

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s): City of Longview		Today's Date: 4/23/2020	
Mailing Address: 300 West Cotton Street, Longview, TX 75601			
Proposed Effective Date (mm/dd/yyyy): 10/1/2020	Proposed Expiration Date (mm/dd/yyyy): 9/30/2021	Bid Date: 7/1/2020	Need by Date: 6/15/2020
Primary Contact For:	Name	Phone Number	Email Address
Risk Control	Bonnie Hubbard	(903) 239-5506	bhubbard@longviewtexas
Law Enforcement	Mike Bishop	(903) 237-1000	mbishop@longviewtexas.
Human Resources	Bonnie Hubbard	(903) 239-5506	bhubbard@longviewtexas

REQUIRED ATTACHMENTS AND INFORMATION

Include the following with the submission:

- ACORD Applications Most Recent Fiscal Year Budget
- Five (5) Year Claim History
 - TPA or Carrier Loss Runs
 - Total Paid and Incurred
 - Separated by Line of coverage

PROFESSIONAL LINES ADDITIONAL INFORMATION

Exposure and Coverage Request	Does the applicant have this exposure and is seeking insurance coverage?	Complete Required Form
Cyber Liability	<input type="checkbox"/>	<i>Public Sector Services CyberFirstSM Liability Application (CP-8125)</i>
Employee Benefits Liability	<input checked="" type="checkbox"/>	<i>No. of employees including all officials</i> 865 FT / 45 PT
Employment Practices Liability	<input checked="" type="checkbox"/>	<i>Public Entity Employment-Related Practices Liability Additional Information Request (CP-7615)</i>
Law Enforcement Liability	<input checked="" type="checkbox"/>	<i>Law Enforcement Liability Additional Information Request (CP-7612)</i>
Public Entity Management Liability	<input checked="" type="checkbox"/>	<i>Public Entity Management Liability Additional Information Request (CP-7616)</i>

Please complete additional supplements as requested in the Exposure Checklist on the next page

PUBLIC ENTITY OPERATIONS AND EXPOSURE CHECKLIST

Please complete the following:

Operation/Exposure	Does the applicant have this exposure? <small>(check if yes)</small>	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Public Entity	Separate Legal Entity	Sub-contracted		
A separate Additional Information Request may be required for certain exposures identified below						
Airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Airports	
Arena/Convention Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Buildings	4
					Total Sq. Ft. Area	66,640
Autonomous Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe vehicle and/or street and road exposure:	
Cemetery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Acres	36.53
					Include Cemetery Prof. Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Court System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, is an indigency hearing held to determine a person's ability to pay part of the bail/bond procedure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					Are alternatives to jailing and/or fines considered when an indigency hearing determines a person has limited means? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Dam/Levee/Dike/Canal/ Flood Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Complete Dams/Levee/Dike/Canal/Flood Wall Additional Information Request (CP-7610)</i>	
Daycare Center - Child/Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avg. No. of Clients per Day	
					<i>Complete Abuse or Molestation Coverage Supplemental Application (CP-4501)</i>	
Fire/Ambulance Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insured under a separate program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Housing Authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Buildings/Units	0
					Responsible for Insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
International Travel (e.g. Sister City)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Complete Global CompanionSM International Insurance Application (58215)</i>	
Landfill/Dump/Refuse Sites/ Incinerator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Open/Closed	1
					No. of Acres	28
Liquor Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Complete ACORD Liquor Liability Section (803)</i>	
Marina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area	
					Gross Sales	\$
Museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area	
Non-Profit Affiliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe _____	
Port Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net Expenditures	\$

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Public Entity	Separate Legal Entity	Sub-contracted		
Sanitation/ Garbage Collection/ Compost/ Recycle Operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll	\$ 873,283
Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete: • Educational Institutions Additional Information Request (CP-8661) • Global Companion SM International Insurance Application (58215)	
Transportation System (Transit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Transit _____ Annual Payroll \$ _____	
Unmanned Aircraft (Drone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of device(s) _____ Describe usage: _____	
Watercraft/Boat > 25 foot length	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Watercraft/Boats _____ Type of Watercraft/Boats _____	2
Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Zoos _____	
HEALTHCARE – Facilities						
Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Clinics _____ Responsible for Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Hospitals _____ Responsible for Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft. Area _____	
Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible for Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Shelters/Youth or Group Homes (separate from all other residential. If there is a juvenile detention facility refer to the Law Enforcement section.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Client/Residents _____	
					Total Sq. Ft. Area _____	
					Complete Abuse or Molestation Coverage Supplemental Application (CP-4501)	
HEALTHCARE/EMT – Professionals						
Counseling Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete: • Abuse or Molestation Coverage Supplemental Application (CP-4501) • Healthcare Professional Additional Information Request (CP-7611)	
EMT/Paramedic/First Responder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Social Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Jail Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LAW ENFORCEMENT ACTIVITIES						
Adult Jail/Penal Institution/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Law Enforcement Liability	

Operation/Exposure	Does the applicant have this exposure? (check if yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
		Public Entity	Separate Legal Entity	Sub-contracted		
Detention Center/Holding Facility/Similar Facility					Additional Information Request (CP-7612)	
Court Security Officer/Probation Officer/Parole Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Juvenile Detention Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Law Enforcement Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other Enforcement Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PARKS and RECREATION

Park & Recreation Department (Water Activities, Rodeo, Archery Range, Fitness Center, Ski Facility, Skate Park, etc)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete: <ul style="list-style-type: none"> Parks and Recreation Additional Information Request (CP-7613) Abuse or Molestation Coverage Supplemental Application (CP-4501) 	
Firework Display	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No. of Displays per Year	1
Golf Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Holes	
Special Event (e.g. Parade, Faire, Festival, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Events Per Year	
					Gross Sales – All Events \$	
					Describe _____	

UTILITIES

Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If exposure is controlled by the entity, then complete <ul style="list-style-type: none"> Utilities Additional Information Request (CP-7617)
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sewer or Sewage Disposal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telecommunications (TV/Cable, Phone, Internet, Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alternative Energy (Solar, Wind, Hydro, Biomass, Biofuel, Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe _____

SUBCONTRACTED OPERATIONS

- a. Are sub-contractors required to carry limits of insurance equal to your limits of liability? Yes No
- b. Are certificates of insurance obtained? Yes No
- c. Are hold-harmless agreements required from sub-contractors? Yes No
- d. Are you named as an additional insured under the sub-contractor's policy? Yes No

EMERGENCY DISPATCH

Check if N/A

- a. Who handles your 911 dispatch services? Police Fire Other _____
- b. Does your department handle dispatch for others? Yes No
- c. Are incoming calls to dispatchers recorded? Yes No
- If yes, how long are tapes or digital files retained (i.e. number of years)? **1.5**

EMPLOYEE TURNOVER

	Last Year	2 years ago
Indicate your employee turnover percentage of full time and part time employees for the past year: Turnover percentage = (# voluntary + involuntary terminations)/Total # of employees	16.25%	15.53%

STREETS/ROADS/HIGHWAYS

Check if N/A

	<i>Paved</i>	<i>Unpaved</i>
Miles of road owned:	450	N/A
Miles of road maintained for others:	N/A	N/A

Who performs the following functions?

	<i>Entity</i>	<i>Contractor</i>
a. Street cleaning and dusting?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Cutting grass or weeds, planting, pruning/removal of trees, removing brush, spraying and fumigating?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Gravel spreading?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Who performs the following functions (continued)?

	<i>Entity</i>	<i>Contractor</i>
d. Erecting, maintaining or removing guide rails and posts, road markers, or signs?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Paving or repaving, surfacing or resurfacing?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Snow removal?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Installation and maintenance of traffic lights?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Erecting and maintaining light poles?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i. New road construction?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

j. Do you document inspections, preventive maintenance, and repairs? Yes No
 If yes, what is the turnaround time for routine repairs? _____

k. Are road signs regularly inspected for visibility and missing signs? Yes No

l. Are barricades and warning signs used at road work sites? Yes No

Number of Uncontrolled Railroad Crossings: _____ Rural: _____

BRIDGES

Check if N/A

Indicate number of the following classification of bridges:

<i>Classification</i>	<i>Railway</i>	<i>Waterway</i>	<i>Highway</i>	<i>Utility</i>	<i>Pedestrian</i>	<i>Toll Bridges</i>
<i>Total Bridges owned/maintained by Entity</i>	1	10	0	0	0	0
<i>Are Warnings Clearly Posted?</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Describe all bridges 50ft. or greater in length (classification, length, one-lane, drawbridge, etc.):

High Street overpass being reconstructed in by TXDOT

How many bridges do you have that are coded by the National Bridge Inventory as 3, 2, or 1? None Known

How often are your bridges inspected? Every 2 years

Who conducts the bridge inspections? TXDOT Off System Bridge Inspection

Have any bridges not passed inspection (do not meet local, state, or federal standards, are structurally deficient, etc.) or are any bridges condemned? Yes No

If yes, list bridges, locations and provide reasons for current conditions: _____

Are you involved in any bridge construction? Yes No

If yes, describe: **High Street overpass being reconstructed in by TXDOT**

AUTO

a. Do you have criteria for MVR acceptability? Yes No

b. Do you provide driver training periodically for all drivers? Yes No

c. Are all accidents reviewed internally? Yes No

d. Is corrective action taken? Yes No

e. What percentage of employees/volunteers regularly use their personal auto for business use? If Any

Please provide additional detail on the nature of the use of personal autos (e.g. errand running, volunteer firefighters, home healthcare visits, volunteer transportation, other: To and from meetings on if any basis)

Do you verify that each employee/volunteer has valid automobile insurance in place?..... Yes No

What auto liability limits do you require employees/volunteers to carry? _____

How many 15-passenger vans do you have in your auto fleet? 2

a. Are drivers of 15-passenger vans specifically trained in the operation of these vehicles?..... Yes No

b. Please describe the usage of 15-passenger vans for your entity (who is transported, and for what purpose):

1 Used for Transport to Training, 1 used in youth summer program

c. Please provide additional detail pertaining to the transport of children under the age of 18 utilizing 15 passenger vans:

Children are transported to and from school held at Recreation Center

If law enforcement vehicles are included in the automobile schedule, do you have written policies and procedure for the following exposures?

a. Vehicular Pursuit..... Yes No

Date of last revision (mm/dd/yyyy): 4/6/2014

b. Patrol Driving & Response Yes No

Date of last revision (mm/dd/yyyy): 7/9/2007

c. Transportation of Prisoners Yes No

Date of last revision (mm/dd/yyyy): 1/13/2016

Passenger Transportation Services Check if N/A

Type of transportation service: Scheduled bus route Demand response/Para transit/Dial-A-Ride
 Daycare/Day camp/Recreation programs Social Services Van Pool

Are new drivers subject to an orientation program on basic vehicle operation prior to being allowed to operate that vehicle?..... Yes No

Are criminal record checks conducted on all transportation employees?..... Yes No

Are there written procedures and driver training for transporting handicapped passengers?..... Yes No

If yes, do the procedures and training include:

a. Use of equipment tie-downs?..... Yes No

b. Passenger restraint?..... Yes No

c. Loading and unloading of passengers?..... Yes No

d. Door-to-door service procedures?..... Yes No

Do you operate any vehicles you do not own?..... Yes No

If yes, please provide contractual agreement.

Any contracted drivers?..... Yes No

If yes, please provide contractual agreement.

Are volunteers used for any transportation service?..... Yes No

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, NEW JERSEY, NEW YORK (OTHER THAN AUTO INSUREDS), OHIO, AND PENNSYLVANIA: 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 subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

AUTO INSUREDS IN NEW YORK: 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, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X <i>B. Hubbard</i>	Authorized Representative Name - Printed: Bonnie Hubbard	Date: <i>04/27/2020</i>
Producer Signature*: X	State Producer License No. (required in FL):	Date:
Agency: HUB International	Agency Contact: Cameron Jones	Agency Phone Number: (817) 820-8163

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the page number and question.