



## Renewal Questionnaire

Insured: C54013      BUCKMAN DIRECT DIVERSION BOARD  
Broker: A05659

**DANIELS INSURANCE INC  
805 SAINT MICHAELS DRIVE  
SANTA FE, NM 87502**

Please complete and return to **Glatfelter Public Practice** no later than **05/22/2022**. Important: Use this Renewal Questionnaire instead of any agency generated documents. All information should be verified for accuracy, and all questions should be answered. Note: The purpose of the Renewal Questionnaire is to gather updated underwriting/rating information. Refer to the policy for a complete listing of the coverages currently provided.

If any additional lines of insurance are needed to broaden coverage, we encourage you to request them by completing our New Business Application or the appropriate sections of an ACORD application. Refer to our website, [www.glatfelterpublicpractice.com](http://www.glatfelterpublicpractice.com), for our New Business Application.

Dear Broker:

We hope that you will use this Renewal Questionnaire as an efficient means to communicate any changes to us for the upcoming renewal. Please carefully review and complete all information in this Renewal Questionnaire. Once completed, please return it to your underwriter, TAQUA MCCOY at [tmccoy@glatfelters.com](mailto:tmccoy@glatfelters.com) or PO Box 2726, York, PA 17405.

On behalf of Glatfelter Insurance Group, I sincerely thank you for your continued support and patronage. If you have any questions, please do not hesitate to contact your underwriter or me at (800) 233-1957.

Sincerely,

Mark R. McCrary, ARM-P, AIC  
President, Glatfelter Public Practice

# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

## GENERAL INFORMATION

Insured's Name: BUCKMAN DIRECT DIVERSION BOARD  
Insured's Mailing Address: 341 CAJA DEL RIO  
SANTA FE, NM 87506  
County: SANTA FE

Notice: As changes are made throughout this document, a system-generated "U"pdate indicator will appear in the left margin.

Contact Name/Title: MACKIE ROMERO Phone: 505.955.9506

<u>Coverage</u>	<u>Status</u>	<u>Eff. Date</u>	<u>Exp. Date</u>	<u>Policy Number</u>
Property	In-Force	07/01/2021	07/01/2022	GPNU-PF-0022404-01
Crime	In-Force	07/01/2021	07/01/2022	GPNU-PF-0022404-01
Inland Marine	In-Force	07/01/2021	07/01/2022	GPNU-PF-0022404-01
Auto	In-Force	07/01/2021	07/01/2022	GPNU-PF-0022404-01
General Liability	In-Force	07/01/2021	07/01/2022	GPNU-PF-0022404-01
Public Officials & Mgmt Liab	In-Force	07/01/2021	07/01/2022	GPNU-PF-0022404-01
Educators Legal Liability	Not Covered			
Excess Liability	In-Force	07/01/2021	07/01/2022	GPNU-PF-0022404-01

What is your total number of Full-time Employees? 31  
What is your total number of Part-time Employees? 0  
What is your total number of Seasonal / Temporary Employees? 0  
What is your total number of Volunteers? 0  
What is your total number of Public Officials, Directors or  
Officers not already included above? 5

***Please attach Current Budget Expenditures.***

### General Comments:

*Please describe below any material change in the insured's operations.*

# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

## PROPERTY

Based upon your current Property coverage information, please provide updated information.  
Attach supporting information where appropriate.

Is there any property under construction or a Builder's Risk exposure? ☐ Yes ☒ No  
If yes, submit completed values and construction or advise if separately insured.

Do any pumps or motors exceed 750 HP? ☐ Yes ☒ No

### Schedule of Locations

☒ No Changes

Delete	Prem.	Item	Address (2 lines)	City, State, Zip	Occupancy
<input type="checkbox"/>	1	1	341 CAJA DEL RIO	SANTA FE NM 87506	OFFICE
<input type="checkbox"/>	1	2	341 CAJA DEL RIO	SANTA FE NM 87506	OFFICE CONTENTS
<input type="checkbox"/>	1	3	341 CAJA DEL RIO	SANTA FE NM 87506	MAINTENANCE BUILDING
<input type="checkbox"/>	1	4	341 CAJA DEL RIO	SANTA FE NM 87506	MAINTENANCE BUILDING CONTENTS
<input type="checkbox"/>	1	5	341 CAJA DEL RIO	SANTA FE NM 87506	CHEMICALS STORAGE BUILDING
<input type="checkbox"/>	1	6	341 CAJA DEL RIO	SANTA FE NM 87506	CHEMICALS STORAGE BUILDING CONTENTS
<input type="checkbox"/>	1	7	341 CAJA DEL RIO	SANTA FE NM 87506	CENTRIFUGAL BUILDING
<input type="checkbox"/>	1	8	341 CAJA DEL RIO	SANTA FE NM 87506	ADVANCED TREATMENT FACILITY
<input type="checkbox"/>	1	9	341 CAJA DEL RIO	SANTA FE NM 87506	SWITCHGEAR BUILDING
<input type="checkbox"/>	1	10	341 CAJA DEL RIO	SANTA FE NM 87506	MEMBRANE PUMP & ELECTRICAL BUILDING
<input type="checkbox"/>	1	11	341 CAJA DEL RIO	SANTA FE NM 87506	BOOSTER STATION 4A/5A
<input type="checkbox"/>	1	12	341 CAJA DEL RIO	SANTA FE NM 87506	WATER TANK
<input type="checkbox"/>	1	13	341 CAJA DEL RIO	SANTA FE NM 87506	PROCESS TANKS & VAULTS
<input type="checkbox"/>	2	1	DIVERSION STRUCTURE	SANTA FE NM 87506	DIVERSION STRUCTURE
<input type="checkbox"/>	2	2	DIVERSION STRUCTURE	SANTA FE NM 87506	DIVERSION STRUCTURE CONTENTS



# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

<u>Delete</u>	<u>Prem.</u>	<u>Item</u>	<u>Address (2 lines)</u>	<u>City, State, Zip</u>	<u>Occupancy</u>
<input type="checkbox"/>	2	3	DIVERSION STRUCTURE	SANTA FE NM 87506	RAW WATER LIFT STATION
<input type="checkbox"/>	2	4	DIVERSION STRUCTURE	SANTA FE NM 87506	RAW WATER LIFT STATION
<input type="checkbox"/>	3	1	SEDIMENT REMOVAL FACILITY	SANTA FE NM 87506	SEDIMENT REMOVAL FACILITY
<input type="checkbox"/>	3	2	SEDIMENT REMOVAL FACILITY	SANTA FE NM 87506	SEDIMENT REMOVAL FACILITY CONTENTS
<input type="checkbox"/>	3	3	SEDIMENT REMOVAL FACILITY	SANTA FE NM 87506	BOOSTER STATION 1A
<input type="checkbox"/>	4	1	BOOSTER STATION 2A	SANTA FE NM 87506	BOOSTER STATION 2A
<input type="checkbox"/>	4	2	BOOSTER STATION 2A	SANTA FE NM 87506	BOOSTER STATION 2A CONTENTS
<input type="checkbox"/>	4	3	BOOSTER STATION 2A	SANTA FE NM 87506	SOLAR ARRAY

Add

Add

Add

## Coverages A and B Schedule of Property Limits

☒ No Changes

Deductible: \$50,000

Please note: The limits shown below reflect what will be provided on the upcoming renewal and contemplate the inflation guard percentage provided on your expiring policy as indicated below. Newly added premises/items are subject to Underwriting approval.

Real Property										Personal Property				
<u>Delete</u>	<u>Prem.</u>	<u>Item</u>	<u>Const.</u>	<u>Limit</u>	<u>Valu- ation</u>	<u>Coins.</u>	<u>Incl. in Blanket</u>	<u>Inflation Guard</u>		<u>Limit</u>	<u>Valu- ation</u>	<u>Coins.</u>	<u>Incl. in Blanket</u>	<u>Inflation Guard</u>
<input type="checkbox"/>	1	1	4	\$10,965,084	RC	N/A	Yes	0%		Not Covered				
<input type="checkbox"/>	1	2	4	Not Covered						\$157,931	RC	N/A	Yes	0%
<input type="checkbox"/>	1	3	4	\$2,771,394	RC	N/A	Yes	0%		Not Covered				
<input type="checkbox"/>	1	4	4	Not Covered						\$157,931	RC	N/A	Yes	0%
<input type="checkbox"/>	1	5	4	\$9,519,140	RC	N/A	Yes	0%		Not Covered				
<input type="checkbox"/>	1	6	4	Not Covered						\$35,096	RC	N/A	Yes	0%
<input type="checkbox"/>	1	7	4	\$6,868,240	RC	N/A	Yes	0%		Not Covered				
<input type="checkbox"/>	1	8	4	\$43,860,336	RC	N/A	Yes	0%		Not Covered				
<input type="checkbox"/>	1	9	4	\$2,771,394	RC	N/A	Yes	0%		Not Covered				
<input type="checkbox"/>	1	10	4	\$4,096,845	RC	N/A	Yes	0%		Not Covered				
<input type="checkbox"/>	1	11		\$13,736,480	RC	N/A	Yes	0%		Included	RC	N/A	Yes	0%
<input type="checkbox"/>	1	12	7	\$4,096,845	RC	N/A	Yes	0%		Not Covered				
<input type="checkbox"/>	1	13	7	\$17,712,828	RC	N/A	Yes	0%		Not Covered				

# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

Delete	Real Property									Personal Property				
	Prem.	Item	Const.	Limit	Valuation	Coins.	Incl. in Blanket	Inflation Guard	Limit	Valuation	Coins.	Incl. in Blanket	Inflation Guard	
<input type="checkbox"/>	2	1	7	\$6,868,240	RC	N/A	Yes	0%	Not Covered					
<input type="checkbox"/>	2	2	7	Not Covered					\$14,623	RC	N/A	Yes	0%	
<input type="checkbox"/>	2	3	7	\$10,965,084	RC	N/A	Yes	0%	Not Covered					
<input type="checkbox"/>	2	4	7	Not Covered					\$14,623	RC	N/A	Yes	0%	
<input type="checkbox"/>	3	1	7	\$13,736,480	RC	N/A	Yes	0%	Not Covered					
<input type="checkbox"/>	3	2	7	Not Covered					\$14,623	RC	N/A	Yes	0%	
<input type="checkbox"/>	3	3	7	\$12,290,536	RC	N/A	Yes	0%	Not Covered					
<input type="checkbox"/>	4	1	7	\$20,484,224	RC	N/A	Yes	0%	Not Covered					
<input type="checkbox"/>	4	2	7	Not Covered					\$14,623	RC	N/A	Yes	0%	
<input type="checkbox"/>	4	3	3	\$5,127,130	RC	N/A	Yes	0%	Not Covered					

Add

Add

Add

CONSTRUCTION CODES					
1	Frame	4	Masonry Non-combustible	7	Concrete
2	Joisted Masonry	5	Modified Fire Resistive	8	Steel
3	Non-combustible	6	Fire Resistive	9	Reinforced Masonry

## Schedule of Property Blanket Limits

Premises	Blanket Limit of Insurance
All	\$186,279,730

## Coverages C and D: Schedule of Limits

☒ No Changes

Loss of Income	Loss sustained up to:	\$1,100,000	per occurrence
Extra Expense	Loss sustained up to:	\$1,100,000	per occurrence

## Property Coverage Extensions Limits

☒ No Changes

Extension	Limit of Insurance
Accounts Receivable:	\$50,000
Fine Arts (without certified appraisal):	\$25,000 (subject to \$1,500 per item)
Fine Arts (with certified appraisal):	\$50,000
In Transit or Off Premises:	\$100,000
Valuable Papers & Records:	\$50,000
Outdoor Property:	\$150,000
Trees, Shrubs, Plants and Lawns:	\$25,000
Software:	\$500,000

# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

## Flood

Limit of Insurance – Each Occurrence: \$5,000,000  
Limit of Insurance – Annual Aggregate: \$5,000,000  
Deductible – Each Occurrence: \$75,000

### Flood Schedule of Included Premises

<u>Premises</u>	<u>Address</u>
1	341 CAJA DEL RIO
3	SEDIMENT REMOVAL FACILITY
4	BOOSTER STATION 2A

## Earthquake

Limit of Insurance – Each Occurrence: \$1,000,000  
Limit of Insurance – Annual Aggregate: \$1,000,000  
Deductible – Each Occurrence: \$75,000

### Earthquake Schedule of Included Premises

<u>Premises</u>	<u>Address</u>
1	341 CAJA DEL RIO
2	DIVERSION STRUCTURE
3	SEDIMENT REMOVAL FACILITY
4	BOOSTER STATION 2A

## Property Additional Interests

Please indicate any additions, changes or deletions in the Property Comments section below.

<u>Premises/Item</u>	<u>Type</u>	<u>Name/Address</u>	<u>Description</u>
1/2	Loss Payee	MAILFINANCE INC. C/O INSURANCE CENTER PO BOX 3547 BELLEVUE, WA 98009	LOCATION 1

## Property Comments

Please indicate any other additions, changes or deletions as applicable.

# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

## CRIME

Based upon your current Crime coverage information, please provide updated information.  
Attach supporting information where appropriate.

### Government Crime

☒ No Changes

<u>Insuring Agreement</u>	<u>Limits of Insurance</u>	<u>Deductible Amount</u>
Employee Theft Includes Faithful Performance	\$10,000 per Loss <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$250 per Loss
Forgery or Alteration	\$10,000 per Occurrence	\$250 per Occurrence
Inside the Premises – Theft of Money & Securities	\$10,000 per Occurrence	\$250 per Occurrence
Inside the Premises – Robbery/Safe Burglary	\$5,000 per Occurrence	\$250 per Occurrence
Outside the Premises	\$10,000 per Occurrence	\$250 per Occurrence
Computer and Funds Transfer Fraud	\$20,000 per Occurrence	\$250 per Occurrence
Money Orders	\$10,000 per Occurrence	\$250 per Occurrence
Fraudulent Impersonation	\$10,000 per Occurrence	\$250 per Occurrence

Requested Limit Option change: \_\_\_\_\_ (See chart below. Limits are restricted to the options shown.)

Limits Option	Employee Theft	Forgery or Alteration	Inside the Premises		Outside the Premises	Computer and Funds Transfer Fraud	Money Orders	Fraudulent Impersonation
			Theft of Money & Securities	Robbery/Safe Burglary				
1	\$10,000	\$10,000	\$10,000	\$5,000	\$10,000	\$20,000	\$10,000	\$10,000
2	\$25,000	\$25,000	\$25,000	\$5,000	\$25,000	\$20,000	\$10,000	\$10,000
3	\$50,000	\$50,000	\$50,000	\$5,000	\$50,000	\$50,000	\$25,000	\$25,000
4	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
5	\$250,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
6	\$500,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
7	\$1,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
8	\$1,500,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
9	\$2,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000

Requested Deductible change: \_\_\_\_\_ (Deductibles above \$1,000 are only available with Limits Options 5, 6, 7, 8 and 9.)

☐ \$250      ☐ \$1,000      ☐ \$5,000      ☐ \$15,000  
☐ \$500      ☐ \$2,500      ☐ \$10,000      ☐ \$25,000

Number of Ratable Employees: 36

# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

## Crime Comments

Please indicate any other additions, changes or deletions as applicable.

--



# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

## INLAND MARINE

### Coverage

Coverage A – Blanket Tools and Equipment:

Limit  
\$15,505 \*

Deductible  
\$1,000

Coverage B – Scheduled Equipment:

see schedule below

see schedule below

Coverage C – Blanket Emergency Services Equipment:

Not Covered

\* subject to a per item limit of \$10,000

### Coverage B – Scheduled Equipment

☒ No Changes

<u>Delete</u>	<u>Description</u>	<u>Serial Number</u>	<u>Limit</u>	<u>Deductible</u>	<u>Valuation</u>
<input type="checkbox"/>	2011 JOHN DEERE TS	M04X2SD052733	\$12,387	\$1,000	ACV
<input type="checkbox"/>	CATERPILLAR BACKHOE 420E	DJL01085	\$72,864	\$1,000	ACV
<input type="checkbox"/>	2011 TAILIFT FORKLIFT FD25P	TA05255	\$17,289	\$1,000	ACV
<input type="checkbox"/>	1987 CONTRACT EQUIP CAT GRADER	87V08141	\$85,000	\$1,000	ACV
<input type="checkbox"/>	SULLAIR AIR COMPRESSOR	20170315001	\$21,732	\$1,000	ACV
Expiring Total:			\$209,272		

Add

Add

Add

Rented or Borrowed Equipment Extension Limit: \$100,000

Watercraft Extension Limit: \$25,000

### Unmanned Aircraft Systems (Drones)

Does your organization own or operate drones?

☐ Yes ☒ No

Unless previously provided, please complete the schedule below.

<u>Model</u>	<u>Serial Number</u>	<u>Weight (lbs/oz.)</u>	<u>Value of Drone</u>	<u>Value of Attached Equipment</u>
Add				
Add				
Add				

Are all operations being conducted in accordance with FAA rules?

☐ Yes ☐ No

How many personnel are authorized to operate the drones? \_\_\_\_\_

How many hours of training are required prior to personnel being authorized to operate the drones? \_\_\_\_\_

Does your organization loan, rent or lease the drones to others?

☐ Yes ☐ No

If yes, a. Describe to whom: \_\_\_\_\_

b. Will you loan, rent or lease: ☐ with your authorized operator ☐ without your operator

Based upon your current Inland Marine coverage information, please provide updated information. Attach supporting information where appropriate.

**Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013**

**Please indicate any additions, changes or deletions in the Inland Marine Comments section below.**

**Description**

**Please indicate any other additions, changes or deletions as applicable.**

\_\_\_\_\_

# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

## AUTO

<u>Coverage</u>	<u>Symbol</u>	<u>Limits</u>
Combined Single Limit for Bodily Injury & Property Damage (each accident):	1	\$1,000,000
"No Fault" or Statutory Personal Injury Protection:		Not Included
Auto Medical Payments:	7	\$5,000
Uninsured Motorists:	2	\$1,000,000
Underinsured Motorists:	2	\$1,000,000
Physical Damage Comprehensive:	2,8	see schedule below
Physical Damage Collision:	2,8	see schedule below

Based upon your current Auto Liability and Auto Physical Damage coverage information, please provide updated information. Attach supporting information where appropriate.

### Schedule of Vehicles

☒ No Changes

<u>Delete</u>	<u>Vehicle No.</u>	<u>Year / Make / Model</u>	<u>VIN</u>	<u>ACV</u>	<u>RC</u>	<u>Agreed Value</u>	<u>Comp. Ded.</u>	<u>Coll. Ded.</u>
<input type="checkbox"/>	1	2008 / FORD / F250	1FTSX21508EE58596	X			\$1,000	\$1,000
<input type="checkbox"/>	2	2016 / KENWORTH T370 / EXTRA HEAVY TRUCK	2NKHJ8X3GM132829	X			\$1,000	\$1,000
<input type="checkbox"/>	3	2005 / STERLING / LT9500	2FZHAZCV35AN71329	X			\$1,000	\$1,000
<input type="checkbox"/>	4	2019 / FORD / F250	1FD7W2B67KEE89198	X			\$1,000	\$1,000
<input type="checkbox"/>	5	2019 / FORD / F250	1FD7W2B65KEE89197	X			\$1,000	\$1,000
<input type="checkbox"/>		HIRED CAR PHYSICAL DAMAGE		X			\$100	\$1,000

Add  
Add  
Add  
Add  
Add

### Auto Additional Interests

Please indicate any additions, changes or deletions in the Auto Comments section below.

Vehicle No.    Type    Name/Address

### Auto Comments

Please indicate any other additions, changes or deletions as applicable.

# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

## GENERAL LIABILITY

### Limits of Insurance

Each Occurrence:	\$1,000,000
Damage to Premises Rented to You:	\$1,000,000
Medical Expense:	\$10,000
Personal and Advertising Injury:	\$1,000,000
General Aggregate:	\$3,000,000
Products – Completed Operations Aggregate:	\$3,000,000
Deductible:	\$5,000 *

\* Additional conditions apply. Refer to policy for details.

Based upon your current General Liability coverage information, please provide updated information. Attach supporting information where appropriate.

Are there any new Dam, Reservoir, or Levee structures? ☐ Yes ☒ No  
If yes, complete the Dam, Reservoir or Levee Section of the New Business Application shown on our website.

Are there any new operations? ☐ Yes ☒ No  
If yes, identify details:

Are there any discontinued operations? ☐ Yes ☒ No  
If yes, identify details:

Does the insured subcontract Law Enforcement protection to a third party? ☒ Yes ☐ No  
If yes, does the insured have a written contract in place with proper risk transfer including indemnification agreements, hold harmless and additional insured protection in the insured's favor? ☒ Yes ☐ No

Employer's Liability (Stop Gap) Payroll ☐ Yes ☒ No  
If yes, enter payroll amount (where applicable):

Are there any changes in Independent Contractors? ☐ Yes ☒ No  
If yes, identify details:

# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

Are there any changes in Purchased Services?

☐ Yes ☒ No

If yes, identify details:

## Schedule of Exposures

☒ No Changes

Note: Payroll includes remuneration paid to direct employees (except clerical office and executive officers), 100% of contract cost for leased employees, and 33% of total contracts costs (less capital costs) when direct employee remuneration is not known. Ditch miles include total miles of canals and laterals owned.

<u>Class</u>	<u>Basis</u>	<u>Exposure (enter value or indicate not applicable)</u>
Gas, Electric or Water Utility Operations	Payroll	\$ 880,000 <input type="checkbox"/> N/A
Irrigation Operations	Payroll	\$ <input type="checkbox"/> N/A
Wastewater Operations	Payroll	\$ <input type="checkbox"/> N/A
Cemetery Operations	Per Interment	<input type="checkbox"/> N/A
All Other Special District Operations	Payroll	\$ <input type="checkbox"/> N/A
Streets and Roads – existence hazard	Miles	<input type="checkbox"/> N/A
Laboratory – Testing or Consulting	Receipts	\$ <input type="checkbox"/> N/A
Day Care	Average Daily Attendance	<input type="checkbox"/> N/A
Waterslides	Number	<input type="checkbox"/> N/A
Grandstands, Bleachers w/ seating capacity above 5,000	Number	<input type="checkbox"/> N/A
Utility Construction or Repair	Payroll	\$ <input type="checkbox"/> N/A
Irrigation Ditches – existence hazard	Miles	<input type="checkbox"/> N/A
Wastewater Treatment Plant Connector Lines – existence hazard	Miles	<input type="checkbox"/> N/A
Boat Docks or Marina	Receipts	\$ <input type="checkbox"/> N/A
Campgrounds	Receipts	\$ <input type="checkbox"/> N/A
Dwellings	Number	<input type="checkbox"/> N/A
Fee-based Recreation	Receipts	\$ <input type="checkbox"/> N/A
Golf Course	Number of Annual Rounds	<input type="checkbox"/> N/A
Meeting, Convention or Rental Halls	Per Day	<input type="checkbox"/> N/A
Swimming Area, Outdoor Pool, Beach or River (Seasonal)	Number	<input type="checkbox"/> N/A
Swimming Pool – indoor facility	Number	<input type="checkbox"/> N/A
Skateboard Parks	Number	<input type="checkbox"/> N/A

## Dam, Reservoir or Levee

☒ No Changes

Dam or Reservoir – existence hazard      Number      ☐ N/A



**Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013**

**Law Enforcement coverage is not currently provided. If coverage is desired, please provide the information regarding your direct employees by completing the Law Enforcement Liability Supplement on our website [GlatfelterPublicPractice.com](http://GlatfelterPublicPractice.com).**

Please indicate any additions, changes or deletions in the General Liability Comments section below. If you are adding an Additional Interest, please indicate if there is a written contract.

### Description

**Please indicate any other additions, changes or deletions as applicable.**

--

# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

## PUBLIC OFFICIALS & MANAGEMENT LIABILITY

Policy Type: Claims Made

### Limits of Insurance

Coverage A:	\$1,000,000	Each Wrongful Act or Offense
<i>Coverage A includes Employee Benefits Liability</i>		
Coverage B:	\$5,000	Each Action
Aggregate Limit:	\$3,000,000	Coverage A and B Combined
Coverage A Deductible:	\$10,000	
Retroactive Date:	11/27/2008	Applies to Claims Made coverage only
Additional retroactive dates may apply. Refer to policy for details.		

## CYBER LIABILITY AND PRIVACY CRISIS MANAGEMENT EXPENSE

### Coverage D – Cyber Liability

Each Event Limit:	\$1,000,000	Each Electronic Information Security Event
Retroactive Date:	11/27/2008	

### Coverage E – Privacy Crisis Management Expense

Each Event Limit:	\$500,000	Each Privacy Event
Retroactive Date:	11/27/2008	
Deductible:	\$0	Each Privacy Event

### Coverage F – Cyber Extortion Expense

Each Event Limit:	\$20,000	Each Cyber Extortion Threat
Deductible	\$0	Each Cyber Extortion Threat

### Coverage E – Privacy Crisis Management Expense and Coverage F – Cyber Extortion Expense

Aggregate Limit:	\$500,000	Aggregate
------------------	-----------	-----------

### Public Officials & Management Liability Additional Interests

Please indicate any additions, changes or deletions in the Public Official & Management Liability Comments section below.

Type

Name/Address

Description

# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

## Public Officials & Management Liability Comments

Please indicate any other additions, changes or deletions as applicable.

# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

## EXCESS LIABILITY

### Limits of Insurance

Each Occurrence:	\$5,000,000
General Aggregate:	\$5,000,000

- Unmanned aircraft (drones) \$1,000,000 sublimit applies and cannot be increased.

**Based upon your current Excess Liability coverage information, please provide updated underlying information if applicable.**

Attach supporting information where appropriate. If an optional quote is being requested, please request below.

### **Excess Liability Comments**

Please indicate any other additions, changes or deletions as applicable.

# Renewal Questionnaire

Insured Name: BUCKMAN DIRECT DIVERSION BOARD  
C54013

## PLEASE READ CAREFULLY – GENERAL FRAUD WARNING NOTICE

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 act, which is a crime, and may subject such person to criminal and civil penalties.

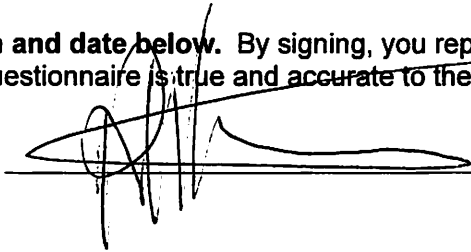
## NEW MEXICO FRAUD WARNING

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.

☒ I agree the information contained in this Renewal Questionnaire is true and accurate to the best of my knowledge. If I have requested Blanket Coverage for Real and or Personal Property, I have a signed statement of values on file and will submit upon request.

**Please sign and date below.** By signing, you represent that the information contained in this Renewal Questionnaire is true and accurate to the best of your knowledge.

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

5/26/22