

**PUBLIC OFFICIALS LIABILITY INSURANCE
APPLICATION
CLAIMS MADE POLICY FORM**

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION. THIS POLICY IS NOT AN AUTOMATIC RENEWAL. AN APPLICATION MUST BE SUBMITTED PRIOR TO THE EXPIRATION DATE OF THIS POLICY.

THIS INSURANCE PROVIDES CLAIMS MADE COVERAGE. DEFENSE COSTS APPLY AGAINST THE LIMITS OF INSURANCE AND ARE SUBJECT TO THE DEDUCTIBLE.

SECTION I — APPLICANT INFORMATION

Public Entity: _____

Named Insured: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

1. Public entity created in _____(year)

Operating as a:

city ☐

county ☐

town ☐

state ☐

other _____

district ☐

village ☐

commission ☐

authority ☐

2. Current Population: _____

3. Any seasonal increase in population? Yes ☐ No ☐

a. % of increase _____

b. Any increase in personnel? Yes ☐ No ☐

c. Amount of increase in personnel: _____

4. Do you administer any of these facilities?

A. Gas Utility: Yes ☐ No ☐

(Gas generation is not eligible)

Annual Budget \$ _____

Number of residential users _____

Number of commercial users _____

Number of industrial users _____

Does the entity own any wellheads or pipelines? Yes ☐ No ☐

Is it a pass through facility? Yes ☐ No ☐

Responsible for gas lines? Yes ☐ No ☐

INSURED: _____

B. Electric Utility:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annual Budget \$ _____		
Number of residential users _____		
Number of commercial users _____		
Number of industrial users _____		
Does the entity generate electricity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Electric generation is not eligible for program)		
Is it a pass through/distribution facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Responsible for power lines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do power lines run through a residential area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are electro-magnetic levels monitored near high tension lines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Water/Sewer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EPA approved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, does it follow EPA standards and is it approved by a similar state agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Residential users <input type="checkbox"/>	Commercial users <input type="checkbox"/>	Industrial users <input type="checkbox"/>
D. Port Authority:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Exposure not eligible for the program)		
River <input type="checkbox"/>	Ocean <input type="checkbox"/>	Lake <input type="checkbox"/>
Number of employees: _____		
E. Airport:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is airport: owned <input type="checkbox"/>	operated <input type="checkbox"/>	leased <input type="checkbox"/>
Number of aviation shows: _____		
Number of commercial flights a day: _____		
F. Transit Authority:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of employees: _____	Type of vehicles: _____	
G. Housing Authority:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of housing units: _____	Tallest Building (No. stories): _____	
Currently any lead paint in buildings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Currently any asbestos in buildings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
H. Hospital:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Exposure not eligible for the program)		

INSURED: _____

SECTION II — EMPLOYEE INFORMATION

1. General Employee Count:

Type of Employee*	Count in Current Year	Count in Prior Year
Full Time Employees	_____	_____
Part Time Employees	_____	_____
Seasonal Employees	_____	_____
Volunteers	_____	_____

* Elected and appointed that receive remuneration, must be included in count.

2. Service employees:

Type of Employee	Count in Current Year	Count in Prior Year
Law Enforcement (including clerical)	_____	_____
Paid Fire Department	_____	_____
Volunteer Fire Department	_____	_____
Department of Public works	_____	_____

3. Percent of workforce that are union members: _____%

What departments are Unionized and follow collective bargaining agreements?

4. Breakdown of current year full time employees by salary:

Salary Ranges per Year	Number of Employees
\$30,000 or less	_____
\$30,001 to \$100,000	_____
Over \$100,000	_____

5. Do you use an employment application during your hiring process? Yes ☐ No ☐

If Yes, please attach.

If yes, does it contain:

An at will statement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Authorization to check references and criminal conviction records?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The applicant's signature attesting that all representatives are true?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
An equal employment opportunity statement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you perform background and criminal checks on new hires?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you check references from new hires?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6.

Total number of:	Current Year	Prior Year
Employee Terminations	_____	_____
Employee Terminations Who Left Voluntarily	_____	_____

INSURED: _____

7. Total number of EEOC complaints and/or State Human Rights Commission claims or complaints in the past year: _____
If any, provide detailed narrative. _____

8. Do you have a risk manager on staff? Yes ☐ No ☐
9. Who is responsible for the Human Resources or Personnel functions?
Title: _____
Is this person trained in employment practices? Yes ☐ No ☐
10. Who is designated to handle all employment-related incidents?
Title: _____
Is this person trained in employment practices? Yes ☐ No ☐
11. Do you require all employment terminations be reviewed by the person listed in No. 9 and No. 10 above prior to the termination? Yes ☐ No ☐
If no, why: _____

12. Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents or allegations? Yes ☐ No ☐
13. Do you have an employee handbook or manual? Yes ☐ No ☐
Does every employee receive a copy? Yes ☐ No ☐
Do you obtain written acknowledgement that employees have received the handbook? Yes ☐ No ☐
14. Date of manual: _____ Date of last revision/update: _____
15. Was the manual reviewed by an attorney prior to implementation? Yes ☐ No ☐
16. Is the manual periodically reviewed and updated by an attorney? Yes ☐ No ☐
17. Does the written manual apply to all departments? Yes ☐ No ☐
If no, which departments have their own manual? _____

18. Is the manual distributed to all personnel? Yes ☐ No ☐
19. Is the manual reviewed with personnel as part of their employee orientation? Yes ☐ No ☐

INSURED: _____

20. Does the manual include policies and procedures on the following:

	Yes	No	In writing?
Hiring			
Termination			
Background Checks			
Suspension			
Sexual Harassment			
Family Medical Leave Act			
Grievance Procedure			
American with Disabilities Act			
Discrimination			
Pre-Termination Hearings			

21. Have there been any investigations or indictments of any public officials within the past 5 years?

Yes ☐

No ☐

If yes, please provide narrative. _____

**PLEASE PROVIDE A COPY OF THE ABOVE POLICIES.
ALSO, ATTACH AN EXPLANATION FOR ALL 'NO' ANSWERS.**

SECTION III — ZONING INFORMATION

1. Do you have planning or zoning activities?

Yes ☐

No ☐

If no, who handles? _____

2. Do planning and zoning officials receive training regarding "open meeting" and hearing regulations?

Yes ☐

No ☐

3. Do you have a planning and zoning board?

Yes ☐

No ☐

4. Has the municipality enacted a building moratorium within the past 5 years?

Yes ☐

No ☐

If yes, is the moratorium still in place or advise when it was lifted.

5. Does an attorney attend all meetings of your planning and zoning board?

Yes ☐

No ☐

If not, please explain why: _____

6. Do you have a written master plan for economic development?

Yes ☐

No ☐

Date it was adopted? _____

7. Do you have a policy which prohibits zoning board members with an investment in a business from voting on a zoning action which may affect that business?

Yes ☐

No ☐

INSURED: _____

8. Do you have a policy prohibiting zoning board members who are directors, officers or partners of a business from voting on a zoning action which may affect that business? Yes ☐ No ☐
9. Do you have a procedure which requires zoning board members to disclose to you all investments or controlling positions in any business which may be affected by the zoning board members? Yes ☐ No ☐
10. Advise the estimated number of building permits granted in the past year: _____
11. Advise the estimated number of building permits denied in the past year: _____
12. Any improper or alleged wrongful granting of variances, building permits or similar grants or zoning disputes in the past five years? Yes ☐ No ☐
13. Any wrongful or alleged wrongful approval of building plans or specifications in the past five years? Yes ☐ No ☐
14. Any wrongful or alleged wrongful approvals of building construction in the past five years? Yes ☐ No ☐

SECTION IV — INSURANCE INFORMATION

1. Current Public Officials Liability Insurance
Company: _____
Policy Term: _____
Limits: _____ Deductible: _____ Premium: _____
Prior Acts retroactive date (if any) _____
Have there been continuous claims made coverage for the past 5 years? Yes ☐ No ☐
2. **Limits of Insurance:**
☐ \$500,000/500,000 ☐ \$1,000,000/1,000,000 ☐ \$1,000,000/\$2,000,000
3. **Deductibles:**
☐ \$2,500 ☐ \$10,000
☐ \$5,000 ☐ \$25,000
4. **Optional Coverages:**
A. ☐ Loss of Wages Endorsement
Limit Options:
☐ \$10,000 per claim/\$75,000 aggregate
☐ \$50,000 per claim/\$100,000 aggregate
☐ \$100,000 per claim/\$250,000 aggregate
B. ☐ Public Officials (Coverage A) non monetary wrongful act \$10,000 each claim, \$50,000 aggregate

INSURED: _____

C. ☐ Reimbursement for Defense Costs for dishonest, fraudulent or criminal, act or omission by any insured - \$50,000/\$300,000

D. ☐ Additional Insured. If any, please list _____

5. Does the public entity maintain a law enforcement/police department agency? Yes ☐ No ☐

If No, who provides service? _____

Attach a copy of any contract or agreement for the provisions of this service.

SECTION V — FINANCIAL INFORMATION

1. Provide budget figures (Revenues and Expenditures) for the past three years:

Year	Revenue	Expenditures
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provide an explanation for any budget deficits: _____

2. Has state or federal aid been reduced or eliminated in the past year? Yes ☐ No ☐

3. What is the amount of outstanding bonds? \$ _____

4. What is your latest bond rating (Moody's or Standard & Poor's) _____

5. Has any bond been defeated in the past three years? Yes ☐ No ☐

If yes, what was the bond for? _____

6. Has your public entity been in default on principal or interest on any bond? Yes ☐ No ☐

If yes, explain: _____

INSURED: _____

SECTION VI — OPERATION INFORMATION

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Have there been any strikes, slowdowns or disruptions in the past five years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Have there been any layoffs or reduction in services in the past five years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Do you own or operate any open or closed landfills? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Have you ever owned or operated a hazardous waste landfill? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION VII — CLAIMS EXPERIENCE

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Is the entity operating under any court orders?
If yes, why? _____

_____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Has any claim been made in the past five years or is now pending against any person in their capacity as an official or employee of the public entity, including EEOC or other similar administrative hearings? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment in the past five years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Have there been any sexual harassment, EEOC, human rights or civil rights claims in the past five years?
If yes to any of the above questions, please explain in a separate form or include them in SECTION VIII . | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

INSURED: _____

FRAUD WARNING

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.

APPLICABLE IN ARKANSAS AND DISTRICT OF COLUMBIA

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 fines and confinement in prison.

APPLICABLE IN 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.

APPLICABLE IN INDIANA

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

APPLICABLE IN MARYLAND

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

APPLICABLE IN MICHIGAN

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information, shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

APPLICABLE IN MAINE, TENNESSEE AND VIRGINIA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

APPLICABLE IN 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.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

APPLICABLE IN 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 the person to criminal and civil penalties.

APPLICABLE IN RHODE ISLAND

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 fines and confinement in prison.

INSURED: _____

This Application and any supplements thereto shall be incorporated into any policy that may be issued and the Underwriters are relying on the truth of the statements set forth herein in making a determination to issue any policy.

The signing of this Application does not bind the undersigned to purchase the insurance, nor does the review of this Application bind the Insurance Company to issue a policy.

The undersigned represents to the best of his or her belief and knowledge, after reasonable inquiry and due diligence, the statements set forth in this application and any supplements thereto are true and correct.

The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the insurer. As a result, the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

The official designated to receive any and all notices from the Insurer to the entity concerning any policy issued as a result of this application shall be (please type or print):

Name: _____

Title: _____

Entity's 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, circumstances, or situation indicating the probability of a claim or action now known to any public 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 signing of this application does not bind the signer to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.

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.

APPLICABLE 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, 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 violation.

Authorized signatory for entity

Date

Title

(____) _____
Phone Number

Insurance Agent

Date

INSURED: _____