



BRAY & OAKLEY
INSURANCE AGENCY

Bray & Oakley Insurance Agency, Inc.

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Logan, WV 25601
304-752-6850
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WVBRIM Excess Liability Program

Agency: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Contact Person: _____

Entity to be Insured

Name of Entity: _____

Mailing Address: _____

Physical Address: _____

Contact Person for Inspection: _____

Phone: _____

Web Address: _____



Type of Entity

Municipality _____

County _____

Non-Profit _____

If municipality or county, give population: _____

Total Budget: _____

Annual Auto Liability Premium: _____

Annual Brim All Other Liability Premium: _____

Detailed Description of Operations:



Employee Information

Annual Payroll: _____

Any layoffs in the last 12 months? If so, explain:

Enter Number of Officers & Directors: _____

Use full time equivalents for employee numbers:

Law Enforcement _____

Firefighters _____

Administrative/Clerical _____

Maintenance or Construction _____

Teachers or Faculty _____

Dentists _____

Physicians _____

Nurses _____

Drivers _____

Social Workers _____

Therapist _____

All other professionals:

Number: _____

Specify: _____

Unclassified: _____

Total Number of All Employees: _____



General Liability Exposures

Please identify the applicable operation and provide the exposure information:

Airport	Yes _____	No _____	Number: _____
Amusement Parks	Yes _____	No _____	Annual Sales: _____
Arenas/Convention Centers	Yes _____	No _____	Area: _____
Assisted Living Facilities	Yes _____	No _____	Number of Units: _____
Athletic Participation/Teams	Yes _____	No _____	No. of Participants: _____
Blasting Operations	Yes _____	No _____	No. of Blasts/Year: _____
Bleachers/Stadiums/Stands > 5,000	Yes _____	No _____	Number: _____
Blood Bank	Yes _____	No _____	Number: _____
Camps or Campgrounds	Yes _____	No _____	Number: _____
Clubs/Organizations	Yes _____	No _____	Number of Members: _____ Numbers of Campers: _____ Number of Camper Days: _____
Overnight Facilities	Yes _____	No _____	
Cemeteries	Yes _____	No _____	Number: _____
Chemical Spray (insects)	Yes _____	No _____	Number of Acres: _____ Times/Year: _____
Chemical Spray (weeds)	Yes _____	No _____	Number of Acres: _____ Times/Year: _____
Dams/Reservoirs	Yes _____	No _____	Age: _____ Height: _____ Width: _____



			Const.: _____
Festivals	Yes _____	No _____	Number of Attendees: _____
Fireworks Displays	Yes _____	No _____	Number of Times/Year: _____
Golf Courses	Yes _____	No _____	Number: _____
Health Dept.	Yes _____	No _____	Number of Employees: _____ Payroll: _____ Number of Out-Patient Visits: _____
Hospital	Yes _____	No _____	Are you responsible for insurance? Yes _____ No _____
Hospice Care	Yes _____	No _____	Inpatient? Yes _____ No _____ Number of beds: _____
Landfill	Yes _____	No _____	Number Open: _____ Number Closed: _____
Libraries	Yes _____	No _____	Number: _____
Liquor Stores/Taverns	Yes _____	No _____	Annual Sales Off: _____ Annual Sales On: _____
Mechanical or Electrical Amusement Device	Yes _____	No _____	Number: _____
Mental Health Agency	Yes _____	No _____	No. Patients Out: _____ No. Patients In: _____ No. Outpatients Visits: _____
Museums	Yes _____	No _____	Number: _____
Nursing Homes	Yes _____	No _____	Are you responsible for insurance?



			Yes _____ No _____
Offices	Yes _____	No _____	Square footage of Offices: _____
Piers, Docks, Marinas, Boat Slips/Ramps	Yes _____	No _____	Number: _____
Port Authority	Yes _____	No _____	Are you responsible for insurance? Yes _____ No _____
Recreation Activities	Yes _____	No _____	Describe: _____
Recycling Center	Yes _____	No _____	
Rifle/Shooting Range	Yes _____	No _____	Number: _____ Type: _____
Rodeo	Yes _____	No _____	Attendance: _____
Sanitation, Garbage Collection, Recycle Ops.	Yes _____	No _____	Number of Customers: _____
Schools (Describe in remarks section)	Yes _____	No _____	Enrollment Number: _____
Shelter/Youth Homes/Group Homes	Yes _____	No _____	Number: _____ Type: _____
Skateboard Facility	Yes _____	No _____	Number: _____ Type: _____
Ski Facility	Yes _____	No _____	Number of Downhill: _____ Number of Cross Country: _____



Special Events (Fairs, Carnivals, Etc.)	Yes _____	No _____	Number: _____ Number of Attendees: _____ Gate Receipts: _____ Dates: _____ Number of Non-Fair Attendees: ____ Describe: _____
Transportation System	Yes _____	No _____	Annual Payroll: _____
Transfer Stations	Yes _____	No _____	Number: _____
Vacant Land	Yes _____	No _____	Number of Acres: _____ Describe Type: _____
Watercraft/Boats	Yes _____	No _____	Number > 26 ft.: _____ Receipts: _____



Social Service Agency

Meals on Wheels	Yes _____	No _____	Number of Meals Served: _____ Number of non-salaried welfare participants: _____ Cost figure of weatherization /insulation program: _____ Wages: _____ Materials: _____
Foster Care and/or Adoption Services	Yes _____	No _____	
Substance Abuse Facilities	Yes _____	No _____	Inpatient/Outpatient: _____ Number of Patient Encounters: ____ Methadone: Yes _____ No _____
Workshop for Vocational Education	Yes _____	No _____	
Adult Day Care	Yes _____	No _____	



Police Professional

Policies and Procedures:

Written Manual Yes _____ No _____ If yes, Date of Last
Revision: _____

Specific policies regarding:

Use of Deadly Force Yes _____ No _____
Non-deadly Force Yes _____ No _____
Hot Pursuit Yes _____ No _____
Authorized "Moonlighting" Yes _____ No _____

Explain: _____

List all department accreditations:

Number of:

Armed Officers: _____

Auxiliary Officers: _____

Clerical: _____

Correctional Officers: _____



Jail Operations

Type of Facility: Jail _____ Holding Cell _____ Detention Cell _____ None _____

Average Number: Daily Inmates _____ Length of Stay _____

State Certified Capacity _____ Number of Beds _____

Date of Last Inspection: State Corrections _____ Fire Marshall _____ Health Department _____

Method of Surveillance: Patrol _____ Video _____ Intercom _____ Other: _____

Written Jail Procedures and Policies Regarding:

Intake Screening/Classification Yes _____ No _____

Separation of Youthful Offenders Yes _____ No _____

Separation of Violent Offenders Yes _____ No _____

Strip Searches Yes _____ No _____

Jail Evacuation Yes _____ No _____

Medical Treatment/Sick Call Yes _____ No _____

Suicide Prevention Yes _____ No _____

Have there ever been any suicides? _____ Attempted suicides? _____

Explain:



Vehicle Exposures (For All Entities)

Enter the number of owned or leased vehicles as indicated:

Policies & All Other Entities

Fire Department

- Squad Cars _____
- Other Private Passenger _____
- Light Trucks (under 10,000 gyw) _____
- Med. Trucks (under 20,000 gyw) _____
- Heavy Trucks (over 40,000 gyw) _____
- Extra Heavy (60,000 gyw or over) _____
- *Buses (1-8 passenger) _____
- *Buses (9-20 passengers) _____
- *Buses (21-60 passengers) _____
- *Buses (Over 61 passengers) _____

- Private Passenger _____
- Rescue or Paramedic Units _____
- Light Trucks (under 10,000 gyw) _____
- Med. Trucks (under 20,000 gyw) _____
- Heavy Trucks (over 40,000 gyw) _____
- Extra Heavy (60,000 gyw or over) _____
- Ambulances _____

Describe how buses are used

Hired & Non-owned autos _____

Specify vehicles traveling over 75 miles on a regular basis:



Swimming Pools

Number of Pools: _____

Number of Diving Boards: _____

Number of Water Slides: _____

Number of Life Guards on Duty: _____

Are all pools fenced?: _____ If not why?:

Water System

Population Served: _____

Number of Connections: Residential _____ Commercial _____ Industrial _____

Number of Fire Hydrants: _____

Does entity operate a lake or dam? _____

If yes, please describe:

Gallons Sold Per Year: _____

Payroll: _____

Is an inspection program in place to prevent dry hydrants? _____

Does entity have a cross connection or redundancy program? _____

Does entity have emergency power? _____



Sewer System

Population Served: _____

Payroll: _____

Miles of Pipe: _____

Number of Customers: Residential _____ Commercial _____ Industrial _____

How often are the lines inspected?: _____

What is the inspection process?: Video _____ Smoke _____ Dye _____

Treatment Plant: Yes _____ No _____

Fire Department

Paid Firefighters: _____

Volunteer/Part-Time Firefighters: _____

EMT's: _____

Paramedics: _____

Radius of Operation: _____

Number of Annual Fire Calls: _____

Number of Annual Emergency or Ambulance Calls: _____

Is entity responsible for transportation of insured persons?: _____

Does the department have a procedures manual?: _____

Do you operate a paramedic or EMT Service?: Yes _____ No _____

Are all EMT's and paramedics licensed?: _____



Emergency Dispatch

Does your fire/police/emergency department handle its own dispatch?: _____

If no, who?: _____

Does the system have automatic number identification?: _____

Does the system have automatic location identification?: _____

Do you have emergency power?: _____

Daycare/Entities with Custodial Exposure

Name of Facility: _____

Location: _____

Licensed by the State?: _____

Description of operations: _____

Number of patients or students: _____

Number of annual patient: _____

Breakdown of professionals:

Number of teachers or faculty: _____

Volunteers: _____

Average daily attendance of children:

0-2 Years _____ 3-5 Years _____ 6-9 years _____ 10 & Over _____

Any overnight accommodations?: _____ Number of Beds: _____

If overnight accommodations, describe



Abuse Policy

Do you have a written sexual abuse/molestation policy?: _____

Are references and criminal background checks done on all employees and volunteers?: _____

Are there rules or guidelines prohibiting closed door, one-on-one meetings?: _____

Are all prospective employees checked with the child abuse register and with law enforcement agencies for criminal records?: _____

Have any employees been the subject(s) of a child abuse/neglect investigation?: _____

If so, what was the result of the investigation?: _____

Is any counseling conducted off-premises or in client's or counselor's home?: _____

If yes, by whom and what type of clients?:

Any abuse/molestation claims in the past five years?: _____

If so, describe:

Streets and Roads

Mileage of streets and roads: _____

Maintained by the State: _____

Maintained by entity: _____



Housing Authority

Number of housing units owned or operated: _____

Sprinklered: _____,

If yes, give buildings and location:

Type of construction and age of buildings by location:

Number of stories in building(s):

Written policies and procedures on Fair Housing Act?:

Written policies on Americans with Disabilities Act?:

Please use the following to include any additional information that may need to be reported:

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE:	PRODUCER'S NAME (Please Print):
APPLICANT SIGNATURE:	DATE: