



**PUBLIC OFFICIALS LIABILITY APPLICATION
FOR HOUSING AUTHORITIES**

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)
- 7. Current Population of city where located: _____
- 8. Total # of conventional housing units: _____
- 9. Total # of Section 8 units: _____
- 10. Total number of buildings:
1-2 story _____ 3-5 _____ 6-9 _____ 10+ _____
- 11. How many stories is the tallest building? _____
- 12. Do all buildings have smoke detectors on all floors?
Yes No
- 13. Do all buildings have sprinkler systems?
Yes No
If not, what form of fire protection do they have:

- 14. Do all buildings have posted fire evacuation signs on all floors? Yes No
- 15. Is there now, or has there ever been any asbestos in any buildings? Yes No
If yes, has the asbestos been removed by a certified contractor?
Yes No
- 16. Has any lead-base paint ever been used in any building?
Yes No
If yes, has it been sealed or removed by a certified contractor?
Yes No

- 17. Has the housing authority ever been cited for any health or safety violations? Yes No
If yes, attach an explanation to this application
- 18. Does the housing authority provide their own security?
Yes No
- 19. How often are safety inspections conducted by the authority? 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?	<input type="checkbox"/>	<input type="checkbox"/>
b. Authorization to check references & criminal conviction records?	<input type="checkbox"/>	<input type="checkbox"/>
c. The applicant's signature attesting that all representations are true:	<input type="checkbox"/>	<input type="checkbox"/>
d. An equal employment opportunity statement?	<input type="checkbox"/>	<input type="checkbox"/>
- 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. Who is responsible for the Human Resources or Personnel functions?
Title: _____

9. Who is designated to handle all employment-related incidents?

Title: _____

10. Do you have a risk manager on staff? Yes No

11. Do you require all employment terminations be reviewed by human resources prior to the termination? Yes No

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 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. 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"/>

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

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.

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

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.

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

Date

Title

Phone Number *PO-HAAPP 5/01*