

# General Liability Schedule

## Pest Control Districts



Name of District: \_\_\_\_\_

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

| Code  | Description   | Unit    | Amount |
|-------|---|---------|--------|
| 20004 | Maximum Bond Issued   | Dollars |        |
| 20005 | Number of Bonds Issued  | Total   |        |
| 20031 | Number Of Non-EMT Volunteers  | Total   |        |
| 20097 | Additional First Named Members (Subdistricts)                       | Total   |        |
| 20098 | Additional First Named Members                                      | Total   |        |
| 20105 | Total Operating Expenses - Any Other                                | Dollars |        |
| 20133 | Total Operating Expenses – Pest Control                             | Dollars |        |
| 20215 | Buildings & Premises - Occupied By District                         | Sq. ft. |        |
| 20270 | Number of Aboveground Storage Tanks (excluding water tanks)         | Total   |        |
| 20348 | Number of Board Members   | Total   |        |
| 20350 | Number of Permanent Employees - Full Time                           | Total   |        |
| 20351 | Number of Permanent Employees - Part Time                           | Total   |        |
| 20366 | Total Payroll   | Dollars |        |
| 20405 | Number of boats over 51'  | Total   |        |
| 20420 | Vacant Land   | Acres   |        |
| 20602 | Area Served   | Acres   |        |
| 20900 | Services contracted out to others                                   | Dollars |        |
| 20997 | Number of District sponsored events/fundraisers – No alcohol served | Total   |        |
| 20998 | Number of District sponsored events/fundraisers – Alcohol served    | Total   |        |
| 20999 | 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): \_\_\_\_\_