



PUBLIC OFFICIALS LIABILITY SUPPLEMENTAL APPLICATION

Section I - Applicant Information

1. Name of Public Entity:

2. Address: _____
3. City: _____ State: _____ Zip: _____
4. Current Population: _____
5. Do you administer a water/sewer authority:
Yes No
Is it EPA approved? Yes No

Section II - Employee Information

1. Total number of employees: _____
2. Do you have 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"/>

SECTION V. - Claims History for the Last 5 Years

Provide complete loss history for the past five years. If no losses in the past year, check here: NO LOSSES

Authorized signatory for entity

Title

Section III - Financial Information

1. Provide budget figures for past year:
Revenues _____ Expenditures _____
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. Has any bond been defeated in the past year?
Yes No
If yes, what was bond for? _____
5. Has your public entity been in default on principal or interest on any bond? Yes No
If yes, explain: _____

Section IV - Claims Experience

1. Has any claim been made in the past year or is now pending against any person in their capacity as an official or employee of the public entity? Yes No
2. 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
3. Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment in the past year? Yes No
4. Have there been any sexual harassment or civil rights claims in the past year? 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-APP7 2/00