

**I. General Information** Respond to the following inquiries. Use a separate Sheet of Paper for details that require further explanations.

1. Legal name of entity: \_\_\_\_\_ Population: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Seasonal increase: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Year entity established: \_\_\_\_\_ Largest City within 25 miles: \_\_\_\_\_

2. Make up economy 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*

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

- a. Provide Total amount of outstanding bonds. \$ \_\_\_\_\_
- b. Latest bond rating (Standard & Poor's or Moody's): \_\_\_\_\_ Previous Rating: \_\_\_\_\_
- c. Has the entity ever been in default on principle 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.*

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**A. Police Department**     yes     no    1. If no, who provides service? \_\_\_\_\_

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**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

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**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.

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**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.

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**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.

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**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? \_\_\_\_\_

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**G. Water/Sewer Utility**     yes     no    Provide # of users.    Residential \_\_\_\_\_    Commercial \_\_\_\_\_    Industrial \_\_\_\_\_

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**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

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**I. Gas Utility**     yes     no    Provide # of users.    Residential \_\_\_\_\_    Commercial \_\_\_\_\_    Industrial \_\_\_\_\_

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**J. Port Authority**     yes     no    # of employees \_\_\_\_\_    River     Ocean     Lake

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**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

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**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

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**M. Transit Authority**     yes     no    1. # of employees \_\_\_\_\_    Types of vehicles operated \_\_\_\_\_

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

2. Any sites designated as Superfund Sites?     yes     no

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

2. Number of beds \_\_\_\_\_

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**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                          | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| B. Promotion                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| C. Demotion                        | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| D. Termination                     | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| E. Pre Hire Background Checks      | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| F. Suspension                      | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| G. Transfer                        | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| H. Sexual Harassment               | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| I. Medical Leave                   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| J. Unpaid Leave                    | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| K. Employee Grievances             | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| L. Education and Training          | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| M. Drug Testing                    | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| N. Administrative Hearings/Appeals | <input type="checkbox"/> yes | <input type="checkbox"/> 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. \_\_\_\_\_