THE PUBLIC POLICY LIABILITY APPLICATION

I. GENERAL INFORMATION

Applicant Name – (As to be shown on policy) : COUNTY OF CLEVELAND, NC

Broker Name: ____________________________

Risk Manager (or other Contact)/Title: KIM LESTER - PURCHASING/ INSURANCE

Contact/Title: ____________________________

Street Address: 311 E MARION ST

PO BOX 1210

City: SHELBY County: CLEVELAND

State: NC Zip Code: 28150

Phone: 704 484 4840 Fax: 704 480-5496

Website: WWW.CLEVELANDCOUNTY.COM

Proposed Effective Date: 7/1/19

1. Is a full-time risk manager employed? Yes: ! No: !
2. What is the Bond Rating of the Entity? Moody's: A+ Standard & Poor's: AA
   If yes, please explain:
3. Has any insurance for the Entity been cancelled or non-renewed in the last 5 years? Yes: ! No: !
   If yes, please explain:
4. Please describe or attach information regarding risk management programs, training programs, or safety programs:
   USING SAFETY NATIONAL TRAINING PROGRAMS

5. How will you handle claims? In House: Yes: !* No: !
   Independent Administrator/Adjustor: Yes: ! No: !
   Insurance Company: Yes: ! No: !

* If you answered Yes to In-House claim handling, attached Supplemental Application must be completed.

II. COVERAGES: List current and desired coverages below. EVERETTE FILLED OUT

<table>
<thead>
<tr>
<th>Current Coverages</th>
<th>Carrier</th>
<th>Limits</th>
<th>Deductible/ SIR</th>
<th>Occurrence or Claims Made</th>
<th>Retro Date for Claims Made</th>
<th>Expiring Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Liability</td>
<td>GENESIS</td>
<td>$2,500,000</td>
<td>350,000</td>
<td>OCCURRENC</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Law Enforcement Liability</td>
<td>GENESIS</td>
<td>INCLUDED IN GL</td>
<td>350,000</td>
<td>OCCURRENC</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Automobile Liability</td>
<td>GENESIS</td>
<td>2,500,000</td>
<td>350,000</td>
<td>OCCURRENCE</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>E&amp;O / EPLI</td>
<td>GENESIS</td>
<td>2,500,000</td>
<td>350,000</td>
<td>CLAIMS MADE</td>
<td>JULY 1, 2015</td>
<td>$</td>
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<tr>
<td>Excess Liability</td>
<td>$</td>
<td>$</td>
<td>$</td>
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</tbody>
</table>

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<tr>
<th>Desired Coverages</th>
<th>Limits</th>
<th>Deductible/ SIR</th>
<th>Occurrence or Claims Made</th>
<th>Retro Date for Claims Made</th>
</tr>
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<td>General Liability</td>
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<td>Law Enforcement Liability</td>
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<td>Automobile Liability</td>
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<td>E&amp;O / EPLI</td>
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<tr>
<td>Excess Liability</td>
<td>$</td>
<td>$</td>
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</tbody>
</table>
III. EXPOSURES GIVE TO SHANE TO FILL OUT

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**General Liability:**

Population: 98,244 Miles of Streets/Roads: Total Payroll: $34,121,196

Please provide year-end financial information for the past five years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Revenue</th>
<th>Total Expenses</th>
<th>Accumulated Surplus or Deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$124,217,660</td>
<td>$131,029,521</td>
<td>$102,151,162</td>
</tr>
<tr>
<td>2017</td>
<td>$118,851,955</td>
<td>$114,984,471</td>
<td>$116,998,730</td>
</tr>
<tr>
<td>2016</td>
<td>$121,403,793</td>
<td>$114,586,996</td>
<td>$114,809,972</td>
</tr>
<tr>
<td>2015</td>
<td>$123,163,584</td>
<td>$111,549,922</td>
<td>$</td>
</tr>
<tr>
<td>2014</td>
<td>$119,284,786</td>
<td>$113,513,301</td>
<td>$</td>
</tr>
<tr>
<td>2013</td>
<td>$113,772,635</td>
<td>$156,864,253</td>
<td>$20,091,578 hospital sale</td>
</tr>
<tr>
<td>2012</td>
<td>$114,185,652</td>
<td>$107,201,796</td>
<td>$</td>
</tr>
<tr>
<td>2011</td>
<td>$105,970,795</td>
<td>$108,761,234</td>
<td>$</td>
</tr>
</tbody>
</table>

Please provide Net Operating Expenditures for the current fiscal year utilizing the following calculation:

1. Total Operating Expenditures $131,029,521

2. Deductions:
   a. Capital improvements (any purchase or improvement of any individual item of personal or real property which is bonded or financed): $131,029,521
   b. Expenditure for independent contractor operations (where contractor carries adequate insurance): $131,029,521
   c. Welfare benefits (not administrative costs): $131,029,521
   d. Expenditures on exposures which are separately rated below:
      - EMTs/Nurses/Paramedics: $131,029,521
      - Housing Projects: $131,029,521
      - Law Enforcement Liability: $131,029,521
      - Schools or Colleges: $131,029,521
      - Streets/Highways/Roads: $131,029,521
      - Utilities: $131,029,521

3. Total Net Operating Expenditures (subtract item 1 from total of items 2 a through 2 d): $131,029,521

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**Law Enforcement:**

Police Officers: Full-time/armed: 111 Full-time/non-armed: 0 Volunteers: 0

Part-time/armed: 15 Part-time/non-armed: 0

1. Do all sworn officers receive police academy and firearms training prior to appointments? Yes: !  No: !

   If No, please explain:

2. How many hours of academy and initial training are provided to each sworn officer? 648

3. How many hours of subsequent annual training is provided to each sworn officer? 24

   Departmental Policy/Procedure: Firearm: 14

   Other (please indicate):

4. a. Do you have a policy & procedure manual covering all Law Enforcement operations? Yes: !  No: !

   If Yes, does it include: hot pursuit, firearms, etc.? Please explain: INCLUDES VEHICLE PURSUITS, USE OF DEADLY FORCES AND USE OF PEPPER SPRAY AND TASER

   b. Indicate the date the manual was most recently updated: 2010 UPDATED ANNUALLY

5. Is Law Enforcement Department CALEA certified? Yes: !  No: !
## Jails:

Facilities:

- **Number penal:** 1  
- **Total Square footage:**  
- **Number holding cells:** 114  
- **Inmate/jailer ratio:** 21:1  
- **Maximum capacity:**  
  - Male: 240  
  - Female: 0  
- **Current capacity:**  
  - Male: 214  
- **Females are located in the Law Enforcement Center old Jail.**

### Staffing:

- **Full-time jailers/correctional officers:** 65  
- **Part-time jailers/correctional officers:** 8

1. Are all jailers/correctional officers trained in the suicide prevention program?  
   - Yes: ☑  
   - No: ☑

2. Do all jailers/correctional officers receive formal or state-mandated training prior to appointment?  
   - Yes: ☑  
   - No: ☑  
   - EACH OFFICER IS INITIALLY HIRED AND MUST RECEIVE STATE MANDATED TRAINING WITHIN A YEAR

3. How many hours of academy and initial training are provided to each officer?  
   - 24 HRS

4. How many hours of subsequent annual training is provided to each officer?  
   - **Departmental Policy/Procedure:** 24 HRS  
   - **Firearms:** NA

5. a. Do you have a policy & procedure manual covering all jail/detention operations?  
   - Yes: ☑  
   - No: ☑

   b. Indicate the date the manual was most recently updated:  

6. Do you have a written jail suicide prevention program?  
   - Yes: ☑  
   - No: ☑

7. a. Does the jail contract with outside medical providers for inmate medical services?  
   - Yes: ☑  
   - No: ☑  
   - **SOUTHERN HEALTH PARTNERS WEEKLY DOCTOR VISIT ALONG WITH (1) RN AND (3) LPNS WHO PROVIDE 16 HOURS OF SERVICE DAILY. THE SERVICES CONSIST OF HEALTH AND PHYSICALS MEDICATION AND SICK CALL REQUEST**

b. If Yes, please list provider's carrier and policy limits:

### Additional Exposures:

Utilities:  

- **Water:** $ NA  
- **Sewage treatment plant:** $ NA

- **Electric:** $ NA  
- **Gas:** $ NA

Housing Projects:  

- **Number of locations:** NA  
- **Number of units:**

Swimming Pools:  

- **Number of pools:** NA  
- **Number of pools with lifeguards:**

Stadiums (5,000+ capacity):  

- **Seating capacity:** NA  
- **Annual receipts:** $

Exhibition/Convention Center:  

- **Capacity:**

- **Square footage:**

Principal uses:  

- **LEGEND CENTER CONVENTION CENTER, E MARION ST SHELBY NC 28150**

### Amusement parks:

- **Yes:** ☑  
- **No:** ☑

### Ski facilities:

- **Yes:** ☑  
- **No:** ☑

### Golf courses:

- **Yes:** ☑  
- **No:** ☑  
- **If Yes, number of courses:**

### Watercraft:

- **Yes:** ☑  
- **No:** ☑  
- **If Yes, please describe:**

### Lakes/Reservoirs:

- **Yes:** ☑  
- **No:** ☑  
- **If Yes, please describe:**

### Incidental Medical Malpractice:

1. **Nurses:**  
   - **Full-time:** 61  
   - **Part-time:**  
   - **Volunteer:**

2. **Physicians:**  
   - **Full-time:** 1 actual physician; 6 physician extenders/physician assistants  
   - **Part-time:**  
   - **Volunteer:**

3. **EMTs/Paramedics:**  
   - **Full-Time:** 70  
   - **Part Time:** 39

4. Does physician, nurse or other healthcare provider carry E&O professional medical malpractice coverage?  
   - Yes: ☑  
   - No: ☑

5. a. **Number of medical clinics:** 1
b. Are there operations performed other than outpatient services?  
   Yes: !  No: !
   If Yes, please describe specifically:

   c. Does the Entity **purchase separate insurance** for these facilities?  
   Yes: !  No: !
   If Yes, please list carrier and limits:
   If No, does the Entity contract out medical services for these facilities?  
   Yes: !  No: !

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**Schools/Colleges:**

<table>
<thead>
<tr>
<th>Operations</th>
<th>Number of locations</th>
<th>Number of children</th>
<th>Ratio of children to care providers</th>
<th>Age range of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daycare Operations</td>
<td>0</td>
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<tr>
<td>Schools – Primary (Grades K-8)</td>
<td>0</td>
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<tr>
<td>Schools – Secondary (Grades 9-12):</td>
<td>0</td>
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<tr>
<td>Adult Education</td>
<td>0</td>
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<tr>
<td>Vocational or Trade Schools</td>
<td>0</td>
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</table>

Colleges:  
Yes: !  No: !  
If Yes, supplemental application is required.

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**Landfills:**

1. Number of landfills: 2

   **List location of each:**
   - **Self McNeilly Facility** - (MSW) Municipal Solid Waste. 250 Fielding Rd. Cherryville, N.C. 28021
   - **Airport Road Facility** - (C & D) Construction & Demolition. 1609 Airport Rd. Shelby, N.C. 28150

2. Are landfills owned and operated by Entity?  
   Yes: !  No: !
   If No, please explain:

3. Are all landfills fenced?  
   Yes: !  No: !
   If No, please explain:

4. Are all landfills locked and guarded?  
   Only locked

5. Does the public have access?  
   Yes: !  No: !

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**Dams:**

1. Number of dams: N/A

   **List location and hazard index of each:**

2. Downstream exposure: Residential: 0  
   Commercial:  
   Industrial:  

3. Are annual inspections conducted?  
   (Attach latest inspection report)  
   Yes: !  No: !

4. Are all dams owned and operated by Entity?  
   Yes: !  No: !
   If No, please explain:
Public Officials Liability:

1. Employees: Full-time: **846** Part-time: **250**
2. Do you have a written human resources manual? 
   Yes: ! No: !
   If Yes, what year was this manual updated? **2015**
   Please indicate if the manual contains a policy/procedure for the following:
   - Written application for employment: Yes: ! No: !
   - Legally-prohibited discrimination: Yes: ! No: !
   - Employee disciplinary actions: Yes: ! No: !
   - Terminations, layoffs, early retirements: Yes: ! No: !
   - Employee appraisals/reviews: Yes: ! No: !
   - Sexual molestation/sexual harassment: Yes: ! No: !
3. Is there any employee training you provide as respects the above? Yes: ! No: !
4. Do you have an employee handbook? Yes: ! No: !
   If Yes, is it distributed to all employees? EVERYTHING IS DISCUSSED DURING NEW EMPLOYEE ORIENTATION AND CERTAIN HARD COPIES ARE DISTRIBUTED; LENGTHY POLICIES ARE ALSO DISCUSSED AND ARE AVAILABLE TO EMPLOYEES ON COUNTY’S WEBSITE
   Yes: ! No: !
   If Yes, is employee signature required? Yes: ! No: !
5. Employee turnover for the last 3 years: Full-time employees hired: **2017** 123%
   % 2016 **11%** / 2014 **9%** / 2013 **8.5%**
   Full-time employees terminated: **110**
   Part-time employees hired: **28**
   Part-time employees terminated: **43**
6. What is the advance review procedure for employee termination? DEPENDS ON THE SEVERITY OF THE SITUATION: LEGAL COUNSEL IS CONSULTED
   Is legal counsel consulted? Yes: ! No: !
7. Are there any facts or circumstances that may result in employment-practice claims being made against you? Yes: ! No: !
   If Yes, please provide a listing of each instance:

IV. LOSS HISTORY – Other than Automobile Liability

Please provide 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.

1. Does Insured reserve only to retention level? Yes: ! No: !
   If Yes, excess claims information must be provided.
2. If losses are not broken out by General Liability, Law Enforcement Liability and Public Officials Liability, please confirm that these are all included in the information you have provided? Yes: ! No: !
   If No, please explain:
3. Attach a list of all opened and closed claims excess of $50,000. Include date of loss, description of claim/injury, total incurred and paid amounts.
4. Attach company loss runs---HAS ALREADY BEEN EMAILED FROM EVERETTE
### General Liability:

<table>
<thead>
<tr>
<th>Experience Period</th>
<th>Number of Claims</th>
<th>Total Incurred</th>
<th>Total Paid</th>
<th>Valuation Date</th>
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</thead>
<tbody>
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</table>

### Law Enforcement Liability:

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<thead>
<tr>
<th>Experience Period</th>
<th>Number of Claims</th>
<th>Total Incurred</th>
<th>Total Paid</th>
<th>Valuation Date</th>
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### Public Officials Liability: *(list needed from HR)*

<table>
<thead>
<tr>
<th>Experience Period</th>
<th>Number of Claims</th>
<th>Total Incurred</th>
<th>Total Paid</th>
<th>Valuation Date</th>
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XC110-65 (3/12)
If Automobile Liability is not being requested, please proceed to Section VI

V. AUTOMOBILE LIABILITY

Please summarize your vehicle fleet:

<table>
<thead>
<tr>
<th>Vehicles:</th>
<th># Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police cars:</td>
<td>164</td>
</tr>
<tr>
<td>Private passenger – all other:</td>
<td>25</td>
</tr>
<tr>
<td>Vans (no passenger)</td>
<td>17</td>
</tr>
<tr>
<td>, light trucks &amp; pickups (up to 10,000 lbs. GVW):</td>
<td>80</td>
</tr>
<tr>
<td>SUV’S</td>
<td>19</td>
</tr>
<tr>
<td>Passenger vans (1-8 seats):</td>
<td>1</td>
</tr>
<tr>
<td>Passenger vans (9-20 seats):</td>
<td></td>
</tr>
<tr>
<td>Medium trucks (10,001 to 20,000 lbs. GVW):</td>
<td>2</td>
</tr>
<tr>
<td>Mobile Medical Trailers</td>
<td></td>
</tr>
<tr>
<td>Roll off trucks</td>
<td></td>
</tr>
<tr>
<td>Heavy trucks (20,001 to 45,000 lbs. GVW):</td>
<td>7</td>
</tr>
<tr>
<td>Extra heavy trucks (over 45,000 lbs. GVW):</td>
<td>1</td>
</tr>
<tr>
<td>Heavy truck tractor (up to 45,000 lbs. GVW):</td>
<td></td>
</tr>
<tr>
<td>Extra heavy truck tractor (over 45,000 lbs. GVW):</td>
<td>1</td>
</tr>
<tr>
<td>Tractors</td>
<td>2</td>
</tr>
<tr>
<td>Fire trucks:</td>
<td>0</td>
</tr>
<tr>
<td>Ambulances:</td>
<td>26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Buses:</th>
<th># Municipal</th>
<th># School</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-8 passengers</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>9-20 passengers</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>21-60 passengers</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>61+ passengers</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Please provide vehicle count for the past 5 years:

<table>
<thead>
<tr>
<th>Policy Term</th>
<th># of Vehicles</th>
</tr>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

2. Are safety inspection records maintained? Yes: ! No: !
3. Do you have a formal written accident reporting procedure? Yes: ! No: !
4. Do you have driver-hiring criteria in place? Yes: ! No: !
   a. MVRs checked on all drivers prior to hire? Yes: ! No: !
   b. MVRs checked at least annually thereafter? Yes: ! No: !
   c. Drug/alcohol testing at time of hire? Yes: ! No: !
   d. Reference checks? Yes: ! No: !
   e. Road test given prior to hire? Yes: ! No: !
5. Do you provide a driver training program? Yes: ! No: !
   If Yes, please describe:

   Any other actions taken with regard to driver hiring or training:

6. Do you provide safety incentive awards? Yes: ! No: !
If Yes, please describe:

7. Are employees, or families of employees, allowed to use company autos for non-business/personal use? Yes!  No!
If Yes, please describe:________________________

VI. LOSS HISTORY – Automobile Liability

I HAVE ATTACHED THE CURRENT VEHICLE LIST

Please provide 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.

1. Does Insured reserve only to retention level? Yes!  No!
   If Yes, excess claims information must be provided.

2. Attach a list of all opened and closed claims excess of $50,000. Include date of loss, description of claim/injury, total incurred and paid amounts.

3. Attach company loss runs.

Automobile Liability:

<table>
<thead>
<tr>
<th>Experience Period</th>
<th>Number of Claims</th>
<th>Total Incurred</th>
<th>Total Paid</th>
<th>Valuation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/15 – 6/30/16</td>
<td></td>
<td>$75,317</td>
<td>$92,268</td>
<td></td>
</tr>
<tr>
<td>7/1/16-3/30/17</td>
<td></td>
<td>$56,586</td>
<td>$56,586</td>
<td></td>
</tr>
<tr>
<td>7/1/17-3/30/18</td>
<td></td>
<td>$38,241</td>
<td>$40,639</td>
<td></td>
</tr>
<tr>
<td>7/1/18-4/10/19</td>
<td>68</td>
<td>$133,706</td>
<td>$75,697</td>
<td></td>
</tr>
</tbody>
</table>

VII. Signature

FRAUD WARNING

Notice to Applicants of all states except Colorado, New York, and Pennsylvania:
Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

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 New York Applicants:
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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Pennsylvania Applicants:
Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

****************************************************************************************************************************
Completion of this questionnaire creates no obligation upon the applicant to accept insurance or upon Genesis Management and Insurance Services Corporation to offer insurance. However, in the event that any insurance offering is accepted by the applicant or is issued by Genesis, this questionnaire will form the basis for the acceptance and insurance.
Signature: SHANE FOX
Name: SHANE FOX
Title: FINANCE DIRECTOR
Company: COUNTY OF CLEVELAND, NC
Address: PO BOX 1210
City: SHELBY
State: NC
Zip: 28151

Please see Supplemental Claims Information page below.
Please also see Supplemental Application for Sexual Abuse and Molestation Coverage below.
The Public Policy

Supplemental Claims Information

1. Please provide name, address, phone number and key contact of the proposed claim handler:
   Contact Name: KIM LESTER
   Telephone #: 704 484 4840
   Company Name: COUNTY OF CLEVELAND, NC
   Address: PO BOX 1210
   City: SHELBY
   State: NC
   Zip: 28151

2. Please list the names, experience levels and authority levels of the claims handling staff:

<table>
<thead>
<tr>
<th>Name</th>
<th>Experience</th>
<th>Authority Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>KIM LESTER</td>
<td>19 YEARS</td>
<td></td>
</tr>
</tbody>
</table>

3. Who is responsible for reporting claims to the excess carrier?
   KIM LESTER

4. Are reserves established for each reported claim?  Yes: !  No: !
   If No, please explain:

5. Describe method utilized in setting reserves:  Case by case: !  Formula: !
   Please explain:

6. Who establishes the reserves? COMPENSATION CLAIMS

7. Are you in compliance with GASB 10?  Yes: !  No: !

8. Describe your claim system:
   Manual: !  Automated: !
   If Automated, is software internally-programmed?  Yes: !  No: !
   If Automated, is software vendor-programmed?  Yes: !  No: !

9. If vendor-programmed, please provide name of vendor:

10. How often are claim reports generated: MONTHLY

11. Do your claim reports include details on the current status of each claim, as well as the paid amount, incurred amount and description of loss?  Yes: !  No: !

12. How is litigation handled?
   Legal Staff: Yes: !  No: !
   Independent Counsel: Yes: !  No: !
   Both: Yes: !  No: !

13. Are all claim files and reports centralized and coordinated by one individual?  Yes: !  No: !
The Public Policy
Supplemental Application for Sexual Abuse and Molestation Coverage

1. Are there rules or guidelines prohibiting closed door one-on-one meetings?  
   Yes: !   No: !

2. Are there written complaint procedures and are they displayed prominently?  
   Yes: !   No: !

3. Do you have an anonymous complaint reporting system in place?  
   Yes: !   No: !
   If Yes, please describe: __________________________

4. Are all prospective employees checked with the child abuse register and with law enforcement agencies for criminal records?  
   CRIMINAL HISTORY CHECK PERFORMED ON EACH NEW HIRE
   Yes: !   No: !

5. Has any current employee refused to be fingerprinted or screened by law enforcement?  
   Yes: !   No: !

6. Have any employees been subject of a child abuse/neglect investigation?  
   Yes: !   No: !
   If so, what was the result of the investigation? __________________________

7. Have there ever been any alleged or actual incidents regarding any abuse or molestation?  
   Yes: !   No: !
   Please describe: __________________________

8. If transportation is provided, please describe driver screening and controls: __________________________

9. Do you require background checks on third party contractors providing service to you?  
   Yes: !   No: !

___________________________________________________________________________________________

XC110-65 (3/12)