O. Box 1409, Attn: Risk Management	
CITY STATE ZIP Key West, FL 33041-1409	
LOSS PAYEE: ANY LOSS UNDER HULL COVERAGE IS PAYABLE AS INTEREST MAY APPEAR TO THE POLICY HOLDER AND:	MORTGAGEE NAME AND ADDRESS

PRESENT INSURANCE CARRIER OF VESSELS. WHY IS INSURANCE BEING REPLACED?
Great American

HAS ANY COMPANY EVER CANCELED OR NON-RENEWED INSURANCE FOR THE OWNER?
☑ No ☐ Yes If yes, what company?

DID YOU PLACE CURRENT INSURANCE AS AGENT OF RECORD?	EXPIRATION DATE OF PRESENT POLICY	IF OUR QUOTATION IS ACCEPTED WHAT DATE SHALL POLICY ATTACH?
☑ Yes ☐ No	10/1/2014	

ARE RECENT SURVEYS AVAILABLE?
☐ No ☐ Yes If yes, please attach copy to this application.

GIVE A BRIEF DESCRIPTION OF THE OPERATION AND EXPERIENCE OF THE PRINCIPALS:
The operation runs daily removing waste from vessels that use near shore waters of Key West

EXPERIENCE	NUMBER OF CREW EMPLOYEES	YEARS WITH APPLICANT	TOTAL YEARS EXPERIENCE
Captain			
Engineers			
Others	1	2	20+

WHO TOWS NON-PROPELLED VESSELS?	IS TOWER RELEASED FROM LIABILITY?
N/A	☐ Yes ☐ No
DOES THE INSURED TOW VESSELS BELONGING TO OTHERS? ☐ Yes ☑ No	IS THE INSURED RELEASED FROM LIABILITY? ☐ Yes ☐ No

TYPE OF NON-PROPELLED VESSELS TOWED
☐ Gasoline Barges ☐ Petroleum Barges ☐ Chemical Barges ☐ Dry Cargo Barges ☐ Other

IF TUGS OR BARGES ARE TO BE INSURED, NUMBER OF BARGE IN ANY ONE TOW		AMOUNT OF GROSS RECEIPTS FROM TOWING OPERATION
AVERAGE NUMBER	MAXIMUM NUMBER	$

WHAT NAVIGATION LIMITS ARE REQUIRED?
5 miles - Florida

IF SEASONAL OPERATION, STATE LAY-UP PERIOD

FROM (MONTH, DAY, YEAR)	TO (MONTH, DAY, YEAR)	LAY-UP LOCATION

WHERE CAN VESSELS BE SURVEYED?	PERSON TO CONTACT (NAME, AREA CODE - PHONE NUMBER)
Garrison Bight Marina	Lisa Takach Borzy 305.809.3811

IF INSURED OWNS VESSELS THAT DO NOT APPEAR ON THE LIST, PLEASE DESCRIBE THEM
See attached schedule of City owned vessels

WHY ARE THESE VESSELS NOT BEING OFFERED FOR INSURANCE AT THIS TIME?
City is self-insured for other vessels (vessels are dry-docked in threat of severe weather)

HULL COVERAGE

NAME OF VESSEL	BUILDER	YEAR	LENGTH AND BEAM	MATERIAL OF HULL	PROPULSION FUEL AND HORSEPOWER	TYPE OF VESSEL	AMOUNT INSURANCE DESIRED	DEDUCTIBLE
1. USA Pumpout Boat		2010	26'	Fiberglass	Outboard 150 hp	Open	$86,000	$5,000
2. USA Pumpout Boat		2010	26'	Fiberglass	Outboard 150 hp	Open	$86,000	$5,000
3. Safe Boat		2014	29'				$ 284,923	$ 5,000
4.							$	$
5.							$	$
6.							$	$
7.							$	$
8.							$	$
9.							$	$
10.							$	$
11.							$	$
12.							$	$
13.							$	$

PROTECTION AND INDEMNITY COVERAGE

PROTECTION AND INDEMNITY LIMIT DESIRED	TOTAL NUMBER IN CREW (ALL SHIFTS)	IS LIABILITY TO VESSELS AND CARGO IN TOW DESIRED?	CARGO CARRIED	DEDUCTIBLE REQUESTED	
				BODILY INJURY	PROPERTY DAMAGE
1.		☐ Yes ☐ No			
2.		☐ Yes ☐ No			
3.		☐ Yes ☐ No			
4.		☐ Yes ☐ No			
5.		☐ Yes ☐ No			
6.		☐ Yes ☐ No			
7.		☐ Yes ☐ No			
8.		☐ Yes ☐ No			
9.		☐ Yes ☐ No			
10.		☐ Yes ☐ No			
11.		☐ Yes ☐ No			
12.		☐ Yes ☐ No			
13.		☐ Yes ☐ No			

FIVE YEAR GROSS CLAIMS HISTORY (whether or not insured)

Hull, Machinery, Collision Liability, and Protection and Indemnity claims or losses sustained during the last five years on all vessels owned or operated by the insured including vessels sold or lost.

VESSEL INVOLVED	DATE OF LOSS	LOCATION OF ACCIDENT	DETAILS OF ACCIDENT	GROSS AMOUNT OF CLAIM OR LOSS BEFORE ANY DEDUCTIBLE	CURRENT STATUS	
					OPEN	CLOSED
NONE				$		
				$		
				$		
				$	✔	
				$		
				$		
				$		
				$		
				$		
				$		
				$		
				$		
				$		
				$		
				$		
				$		
				$		
				$		
				$		

REMARKS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (Applicable to New York State only.)

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

APPLICANT SIGNATURE JK Schell	COMPANY TITLE City Manager	DATE 9/17/14
PRODUCER SIGNATURE Amy Martin	COMPANY TITLE PRIA / VP	DATE 9/16/14

F.16202B (1/04)

Additional Comments:

F.16202B (1/04)

Submit Print Reset

Type Code	Type Descrpt.	Year	Model	Item Description	Purchase Cost	ACV %	ACV	Acq Date	Serial No.	Dept.	Div.	
VSL	VSL	2010	USA	26 FT PUMP OUT BOAT MODL 26T1000	86,670	.73	$63,269	6/25/2010	OPQ26060G010	75	03	GARRISON BIGHT Active
VSL	VSL	2011	USA	26 FT PUMP OUT BOAT MODL 26T1000	86,670	.75	$65,003	10/01/201	OPQ26062K011	75	03	GARRISON BIGHT Active
	2			TOTAL PURCHASE COST	173,340.00		$128,272					

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GREAT AMERICAN INSURANCE GROUP

BOAT DEALER/ MARINA OPERATOR

This is not a Binder

☐ Great American Insurance Company of New York
☐ Great American Insurance Company
☐ _____

NAME OF APPLICANT	PRODUCER NAME AND ADDRESS
The City of Key West, Florida	Risk Management Associates dba Public Risk Insurance Agency P.O. Box 2416 Daytona Beach, FL 32115-2416
ADDRESS - NUMBER AND STREET P.O. Box 1409, Attn: Risk Management	
CITY STATE ZIP Key West, FL 33041-1409	

LOCATION OF YARD (BUILDINGS)

A. Garrison Bight Marina - 1800 N Roosevelt, Key West, FL

B. Key West Bight Marina-201 William St, Key West, FL

C. Key West Ferry Terminal-100 Grinnell St, Key West, FL

PRESENT INSURANCE CARRIER Great American	REASON BEING REPLACED n/a
PRODUCER CURRENT AGENT OF RECORD? ☑ Yes ☐ No	CURRENT PREMIUM $
EXPIRATION DATE OF CURRENT POLICY 10/1/2014	REQUESTED ATTACHMENT DATE
YEARS IN BUSINESS 40	HAS INSURANCE EVER BEEN CANCELED? ☐ Yes ☑ No

EXPERIENCE OF PRINCIPALS

	LOCATION A	LOCATION B	LOCATION C
U/L Certified Central Station Alarm	☐ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No
Alarm with outside siren	☑ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No
Complete fence and floodlight	☐ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No
Watchman service with clock	☑ Yes ☐ No	☑ Yes ☐ No	☒ Yes ☐ No
Owner lives on premises	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Bubble system	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Paid fire protection	☑ Yes ☐ No	☑ Yes ☐ No	☒ Yes ☐ No
Miles from fire station	<1 Mile Miles	<1 Mile Miles	<1 Miles
Public fire hydrants - number and distance			2

Describe any private fire protection:

Both sites:: Each deck is equipped w/fire suppression hose cabinet and each firebox contains 75ft of hose and fire extinguisher on site fire pumps (2) w/100 lbs of pressure to charge fire suppression hoses

Section I - Boat Dealer N/A

PROPERTY DAMAGE LIMIT

Location A. $ N/A Location B. $ Location C. $

LIABILITY LIMIT	DEDUCTIBLE
$	$

MORTGAGEE NAME AND ADDRESS

PROPERTY SOLD	MANUFACTURERS
Power boats	
Sail boats	
Accessories	
Motors	
Trailers	

		LAST INVENTORY DATE	AVERAGE-MONTHLY INVENTORY	MAXIMUM MONTHLY INVENTORY
Location A.	Inside			
	Outside			
	In Water			
Location B.	Inside			
	Outside			
	In Water			
Location C.	Inside			
	Outside			
	In Water			

BOATS DELIVERED (LAND OR WATER)

Total Annual Values = $ Number of boats Highest value boat $

Maximum miles over land Maximum miles over water

DEMONSTRATIONS (JET SKIS AND WAVERUNNERS ARE NOT COVERED)

Number per month Maximum MPH on boats

Where are demonstrations performed? Miles from shore

All U.S. Coast Guard safety equipment on board

Employees trained in use prior to demonstration

Explain:

BOAT SHOWS

Number of shows annually Maximum Number of boats each show Maximum limit required per show

TRANSPORTED BY

☐ Common carrier ☐ Owned vehicles ☐ Both

☐ All land ☐ All water ☐ Land and water

MAXIMUM DISTANCE TO SHOWS

miles

Section II - Marina Operator

REQUESTED LIMIT	DEDUCTIBLE
$1,000,00	$2,500

ACTIVITY		ANNUAL GROSS RECEIPTS
Repairs/alterations	Key West Bight Ferry Garrison	$ N/A
Dry storage		$ N/A
Mooring/docking rentals See Attached Schedule	#1,049,051 #96,162 #1,230,314	$ 2,325,527
Fueling See Attached Schedule	* 557,384	$ 557,384
Hauling and launching	* 23,172	$ 23,172
Other service receipts (type)		$
Total		$

REPAIR OPERATIONS

Type of Vessels Repaired N/A Type of Work _____

Highest value any one boat repaired $ _____ Average value of boat repaired $ _____ Are boat owners allowed to work on their own boats? ☐ Yes ☐ No

Describe any non-private pleasure boat repairs and amount of receipts:

DRY STORAGE

	LOCATION A.	LOCATION B.	LOCATION C.
Maximum value stored inside	$N/A	$	$
Maximum value stored outside	$N/A	$	$
Average monthly value	$N/A	$	$
Number of boats stored	N/A		

Are boats stored in racks? ☐ Yes ☐ No Number of boats stored afloat between 12/1 and 4/1 = N/A

Winterizing or make ready maintenance part of the storage agreement? ☐ Yes ☐ No
(Please submit copy of storage agreement with this application)

Describe type of building construction for land storage:

* Dry Tortugas Ferry no longer purchased fuel from City Key West.

MOORING/DOCKING RENTALS

	LOCATION A.	LOCATION B.	LOCATION C.
Maximum number of slips/moorings to rent	249	148	4
Actual number rented	249	148	2
Maximum value any one boat	$ 150,000	$ 1,000,000	$ 15,000,000
Total value of all boats	$2,000,000	$3,000,000	$ 30,000,000

Do any of the slips have roofs? ☐ Yes ☑ No How many? _____

Are any of the slips owned by boat owners? ☐ Yes ☑ No How many? _____

HAULING AND LAUNCHING

Number of boats handled last year N/A Type of equipment ☒ Ramps ☐ Cranes ☐ _____

Rated capacity of lifting equipment _____ Frequency of maintenance of equipment _____

FUELING B & C

Type of fuel sold ☒ Gas ☒ Diesel ☑ Both Are propane tanks refilled on premises? ☐ Yes ☑ No

Who performs fueling of boats? ☐ Employer ☑ Boat owner ☐ Both Smoking signs posted and enforced? ☐ Yes ☐ No

OTHER SERVICING

Please describe:

Section III - Owned Watercraft

Applies only to work boats used in conjunction with marina and boat dealer operations. Private pleasure use is not covered.

Schedule of boats	Value	Deductible
1. SEE ATTACHED SCHEDULE	1. $	1. $
2.	2. $	2. $
3.	3. $	3. $
4.	4. $	4. $
5.	5. $	5. $

Liability limit requested:* $ _____ Deductible $ _____

Crew coverage required? ☐ Yes ☐ No If yes, how many? _____ Navigation not to exceed _____ miles from premises.

Section IV - Loss History

List all claims or losses (whether or not insured) sustained during the last five years on all operations.

TYPE OF LOSS	DATE	LOCATION OF ACCIDENT	DETAILS	GROSS AMOUNT BEFORE ANY DEDUCTIBLE	CLAIM	
					OPEN	CLOSED
				$		
				$		
				$		
				$		
				$		
				$		
				$		
				$		
				$		
				$		
				$		

REMARKS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (Applicable to New York State only.)

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

APPLICANT SIGNATURE	COMPANY TITLE	DATE
JK Scholl	City of Key West City Manager	9/17/14
PRODUCER SIGNATURE	COMPANY TITLE	DATE
[signature]	PRIA / VP	9/16/14

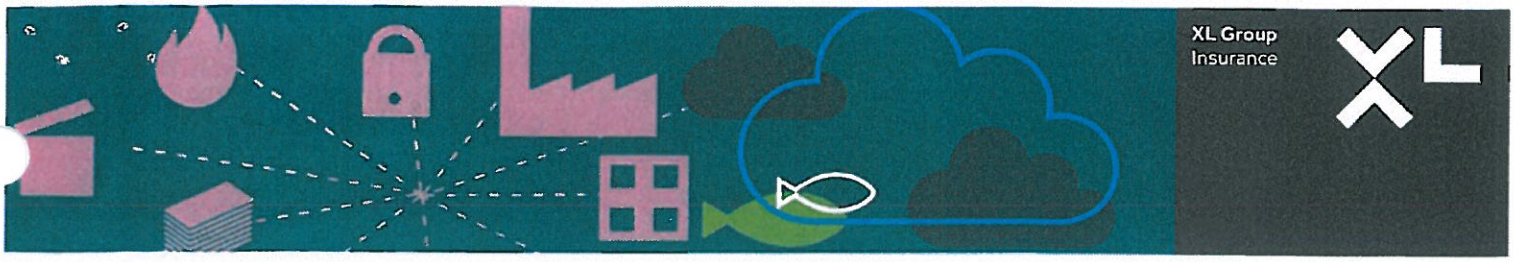
F.16213A (1/04)

Additional Comments:

F.16213A (1/04)

Submit Print Reset

Type Code	Type Descrpt.	Year	Model	Item Description	Purchase Cost	ACV %	ACV	Acq Date	Serial No.	Dept.	Div.	
VSL	VSL	1990	SEAARK	25 FT ALUMINUM OIL SPILL VESSEL	67,500	.30	$20,250	11/20/200	SAMA0158E090	19	05	PUBLIC WORKS Active
VSL	VSL	1990	SEAARK	25 FT ALUMINUM OIL SPILL VESSEL	67,500	.30	$20,250	11/20/200	SAMA0156E090	19	05	PUBLIC WORKS Active
	2			**TOTAL PURCHASE COST**	**135,000.00**		**$40,500**		**Total Values for Department:** 19			
VSL	VSL		MAKO	18' FLATS BOAT W/90 EVINRUDE	4,000	1.0	$4,000			21	02	KWPD MARINE Active
VSL	VSL	2003	SAFE BOAT	27' FULL CABIN SAFE BOAT MARINE	141,036	.41	$57,825	09/05/200	EQ000313E303V1748	21	02	KWPD MARINE Active
VSL	VSL	2005	DONZI	32 ' BOAT W/TWIN MECURY ENGINES	117,575	.52	$61,139	08/30/200	AMHA2002H506	21	02	KWPD MARINE Active
	3			**TOTAL PURCHASE COST**	**262,611.00**		**$122,964**		**Total Values for Department:** 21			
VSL	VSL	2003	BOSTON W	WHALER 24'7" GUARDIAN FIRE BOAT	82,084	.41	$33,654	03/24/200	WCG00089L203	22	01	KWFD Active
	1			**TOTAL PURCHASE COST**	**82,084.00**		**$33,654**		**Total Values for Department:** 22			
VSL	VSL	1985	AQUASPORT	20' BOAT	0		$0	09/22/199	ASPP1233F585	75	01	KEW WEST BIGHT Active
VSL	VSL	1997	J-16 CAROLINA	16 FT FIBERGLASS BOAT w/MOTOR	10,000	.14	$1,400	06/12/199	EKHI4337D797	75	01	KEW WEST BIGHT Active
VSL	VSL	2004	CAROLINA	21 FT FIBERGLASS WRK BOAT w/MOTOR	16,299	.49	$7,987	4/25/2004	EKHB3062H304	75	03	GARRISON BIGHT Active
VSL	VSL	2010	USA	26 FT PUMP OUT BOAT MODL 26T1000	86,670	.73	$63,269	6/25/2010	OPQ26060G010	75	03	GARRISON BIGHT Active
VSL	VSL	2011	USA	26 FT PUMP OUT BOAT MODL 26T1000	86,670	.75	$65,003	10/01/201	OPQ26062K011	75	03	GARRISON BIGHT Active
	5			**TOTAL PURCHASE COST**	**199,639.00**		**$137,658**		**Total Values for Department:** 75			
	11			**TOTAL PURCHASE COST**	**679,334.00**		**$334,776**					



XL Municipality Pollution Application

XL Group • 505 Eagleview Boulevard, Suite 100, Exton, PA 19341-1120, USA
Tel: 800-327-1414
Fax: 610-458-8667
www.xlinsurance.com/environmental

THIS APPLICATION IS FOR A "CLAIMS-MADE AND REPORTED" POLLUTION AND REMEDIATION LEGAL LIABILITY POLICY.

PLEASE READ THE APPLICANT INSTRUCTIONS BELOW CAREFULLY AND FILL OUT THIS APPLICATION COMPLETELY.

APPLICANT INSTRUCTIONS:

1. Answer all questions; leave no blank spaces. Reference and attach separate sheet(s) if applicable.

2. If any questions do not apply, or the answer is "No", please indicate.

3. In addition to completing this Application, please attach copies of the following, if available:

   - Past three (3) years Loss Runs, including General Liability, Property, Auto, and Pollution.
   - Vehicle Schedule [spreadsheet or Accord].
   - Past two (2) years of the Insured's audited Financial Statements, or link to location on website, if applicable.
   - All Environmental Reports and related correspondence.
   - Property Schedule listing all locations to be considered for coverage including physical address and current occupancy/use for each specific location.

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SECTION I – GENERAL INFORMATION

1. **APPLICANT NAME:** City of Key West

Street Address: P.O. Box 1409, Attn: Risk Management

City/State/Zip Code: Key West, FL 33041-1409

Contact Name: Lisa Takach Borzy Contact Title: Risk Manager

Telephone: 305-809-3811 Fax: 305-294-8879

E-mail:: ltakachborzy@keywestcity.com Website: Keywestcity.com

Federal Employer Identification Number: 59-6000346

2. **APPLICANT IS:** ☐ County ☒ City ☐ Other: _____

3. **REVENUES:** Estimated (Ensuing Year): 20 $ _____ Previous Year: 20 $ _____

4. **POPULATION:** _____

5. **PROPERTIES:**
Attach a complete list of all locations to be considered for coverage which includes the physical address and current occupancy/use for each specific location.

SECTION II – IN-FORCE POLLUTION COVERAGE

1. **CURRENT POLLUTION COVERAGE PROVIDED UNDER OTHER POLICIES:**
Please summarize the current in-force pollution coverage in the table provided below. Also include a copy of each policy including all endorsements. If additional apace is needed, please attach.

Current Carrier	Policy Period	Limits or Sub-limits	Self-Insured Retention Amount	Premium
Commerce & Industry	10/1/13-10/1/1	10,000,000/1,000,000	25,000	$2058.42
ACE/Illinois Union	11/1/13-11/1/14	$1,000,000	10,000	$3,241.00
		$	$	$

a. Has any insurance company denied, canceled or non-renewed pollution liability coverage? ☐ Yes ☒ No
If yes, give details:

b. Have any claims been filed and/or losses been incurred against any pollution policy? ☐ Yes ☒ No
If yes, give details and attach loss runs:

SECTION III – RECORD, COMPLIANCE HISTORY AND FUTURE SITE PLANS

1. **RECORD:**

a. Have you ever been investigated, cited and/or prosecuted for contravention or violation of any standard or law relating to any release of pollutants? ☐ Yes ☒ No
If yes, give details:

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b. Have you ever had any pollution claims including, but not limited to, claims by private persons, entities, government agencies, Non-Owned Disposal Sites (NODS), or other third-parties? ☐ Yes ☒ No
If yes, please describe:

c. Are you aware of any past or present contamination on, at, under or migrating from any location herein, or any circumstances which may reasonably be expected to give rise to a claim or generate a request for coverage under this policy? ☐ Yes ☒ No
If yes, please identify each site and explain:

2. COMPLIANCE HISTORY:

a. Have you received any notices of violations (NOVs), fines, penalties, complaints, or other enforcement actions regarding compliance with environmental law within the past five (5) years? ☐ Yes ☒ No
If yes, please explain:

b. Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at present comply? ☐ Yes ☒ No
If yes, please explain:

c. Has there been any past, present or planned remediation, monitoring or sampling to investigate potential contamination on, at, under or migrating from any location listed herein? ☐ Yes ☒ No
If yes, please provide a written explanation and attach copies of all applicable reports:

d. Have any prior environmental studies, reports, audits or investigations been prepared for any location listed herein? ☐ Yes ☒ No
If yes, attach copies and explain why they were done:

3. FUTURE SITE PLANS AND INVESTIGATIONS:

a. Does the Applicant have any plans to sell or sublease any part of the location and/or sell any of the business operations performed at any location listed herein? ☐ Yes ☒ No
If yes, please explain:

b. Does the Applicant have any plans or are they aware of any plans by a future perspective owner or tenant for development, improvement, betterment, demolition or plans for changes in use or business operations at any location listed herein? ☐ Yes ☒ No
If yes, please explain:

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c. Does the Applicant have any plans or are they aware of any plans by a future perspective buyer or tenant to initiate or complete any studies, investigations, testing and/or monitoring for environmental conditions at any location listed herein? ☐ Yes ☒ No
If yes, please explain:

SECTION IV – EXPOSURE AND RISK MANAGEMENT INFORMATION

1. RISK CLASSES:

a. Do you own or operate any Aboveground Storage Tanks (ASTs) and/or Underground Storage Tanks (USTs)? ☒ Yes ☐ No
If yes, please complete the Storage Tank Coverage Supplemental Application for each (see attached).

b. Do you own or operate any Water Treatment Facilities? ☐ Yes ☒ No
If yes, please complete the Water Treatment Plant Supplemental Application for each (see attached).

c. Do you own or operate any Wastewater Treatment Facilities? ☒ Yes ☐ No
If yes, please complete the Wastewater Treatment Plant Supplemental Application for each (see attached).

d. Do you own or operate any Current of Former Landfills, Transfer Stations, and/or Recycling Facilities? ☒ Yes ☐ No
If yes, please complete the Recycling/Waste Facility Supplemental Application for each (see attached).

e. Do you own or operate any Airports? ☐ Yes ☒ No
If yes, please complete the Airport Supplemental Application for each (see attached).

f. Other Exposure Classes: Number of Exposures:

Power Generation / Supply Facility
Vehicle / Equipment Maintenance Facility
Marina
Nursing Home / Assisted Living Center
Daycare Facility
Educational Facility
Golf Course
Healthcare Facility

g. Do you perform any pesticide/herbicide applications, maintenance activities, and/or water/sewer line installations on property you do not own or lease? ☐ Yes ☒ No
If yes, please complete the Contracting Services Supplemental Application (see attached).

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2. **RISK MANAGEMENT PROCEDURES:**

Please attach any written procedures and/or protocols you employ that document your risk management practices

a. Do you perform standard due diligence investigations on properties prior to acquisition? ☐ Yes ☐ No
If yes, please explain:

b. Do you perform due diligence and review facility compliance packages on Non-Owned Disposal Sites (NODS) to which your waste material is sent? ☐ Yes ☐ No

c. Do you have Asbestos and Lead Based Paint Management protocols in place? ☐ Yes ☒ No

d. Do you have Water Intrusion/Mold Management protocols in place? ☐ Yes ☒ No

e. Do you require all your Subcontractors to meet minimum insurance requirements that include Contractor's Pollution Liability (CPL) coverage? ☒ Yes ☐ No

3. **FACILITY HAZARDOUS MATERIALS / WASTE GENERATION:**

a. Does any property generate, handle, store or dispose of any hazardous waste or materials? ☒ Yes ☐ No
If yes, please complete the chart below for each location listed herein:

Location and Description of Waste	Amount Per Year (gallons)	At Any Time (gallons)	Method of Storage		Disposal Method or Site
			Container Type	Secondary Containment	
Example: 123 Acme Street - Waste Solvent	500	100	55-gallon drum	Segregated area with 110% volume	Off-site. ABC Waste Company.
Oil			55-gallon drum	Segregated area with 110% volume	Off-Site
Coolants				Collect, filter, reuse	Gas Collection Facility

4. **SITE SECURITY:**

a. Provide a detailed description of site security controls (e.g., ID checks, access controls, guards, perimeter fencing, security cameras, drive-by, etc.) including unoccupied properties (parks, vacant land, etc.)
Perimeter fencing/security cameras see WWTP Supplemental Application (6)

b. Do you currently have an approved Terrorism Prevention and Response Plan? ☐ Yes ☒ No

c. Do you have a cyber security program in place for your operations/facilities? ☐ Yes ☒ No
If yes, please attach a copy.

d. Has a vulnerability assessment been performed on your operations/facilities? ☐ Yes ☒ No
If yes, please attach a copy.

e. Identify who is in charge of your cyber security program.

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APPLICANT FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Automobile Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to $15,000.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

NOTICE TO NEW YORK APPLICANTS: General: All applications for commercial insurance, other than automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

All applications for automobile insurance and all claim forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

After reasonable inquiry, I warrant that the information and statements contained in this application for insurance are true and correct, and that no material facts have been withheld or misstated. I understand that this application, and all other materials and information submitted to the Company in connection with this application for insurance, are incorporated and made a part hereof. I also understand that the Company will rely upon the application, materials and information submitted in the underwriting process in the formation of any subsequent contract of insurance entered into.

I understand that the completion of this application does not bind coverage. Acceptance of a quotation from the Company is required prior to binding coverage with the Company.

Applicant's Signature: JKScholl Title: City Manager

Print Applicant's Name: James K. Scholl Date: 9/17/14

Agent/Broker Name: PRIA/Michelle Y Martin

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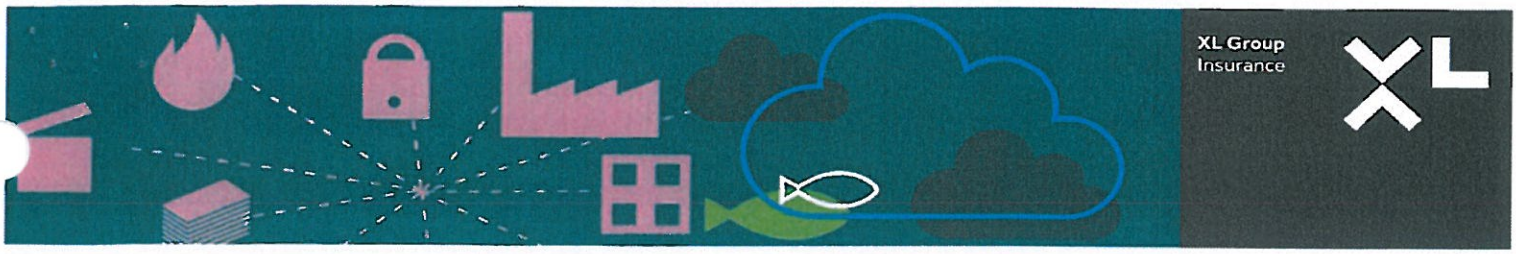

XL Municipality Pollution Application
Storage Tank Coverage Supplemental Application

Please read carefully and complete this supplemental application for each applicable facility. Attach additional tank supplement applications, if necessary or attach your own tank schedule with comparable information.

APPLICANT NAME: City of Key West

1. **Will any Storage Tanks be removed, replaced, and/or closed in place during the projected Policy Period?** ☐ Yes ☒ No
   If yes, identify each and explain below:

2. **Is the Applicant aware of any Storage Tanks that previously existed at the location which have been removed or closed in place?** ☐ Yes ☒ No
   If yes, were they closed in accordance with applicable local, state and federal regulations? ☐ Yes ☐ No

   If no, identify each and explain below:

3. **Does the Applicant currently satisfy their applicable Storage Tank Financial Assurance Obligation(s)?** ☐ Yes ☐ No
   If yes, identify method below:

4. **Will the quoted coverage need to satisfy any Storage Tank Financial Assurance Obligation(s)?** ☐ Yes ☐ No

5. **Additional Comments and/or Disclosures, if any:**

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Storage Tank Summary Table:

	Tank ID:	Tank ID:	Tank ID:	Tank ID:
AST or UST	AST			
Age	17 yrs (1997)			
Material Code	DWS			
Protection Code(s)	CP - EC			
Leak Detection Code	EM			
Containment Code	OTH Double wall			
Product Code	DS			
Last Integrity Test Date	2011			
Integrity Pass or Fail?	Pass			
Compliant all Regulations?	yes			
Connected Piping				
Age	1997			
Material Code	SWS			
Protection Code	CP - EC			
Dispenser Code	SU			
Length of Piping	20 feet			
% Piping Underground	0 %			

Storage Tank Schedule Reference Codes:

Tank Material Code	Tank Protection Code	Tank Leak Detection Code	Containment Code
DWS – Double Wall Steel	CP – Cathodic Protection	EM – Electronic Monitoring	CO – Concrete
DWF – Double Wall Fiberglass	EC – Epoxy Coating	IM – Interstitial Monitoring	LN – Liner
SWS – Single Wall Steel	PC – Painted Coating	PT – Pressure Test	CL – Clay
SWF – Single Wall Fiberglass	TV – Tank Vault	SI – Statistical Inventory	OTH – Other (explain)
LS – Lined Steel	EL – Excavation Liner	MW – Monitoring Well	UNK - Unknown
S3C – STIP 3 Construction	OTH – Other (explain)	DS – Dip Stick	
OTH – Other (explain)	UNK - Unknown	OTH – Other (explain)	
UNK - Unknown		UNK - Unknown	

Tank Product Code	Piping Material Code	Piping Protection Code	Dispenser Code
GS – Gasoline	DWS – Double Wall Steel	CP – Cathodic Protection	SU – Suction Line
DS - Diesel	DWN – Double Wall Non-Metalic	EC – Epoxy Coating	PR – Pressure Line
AV - Aviation	DWF – Double Wall Fiberglass Reinforced	PC – Painted Coating	OTH – Other (explain)
OL - Oil	SWS – Single Wall Steel	EL – Excavation Liner	UNK - Unknown
HF – Hydraulic Fluid	SWN – Single Wall Non-Metalic	OTH – Other (explain)	
AF – Anti-Freeze	SWF – Single Wall Fiberglass Reinforced	UNK - Unknown	
OTH – Other (explain)	OTH – Other (explain)		
UNK - Unknown	UNK - Unknown		

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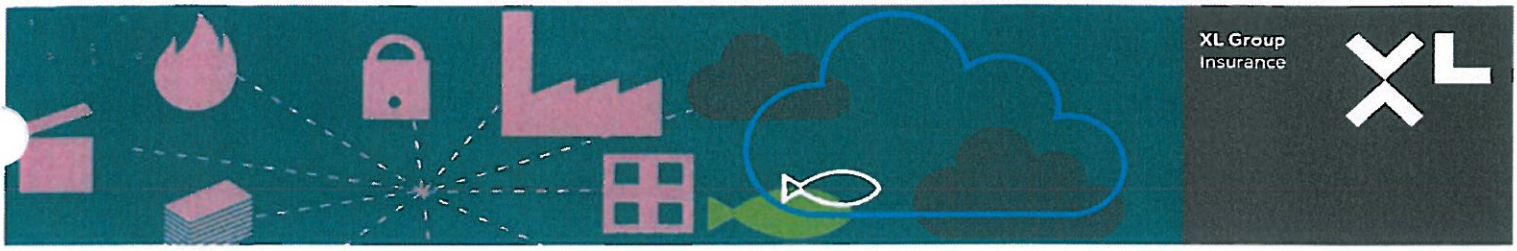

XL Municipality Pollution Application
Water Treatment Plant (WTP) Supplemental Application

Please read carefully and complete this supplemental application for each applicable facility.

APPLICANT NAME: _____

1. **WTP Name:** _____
   Street Address: _____
   City/State/Zip Code: _____
   USEPA / State Identification Number: _____

2. **WTP Specifications:**
   What year was the WTP designed & built? _____
   What is the total population serviced? _____
   What is the design capacity (gallons per day)? _____
   What is the average gallons treated per day? _____
   What is the source of water supply (well, river, etc.)? _____
   What is the number of pump/booster stations? _____
   How many miles of distribution pipeline? _____

3. **Summarize the water treatment process employed:**

4. **Have you received any Notice of Violations (NOVs) within the past five (5) years?** ☐ Yes ☐ No
   If yes, please explain:

5. **Attach or provide a web link for most recent Customer Satisfaction Report.**

6. **Summarize your facility/water supply security:**

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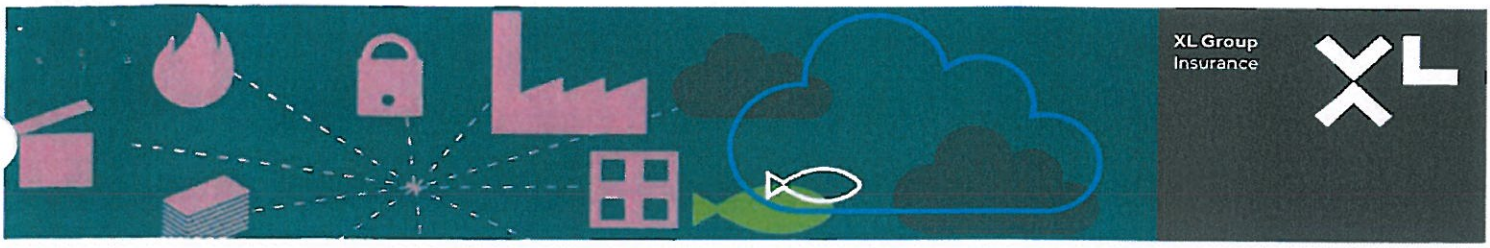

XL Municipality Pollution Application
Wastewater Treatment Plant (WWTP) Supplemental Application

Please read carefully and complete this supplemental application for each applicable facility.

APPLICANT NAME: City of Key West

1. **WWTP Name:** R.A. Heyman WWTP
   Street Address: Trumbo Point Fleming Key
   City/State/Zip Code: Key West FL 33040
   USEPA / State Identification Number: Permit Number FLA 47222

2. **WWTP Specifications:**

What year was the WWTP designed & built?	1989
What is the total population serviced?	
What is the design capacity (gallons per day)?	10,000,000 GPD
What is the average gallons processed per day?	4,200,000 GPD
Does the facility accept industrial or pre-treated wastewater?	NO
How does the plant dispose of bio-solids/sludge?	Landfill
What is the discharge point for treated wastewater?	Deep Well Injection
What is the number of pump/lift stations?	24
How many miles of sewer collection pipeline?	55
What is the average age of the sewer collection pipeline system?	15 years

3. **Summarize the wastewater treatment process employed:** AWT - Extended Air activated sludge - secondary clarification, tertiary filtration and UV disinfection. Deep well effluent disposal.

4. **Have you received any Notice of Violations (NOVs) and/or Odor Complaints within the past five (5) years?** ☐ Yes ☒ No
   If yes, please explain:

5. **Summarize any portions of the system that are combined sanitary/storm water lines.**
   N/A

6. **Summarize your facility security:** The facility is located on a secure Navy Base that requires special credentials for entry. Access to the base is controlled by Military Police. The plant is fenced and access in available through one electronically operated security gate. Visitors must check in at administrative office, sign in/out in a log with name, address, phone, email, time and date.

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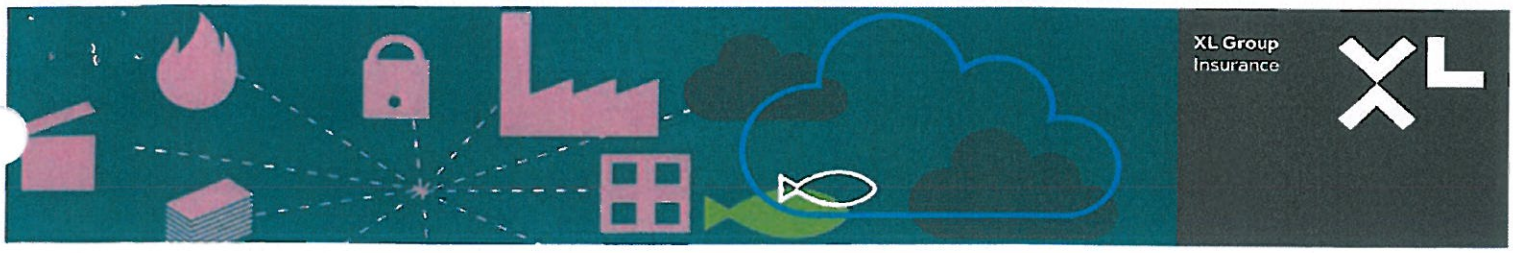

XL Municipality Pollution Application
Recycling/Waste Facility Supplemental Application

Please read carefully and complete this supplemental application for each applicable facility.

APPLICANT NAME: City of Key West

1. **Facility Name:** Stock Island Landfill
   Street Address: College Rd
   City/State/Zip Code: Key West FL 33040
   USEPA / State Identification Number: 796036
   Type of Facility: Choose an item. Closed landfill
   If Other, please explain:

2. **Recycling / Waste Facility Specifications:**
   Is the facility operational or closed? ☐ Operational ☒ Closed
   What year was the facility designed & built?
   If operational, what is the projected closure date? N/A
   What is the design / permitted capacity? N/A
   What is the average tons accepted per day? 0
   Total acres of property including buffer? (attach map) 32
   What is the size of the disposal area (in acres)? N/A
   What type of liner is used?
   Is there a leachate monitoring & collection system? ☐ Yes ☑ No
   Is there a methane gas monitoring & collection system? ☐ Yes ☑ No

3. **Summarize the types of materials accepted by the Facility:**
   None

4. **Are there any groundwater monitoring wells supporting the facility?** ☑ Yes ☐ No
   If yes, attach copies of monitoring results for the past year as well as a map showing the location of each monitoring well, or provide a web link to documentation.

5. **Have you received any Notice of Violations (NOVs) within the past five (5) years?** ☐ Yes ☑ No
   If yes, please explain:

6. **Have you received any Odor Complaints within the past five (5) years?** ☐ Yes ☑ No
   If yes, please answer the following questions:

   a. Please provide a complaint total, by year, for the last five (5) years.

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b. Have any of these odor complaints resulted in regulatory inspections, enforcement actions, fines and/or penalties? ☐ Yes ☐ No
If yes, please provide details below.

7. **Have you ever completed an odor study or evaluated additional odor engineering controls?** ☐ Yes ☑ No
If yes, please provide a copy and discuss:

8. **Do you monitor landfill temperatures or have there been any exothermic reactions?** ☐ Yes ☑ No
If yes, please discuss and provide report if appropriate:

9. **For Closed Landfills:** ☐ Not Applicable

a. Have all closure requirements been met and an engineer's certificate issued? ☑ Yes ☐ No

b. Has the facility been inspected by any Federal/State agency of the USEPA? ☑ Yes ☐ No
If yes, please attach a copy of findings or web link to documentation.

See attached.

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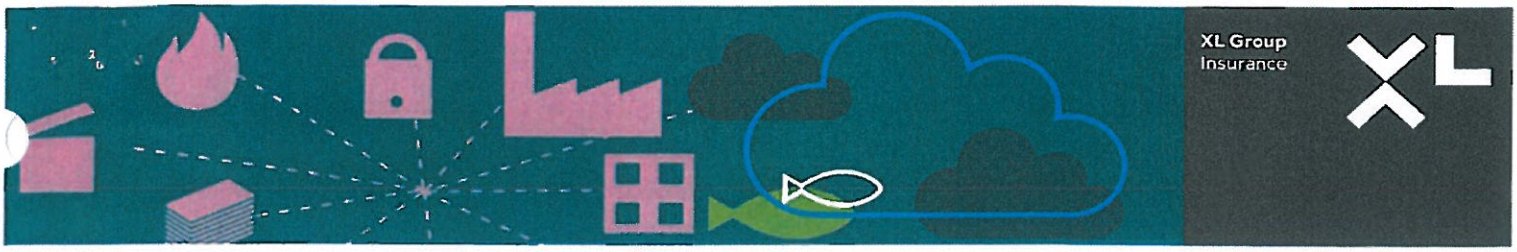

XL Municipality Pollution Application
Airport Supplemental Application

Please read carefully and complete this supplemental application for each applicable facility.

APPLICANT NAME: _____

1. **Airport Name:** _____
   Street Address: _____
   City/State/Zip Code: _____

   This Airport is for: ☐ General Aviation or ☐ Commercial Airport

2. **Airport Specifications:**
   What year did the airport begin operations? _____
   What is the total acreage? _____
   What is the average number of flights daily? _____

3. **Does the Airport contain a Fuel Farm?** ☐ Yes ☐ No
   If yes, please complete the following:

   a. Who is responsible for maintaining the Fuel Tank Farm?

   b. If Applicant does not operate and maintain the Fuel Tank Farm, what Pollution Liability Insurance limits is the Operator required to carry?

   c. If a fuel dispenser hydrant system is utilized, summarize the operational and integrity controls:

4. **Does the Airport employ plane deicing operations?** ☐ Yes ☐ No
   If yes, please complete the following:

   a. Who is responsible for performing the deicing?

   b. Summarize the deicing process including location and chemicals employed:

   c. Summarize the deicing runoff collection system:

5. **Have you received any of Notice of Violations (NOVs) and/or Noise Complaints within the past five (5) years?** ☐ Yes ☐ No

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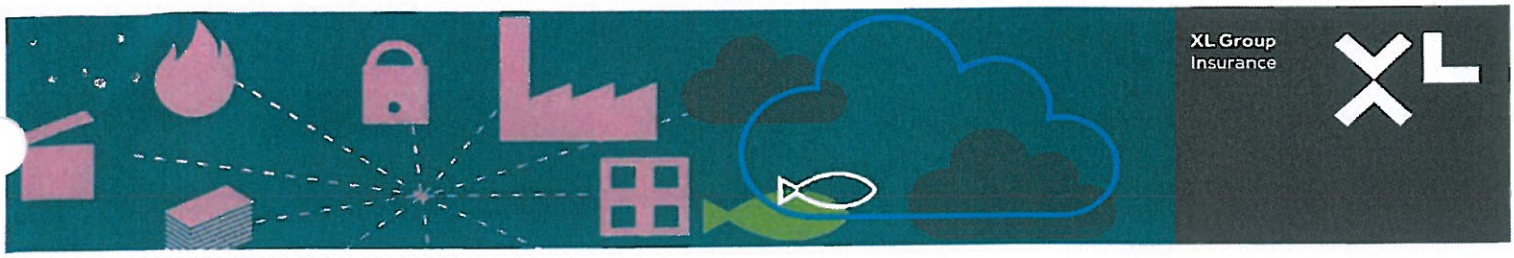

XL Municipality Pollution Application
Contracting Services Supplemental Application

Please read carefully and complete this supplemental application.

APPLICANT NAME: _____

1. **Does the Applicant perform Pesticide applications?** ☐ Yes ☐ No
   If yes, please complete the following:
   a. Summarize method(s) of application:
   b. Are all persons applying Pesticides certified? ☐ Yes ☐ No
   c. Does Applicant maintain written protocols for the handling & application? ☐ Yes ☐ No
2. **Does the Applicant perform Pesticide applications?** ☐ Yes ☐ No
   If yes, please complete the following:
   a. Summarize the method(s) of application:
   b. Are all persons applying Pesticides certified? ☐ Yes ☐ No
   c. Does Applicant maintain written protocols for the handling & application? ☐ Yes ☐ No
3. **Does the Applicant have any Contracting Services exposure?** ☐ Yes ☐ No
   If yes, please complete the following:
   a. Summarize the types of Services the Applicant performs on Non-Owned/Leased locations:
   b. Does Applicant have written procedures in place to assure the One-Call System is employed for all sub-grade work? ☐ Yes ☐ No
   c. Does Applicant have written procedures in place regarding work in contaminated areas? ☐ Yes ☐ No
4. **Has the Applicant received any Notice of Violations (NOVs) within the past five (5) years?** ☐ Yes ☐ No
   If yes, please explain:
5. **Summarize any pollution conditions that the Applicant has caused during prior chemical applications and/or while performing any Contracting Services:**

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