



Worldwide Facilities, Inc.
www.WWFI.com

Claims-Made Public Officials & Employment Practices Liability Application

I. General Information

Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

- Legal name of entity: _____ Population: _____
 Street address: _____ Seasonal increase: _____
 City: _____ State: _____ Zip: _____
 County: _____
 Year entity established: _____ Largest city within 25 miles: _____
- Make up of economic base of the entity. _____% agricultural _____% industrial _____% commercial _____% residential
- Do you have a risk manager? yes no
- Do you have a manager/administrator? yes no If "yes" provide years of experience in such a position. _____
- Within the last 5 years have any of the following taken place?
 a. Grand jury investigations into activities of any official or employee. yes no If "yes" provide details.
 b. Indictment of any official or employee. yes no If "yes" provide details.
- Provide revenues and expenditures. *Provide an explanation for any deficit or large surplus*

Fiscal Year	Revenues	Expenditures	Surplus (+) / Deficit (-)	Accumulated Surplus/Deficit

- Provide total amount of outstanding bonds. \$ _____
 - Latest bond rating (Standard & Poor's or Moody's): _____ Previous rating: _____
 - Has the entity ever been in default on principal or interest of any bond? yes no If "yes" provide details.

II. Claims History

Provide currently valued company issued loss runs for the last 4 policy years.

- Check here if there have been no claims made against the public entity during the last 4 policy periods.
- Complete the following table for all claims made during the last 4 policy periods. Attach a separate sheet of paper if more space is needed.

Claim	Policy Year	open / closed	Loss Incurred	Defense Incurred	Total Incurred	Description of allegations
1						
2						
3						
4						
Totals						

- Does any official or employee have knowledge of acts, errors, and/or omissions that might reasonably give rise to a claim or suit? yes no
- Have all known acts, errors, and/or omissions that might reasonably give rise to a claim been reported to the current insurer? yes no
- Check the boxes which generally describe the types of claims made against the public entity during the last 4 policy years.
 zoning permits issuance sex harassment termination equal pay suspension discrimination
 land use license issuance variances promotion demotion hiring segregation

III. Public Officials Information Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Does the public entity administer any of the following operations? *For "yes" responses complete the applicable questions.*

A. Police Department yes no 1. If no, who provides service? _____

B. Zoning yes no 1. Approximate # of zoning variances granted during the proceeding 12 months. _____

2. Is there a formal procedure in place for granting of variances? yes no

3. Is there a policy which prohibits zoning board members from from voting on zoning action which might affect a business which they own, invest in, or be employed or retained by? yes no

4. Is there a policy which requires persons disclose such relationships? yes no

5. Does the public entity's attorney attend all zoning board meetings? yes no

6. Do you have a master plan for economic development? yes no

C. Building Inspection yes no 1. Do you have a formal process for application and approval of permits? yes no

2. Any permit denials issued which have unusual circumstances? yes no
If "yes" provide details.

D. Permits Issuance yes no 1. Do you have a formal process for application and approval of permits? yes no

2. Any permit denials issued which have unusual circumstances? yes no
If "yes" provide details.

E. License Issuance yes no 1. Do you have a formal process for application and approval of licenses? yes no

2. Any permit denials issued which have unusual circumstances? yes no
If "yes" provide details.

F. Tax Assessment/ Collection yes no 1. Do you reassess real property on a regular basis? yes no

2. If so, how often? _____

3. If not, when was last reassessment of all real property in entity's jurisdiction? _____

G. Water/Sewer Utility yes no Provide # of users. Residential _____ Commercial _____ Industrial _____

H. Electric Utility yes no Provide # of users. Residential _____ Commercial _____ Industrial _____

1. Does utility own or maintain distribution lines? yes no

2. Are distribution lines buried? yes no

3. Does the utility monitor electromagnetic fields? yes no

I. Gas Utility yes no Provide # of users. Residential _____ Commercial _____ Industrial _____

J. Port Authority yes no # of employees _____ River Ocean Lake

K. Airport Authority yes no 1. Is airport: Owned Operated Leased

2. Provide # of: Aviation Shows or Exhibitions _____ Commercial Flights per day _____

3. Provide certificate of insurance as evidence that airport liability coverage is in force.

4. Is management of the airport contracted to a third party? yes no

5. Have flight patterns changed in the last 180 days? yes no

L. Housing Authority yes no 1. Provide # of housing units operated _____ # of stories of tallest building _____

2. Are buildings tested for lead paint? yes no

3. If lead paint is present, do you have a remediation plan to correct the situation? yes no

4. Is there a policy to house senior citizens and disabled persons on lower floors? yes no

5. Is there a policy regarding fair housing opportunities? yes no

6. Are monthly inspections of all locations performed? yes no

M. Transit Authority yes no 1. # of employees _____ Types of vehicles operated _____

N. Landfill yes no 1. Is landfill open closed hazardous waste

2. Any sites designated as Superfund Sites? yes no

O. Hospital/Nursing Home yes no 1. Is hospital owned operated leased

2. Number of beds _____

P. Daycare yes no 1. Are services for Children Adult

2. Provide details of services. _____

2. Which, if any, of the above operations are contracted? _____

IV. Employment Practices Information Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Total number of employees.	Full time _____	Part Time _____	Seasonal _____
2. Number of employees in each category.	General office _____	Police _____	Fire/Rescue _____
	Road/Utilities _____	Attorneys _____	Architects _____
	Engineers _____	Accountants _____	Other _____

3. Provide us with the names of persons in the following positions.

Attorney _____	employee <input type="checkbox"/>	contracted <input type="checkbox"/>
Engineer _____	employee <input type="checkbox"/>	contracted <input type="checkbox"/>
Accountant _____	employee <input type="checkbox"/>	contracted <input type="checkbox"/>

4. Do you have a written personnel manual? yes no

5. Date of latest update / revision. _____

6. Have employment applications and policies and procedures been reviewed by legal counsel? yes no

7. Is the manual distributed to all personnel? yes no

8. Is the manual reviewed with new employees as a part of employment orientation? yes no

9. Does the personnel manual include policies and procedures for the following?

- A. Hiring yes no
- B. Promotion yes no
- C. Demotion yes no
- D. Termination yes no
- E. Pre Hire Background Checks yes no
- F. Suspension yes no
- G. Transfer yes no
- H. Sexual Harassment yes no
- I. Medical Leave yes no
- J. Unpaid Leave yes no
- K. Employee Grievances yes no
- L. Education and Training yes no
- M. Drug Testing yes no
- N. Administrative Hearings/Appeals yes no

Provide an explanation for all "no" responses.

10. Have managers/dept heads received training in all policies and procedures? yes no

11. Are all employees provided with job descriptions? yes no

12. Are all mandatory posters from EEOC and the state equivalent posted in a conspicuous place? yes no

13. Have any of the following taken place during the last 5 years?

- | | | | |
|--|--|------------------------|-------|
| A. Strike, slowdown or other disruption? | <input type="checkbox"/> yes <input type="checkbox"/> no | provide # of incidents | _____ |
| B. Lay-off or reduction in staff? | <input type="checkbox"/> yes <input type="checkbox"/> no | provide # of incidents | _____ |
| C. Employee suspensions? | <input type="checkbox"/> yes <input type="checkbox"/> no | provide # of incidents | _____ |
| D. Employee dismissals? | <input type="checkbox"/> yes <input type="checkbox"/> no | provide # of incidents | _____ |
| E. Employee transfers? | <input type="checkbox"/> yes <input type="checkbox"/> no | provide # of incidents | _____ |
| F. Non-renewal of employment contracts? | <input type="checkbox"/> yes <input type="checkbox"/> no | provide # of incidents | _____ |
| G. Employee terminations? | <input type="checkbox"/> yes <input type="checkbox"/> no | provide # of incidents | _____ |
| H. Administrative appeals | <input type="checkbox"/> yes <input type="checkbox"/> no | provide # of incidents | _____ |
| I. Formal Grievances | <input type="checkbox"/> yes <input type="checkbox"/> no | provide # of incidents | _____ |

V. Current Insurance Information

1. Please complete the table below.

Coverage	Insurer	Expiration Date	Limits	Deductible	Premium
General Liability					
Automobile					
Public Officials					
Police Professional					

2. Does your current public officials coverage include the features listed below?

- A. Personal Injury coverage for employment claims. yes no
- B. Coverage for specific awards of Back wages. yes no sub limit _____
- C. Defense of non-monetary employment claims. yes no sub limit _____
- D. Retroactive date. yes no retroactive date _____

If "yes", provide copy of declarations or endorsement showing retroactive date.

VI. Limits and Deductible Requested

1. Per claim limit and annual aggregate limit: _____ **per claim** **annual aggregate**
2. Deductible per claim: _____

VII. Authorized Entity Representative This application is for Claims-Made coverage. Read the policy carefully.

1. Provide the name and title of the individual designated to receive any and all notices from the insurer concerning any policy issued as a result of this application.

Name _____

Title _____

2. Entities Attestation - The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity, official, or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signing of this application does not bind the signer to purchase the insurance. However, it is agreed this form shall be the basis of the contract and any policy which might be issued.

STATE NOTICES

Notice to NewYork Applicants: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING - APPLICABLE IN KENTUCKY, MINNESOTA, 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 commiits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING - APPLICABLE TO NEW JERSEY - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Authorized signatory of entity

Date

VIII. Agency Information

Agency name _____ Contact _____
 Address _____ City _____
 State _____ Zip _____ Phone _____ Fax _____
 Will you make surplus lines filings if necessary? yes no Provide your surplus lines license number. _____