



PUBLIC OFFICIALS LIABILITY "INDICATION" SUBMISSION

PLEASE NOTE: THIS IS FOR INDICATION PURPOSES ONLY – PRIOR TO BINDING, WE MUST RECEIVE, REVIEW AND ACCEPT OUR NEW BUSINESS PUBLIC OFFICIALS APPLICATION FULLY COMPLETED. INDICATION MAY BE WITHDRAWN OR AMENDED AT THAT TIME.

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 Year

PROVIDE FIVE YEAR CURRENTLY VALUED CARRIER LOSS RUNS.

If no losses in the past 5 years, 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?
\$ _____

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

Date

Phone Number *PO-APP7 5/01*