

General Liability Schedule
Metropolitan Districts



Name of District: _____

*** Total Operating Expenses does not include debt services or capital expenditures**

Code	Description	Unit	Amount
60001	Number of Skate Board Parks	Total	
60002	Number of Diving Boards	Total	
60003	Number of Water Slides	Total	
60004	Maximum Bond Issued	Dollars	
60005	Number of Bonds Issued	Total	
60020	Day Care Operations - Total Annual Payroll	Dollars	
60030	Number of EMT Personnel	Total	
60031	Number Of Non-EMT Volunteers	Total	
60032	Number of Paid Fire Fighters – Non-EMT	Total	
60036	Pipe Line – Water	Miles	
60037	Pipe Line - Under Drain	Miles	
60039	Pipe Line	Miles	
60043	Pipe Line (Sewer/Storm Drainage Combined)	Miles	
60050	Number of Teachers	Total	
60070	Number of Golf Courses	Total	
60080	Number of Go Cart Tracks	Total	
60097	Additional First Named Members (Subdistricts)	Total	
60098	Additional First Named Members	Total	
60105	Total Operating Expenses - Any Other	Dollars	
60130	Total Operating Expenses - Park & Recreation	Dollars	
60131	Total Operating Expenses - Cemetery	Dollars	
60132	Total Operating Expenses - Soil & Water Conservation	Dollars	
60133	Total Operating Expenses – Pest Control	Dollars	
60134	Total Operating Expenses - Hospital / Health	Dollars	
60135	Total Operating Expenses - Drainage	Dollars	

60136	Total Operating Expenses - Library	Dollars	
60137	Total Operating Expenses - Water Control	Dollars	
60138	Total Operating Expenses - Fire / Ambulance	Dollars	
60139	Total Operating Expenses - Water	Dollars	
60140	Total Operating Expenses - Irrigation	Dollars	
60141	Total Operating Expenses - Sanitation	Dollars	
60142	Total Operating Expenses - Transit	Dollars	
60143	Total Operating Expenses - Improvement	Dollars	
60215	Buildings & Premises Occupied by District	Sq. ft.	
60250	Number of Homes in Home Owner's Association	Total	
60270	Number of Aboveground Storage Tanks (excluding water tanks)	Total	
60331	Number of Paid Firefighters - Full-Time	Total	
60332	Number of Paid Firefighters - Part-Time	Total	
60333	Number of Volunteer Firefighters	Total	
60334	Number of Paid EMT – Full Time	Total	
60335	Number of Paid EMT – Part Time	Total	
60348	Number of Board Members	Total	
60350	Number of Permanent Employees – Full Time	Total	
60351	Number of Permanent Employees – Part Time	Total	
60366	Total Payroll	Dollars	
60405	Number of Boats over 51'	Total	
60411	Total Water Delivered Annually - Millions of Gallons	MGAL	
60414	Playground/Parks (Area)	Acres	
60415	Number of Grandstands/Stadiums	Total	
60420	Vacant Land	Acres	
60450	Miles of Road Maintained	Miles	
60522	Number of Ponds, Lakes & Reservoirs	Total	
60550	Fire Department Area Served	Sq. Miles	
60539	Miles of Canals/Ditches	Miles	
60671	Number Of Parks	Total	
60710	Dams - Class 1 - Low Hazard - Total Acre Ft.	Acre Ft.	
60712	Dams - Class 1 - Low Hazard - Number of Dams	Count	
60720	Dams - Class 2 - Med Hazard - Total Acre Ft.	Acre Ft.	
60722	Dams - Class 2 - Med Hazard - Number of Dams	Count	
60730	Dams - Class 3 - High Hazard - Total Acre Ft.	Acre Ft.	
60730	Dams - Class 3 - High Hazard - Number of Dams	Count	

60811	Number of Spillways	Total	
60900	Services Contracted Out to Others	Dollars	
60924	Revenue from use of Swimming Pools	Dollars	
60925	Number of Swimming Pools	Total	
60945	Number of Sewage Taps	Total	
60946	Number of Water Mains or Connections	Total	
60947	Sewer and/or Sanitation Line Maintenance (budget)	Dollars	
60948	Water Line Maintenance (budget)	Dollars	
60997	Number of district sponsored Events/Fundraisers - No Alcohol	Total	
60998	Number of District sponsored Events/Fundraisers – With Alcohol	Total	
60999	Prior Acts Coverage Under a Previous “Claims Made” Policy	Premium	

If your district has other exposures not common to all similar districts and not listed on the General Liability Schedule, such as: (airplanes, staff security people, bridges, or boats) please list below. Certain activities may require separate coverage under another policy.

Description	Unit	Amount

Supplementary Questions:

1. Any chemical spraying? _____
 - a. Purpose of spraying: _____
 - b. Chemicals used: _____

2. Certificates of coverage required for all subcontractors?
 - a. Describe the services contracted: _____
 - b. Limit of Liability required (\$1 million recommended): _____

Note: Health related professional liability is not provided at district owned or operated hospitals, clinic or nursing homes.