



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

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION

Section I - Applicant Information

1. Name of Public Entity:

2. Address: _____

3. City: _____

4. State: _____ Zip: _____

5. County: _____

6. Public entity created in _____ (year)

Operating as a:

- city county
- state district
- commission authority
- other _____

7. Current Population: _____

8. Any seasonal increase in population? Yes No

a. % of increase _____

b. Any increase in personnel? Yes No

c. Amount of increase in personnel: _____

5. Do you administer any of these facilities:

A. Gas Utility: Yes No

Yes No (Gas generation is not eligible)

B. Electric Utility: Yes No

Does the entity generate electricity? Yes No

(Electric generation is not eligible for program)

C. Port Authority: Yes No

D. Airport: Yes No

E. Transit Authority: Yes No

F. Housing Authority: Yes No

**IF YES RESPONSE TO ANY OF THE ABOVE,
SUPPLEMENTS WILL BE REQUIRED**

G. Water/Sewer: Yes No

Revenues for water/sewer _____

Is it EPA approved? Yes No

If not, does it follow EPA standards and approved by a state agency similar to the EPA? Yes No

Does the authority comply with all EPA guidelines? Yes No

Has the authority ever been fined by an agency such as the EPA? Yes No

Does the authority deal with any hazardous waste? Yes No

Does the authority take industrial waste? Yes No

If so, is it prescreened for hazardous waste? Yes No

What level authority is the sewer?

Primary Secondary Tertiary

Has there ever been a water shortage problem in this area? Yes No If yes, please explain

Has there ever been any water rights disputes between this authority and other utility districts they deal with?

Yes No

Does the authority operate any dams or reservoirs?

Yes No

Section II - Employee Information

1. Total number of employees: _____

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

3. Breakdown of current full time employees by salary:
 Salary ranges per year # Employees
 \$30,000 & less _____
 \$30,001 - \$100,000 _____
 Over \$100,000 _____

4. Do you use an employment application during your hiring process? Yes No
 If yes, does it contain: Yes No
 a. An employment at will statement?
 b. Authorization to check references & criminal conviction records?
 c. The applicant's signature attesting that all representations are true:
 d. An equal employment opportunity statement?

5. Total number of terminations over the past year: _____

6. Total number of employee initiated terminations over the past year: _____

7. Total number of EEOC complaints in the past year: _____

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 #9 or #10 above prior to the termination? Yes No If no, advise 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 a written policies and procedures personnel manual? Yes No

14. Date of manual: _____

15. Date of last revision/update: _____

16. Was the manual reviewed by an attorney prior to implementation? Yes No

17. Is the manual periodically reviewed and updated by an attorney? Yes No

18. Does the written manual apply to all departments? Yes No
 If no, which departments have their own manual? _____

19. Is the manual distributed to all personnel? Yes No

20. Is the manual reviewed with personnel as part of their employee orientation? Yes No

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

	Yes	No	In Writing?
a. Hiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Background Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexual Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Medical Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Grievance Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Section III - Zoning Information

- 1. Do you have zoning authority in your municipality?
Yes No
- 2. Do you have a planning and zoning board?
Yes No
- 3. Does an attorney attend all meetings of your planning and zoning board? Yes No
If not, please explain why: _____
- 4. Do you have a written master plan for economic development? Yes No
Date it was adopted? _____
- 5. Do you have a policy which prohibits zoning board members with an investment in a business from voting on a zoning action which may effect that business?
Yes No
- 6. 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 effect that business?
Yes No
- 7. 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 effected by the zoning board actions? Yes No
- 8. Advise the estimated number of building permits granted in the past year: _____
- 9. Advise the estimated number of building permits denied in the past year: _____
- 10. Any improper or alleged wrongful granting of variances, building permits or similar grants or zoning disputes in the past five years? Yes No
- 11. Any wrongful or alleged wrongful approval of building plans or specifications in the past five years?
Yes No
- 12. Any wrongful or alleged wrongful approvals of building construction in the past five years?
Yes No

Section IV - Insurance Information

- 1. Current general liability carrier and LIMITS:

- 2. Current public officials carrier:

- Ex- date: _____ Premium: _____
- Limits: _____ Deductible: _____
- Retroactive date (if any): _____
- 3. Has any insurance been declined, canceled or not renewed in the past 5 years? Yes No
If yes, please attach an explanation.
- 4. Coverage Requested on this application:
 - a. Limits of liability each claim/aggregate:
\$500,000 \$1,000,000 \$2,000,000
\$3,000,000 \$4,000,000 \$5,000,000
 - b. Deductible each claim:
\$2,500 \$5,000 \$15,000
\$7,500 \$10,000 \$25,000

Section V - Financial Information

- 1. Provide budget figures for past three years:

Year	Revenues	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 3 years?
Yes No
If yes, what was bond for? _____

6. Has your public entity been in default on principal or interest on any bond? Yes No
If yes, explain: _____

Section VI - Operations Information

1. Have there been any strikes, slowdowns or disruptions in the past five years? Yes No
2. Have there been any layoffs or reduction in services in the past five years? Yes No
3. Do you own or operate any open or closed landfills? Yes No
4. Have you ever owned or operated a hazardous waste landfill? Yes No
5. Do you have an emergency procedure for natural or terrorist catastrophe in place? Yes No
If not, please attach an explanation as to why.

SECTION VIII. - Claims History for the Last 5 Years

Provide complete five year loss history. Provide five year loss runs or attach a summary including the following information: year, dollars in premium, number of losses, loss payments, expense payments, loss reserves, expense reserves, loss date, description of loss, claimant name, open or closed claim and if lawsuit was filed in claim. Please include all insured and uninsured losses. If no losses in the past five years, check here: NO LOSSES

Entity's Attestation - The authorized signer of this application attests to the best of his/her knowledge that statement 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 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 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.

Authorized signatory for entity

Title

a. Does this procedure include containment and/or evacuation in case of any aforementioned catastrophe?
Yes No If no, please attach an explanation.

Section VII - Claims Experience

1. Is the entity operating under any court orders?
Yes No
If yes, why? _____

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? Yes No

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 No

4. Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment in the past five years? Yes No

5. Have there been any sexual harassment or civil rights claims in the past five years? Yes No

If yes to any of the above questions, please explain in a separate form or include them in Section VIII.

Date

Phone Number PO-APP4 1/03