



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

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION

Section I - Applicant Information

Renewal of Policy #: _____

1. Name of Public Entity: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Current Population: _____

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 and dams or reservoirs?
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 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 your municipal attorney attend all meetings of your planning and zoning board? Yes No
- 4. Advise the estimated number of building permits granted in the past year: _____
- 5. Advise the estimated number of building permits denied in the past year: _____

Section IV - Insurance Information

- 1. Current general liability carrier and LIMITS:

Section V - 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. What is your latest bond rating: _____
- 5. Has any bond been defeated in the past year?
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 VIII. - Claims History for the Last Year

Provide complete loss history for the past year. If no losses in the past year, 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

Date

Phone Number

Section VI - Operations Information

- 1. Have there been any strikes, slowdowns or disruptions in the past year? Yes No
- 2. Have there been any layoffs or reduction in services in the past year? Yes No
- 3. Do you have an emergency procedure for natural or terrorist catastrophe in place? Yes No
If not, please attach an explanation as to why.
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 year 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 year?
Yes No
- 5. 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.