

PUBLIC OFFICIALS LIABILITY APPLICATION

I. INSTRUCTIONS

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
2. If a question does not apply, write "N/A".
3. When applicable, provide copies of:
 - a. Loss runs, dated within 60 days of submission, covering the past five (5) or more years.
 - b. Expiring Declarations Page with retroactive date (if applicable)
 - c. Current Budget
 - d. Current Year End Financial Statement

II. GENERAL INFORMATION

1. Legal Name of Entity: _____
2. Human Resource Contact: Name _____
 Email _____
 Phone Number _____
3. Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Largest City Within 25 Miles: _____
Entity's website: www. _____
4. Current Population: _____
5. Year Entity was Established: _____
6. Any seasonal increase in population? ☐ Yes ☐ No
 - a. If yes, what is the percentage of increase? _____
 - b. Any increase in personnel? ☐ Yes ☐ No
 - c. Amount of increase in personnel: _____
7. Entity operates as a:

<input type="checkbox"/> City	<input type="checkbox"/> District	<input type="checkbox"/> Other: _____
<input type="checkbox"/> County	<input type="checkbox"/> Commission	
<input type="checkbox"/> State	<input type="checkbox"/> Authority	
8. Make up of economic base of the entity:
Agricultural: _____% Industrial: _____% Commercial: _____% Residential: _____%

9. Within the last five (5) years, have any of the following taken place?

a. Grand jury investigation into activities of any official or employee.

☐ Yes ☐ No

If yes, please provide details: _____

b. Indictment of any official or employee.

☐ Yes ☐ No

If yes, please provide details: _____

III. PUBLIC OFFICIALS INFORMATION

Does the public entity administer any of the following operations?

For "yes" responses, complete the applicable questions.

1. Zoning ☐ Yes ☐ No

a. Do you have a planning and zoning board?

☐ Yes ☐ No

b. Approximate number of zoning variations granted during the preceding twelve (12) months: _____

c. Approximate number of zoning variations denied during the preceding twelve (12) months: _____

d. Is there a formal procedure in place for granting variances?

☐ Yes ☐ No

e. Is there a policy which prohibits zoning board members from voting on zoning action which might affect a business which they own, invest in, act as officers or partners or be employed or retained by?

☐ Yes ☐ No

f. Is there a policy which requires persons to disclose such relationships?

☐ Yes ☐ No

g. Does the public entity's attorney attend all zoning board meetings?

☐ Yes ☐ No

h. Do you have a written master plan for economic development?

☐ Yes ☐ No

Date it was adopted: _____

i. Any improper or alleged wrongful granting of variances, building permits or similar grants or zoning disputes in the past five (5) years?

☐ Yes ☐ No

2. Building Inspection ☐ Yes ☐ No

a. Do you have a formal process for application and approval of permits?

☐ Yes ☐ No

b. Any permit denials issued which have unusual circumstances?

☐ Yes ☐ No

If yes, provide details: _____

c. Any wrongful or alleged wrongful approval of building plans or specifications in the past five (5) years?

☐ Yes ☐ No

d. Any wrongful or alleged wrongful approvals of building construction in the past five (5) years?

☐ Yes ☐ No

3. Permit Issuance ☐ Yes ☐ No

a. Do you have a formal process for application and approval of permits?

☐ Yes ☐ No

b. Any permit denials issued which have unusual circumstances?

☐ Yes ☐ No

If yes, provide details: _____

4. License Issuance ☐ Yes ☐ No

a. Do you have a formal process for application and approval of licenses?

☐ Yes ☐ No

b. Any permit denials issued which have unusual circumstances?

☐ Yes ☐ No

If yes, provide details: _____

5. Tax Assessment/ Collection ☐ Yes ☐ No

- a. Do you reassess real property on a regular basis? ☐ Yes ☐ No
- b. If so, how often? _____
- c. If not, when was the last reassessment of all real property in entity's Jurisdiction? _____

6. Water/ Sewer Utility ☐ Yes ☐ No

- a. Provide number of users: _____
- b. Annual Revenues: \$ _____
- c. 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
- d. Does the authority comply with all EPA guidelines? ☐ Yes ☐ No
- e. Has the authority ever been fined by an agency such as the EPA? ☐ Yes ☐ No
- f. Does the authority deal with any hazardous waste? ☐ Yes ☐ No
- g. Does the authority take industrial waste? ☐ Yes ☐ No
If so, is it prescreened for hazardous waste? ☐ Yes ☐ No
- h. What level of authority is the sewer? ☐ Primary ☐ Secondary ☐ Tertiary
- i. Has there ever been a water shortage problem in this area? ☐ Yes ☐ No
If yes, please explain: _____
- j. Has there ever been any water rights disputes between this authority and other utility districts they deal with? ☐ Yes ☐ No
- k. Does the authority operate any dams or reservoirs? ☐ Yes ☐ No

7. Electric Utility ☐ Yes ☐ No

- a. Does the utility generate electricity? (Electric generation is not eligible for program) ☐ Yes ☐ No
- b. Provide number of users: _____
- c. Annual Revenues: \$ _____
- d. Residential: _____
- e. Commercial: _____
- f. Industrial: _____
- g. Does utility own or maintain distribution lines? ☐ Yes ☐ No
- h. Are distribution lines buried? ☐ Yes ☐ No
- i. Does the utility monitor electromagnetic fields? ☐ Yes ☐ No

8. Gas Utility ☐ Yes ☐ No

- a. Does the utility generate gas? (gas generation is not eligible for program) ☐ Yes ☐ No
- b. Provide number of users: _____
- c. Annual Revenues: \$ _____
- d. Residential: _____
- e. Commercial: _____
- f. Industrial: _____
- g. Does utility own or maintain distribution lines? ☐ Yes ☐ No

9. Port Authority ☐ Yes ☐ No

- a. Number of Employees _____
b. ☐ River ☐ Ocean ☐ Lake

10. Airport Authority ☐ Yes ☐ No

- a. Is Airport: ☐ Owned ☐ Operated ☐ Leased
b. Provide number of:
i. Aviation Shows or Exhibitions: _____
ii. Commercial Flights per day: _____
iii. Non-Commercial Flights per day: _____
c. Who handles ground operations for the commercial airlines? _____
d. Who is responsible for services such as de-icing plans? _____
e. Who is responsible for baggage handling? _____
f. How many runways are at the airport? _____
g. Does the airport have a security force? ☐ Yes ☐ No
If yes, who provides services? _____
h. Is management of the airport contracted to a third party? ☐ Yes ☐ No
If yes, does the contract hold the airport authority harmless? ☐ Yes ☐ No

11. Housing Authority ☐ Yes ☐ No

- a. Provide number of housing units operated: _____
Number of stories of tallest building: _____
b. Are buildings tested for lead paint? ☐ Yes ☐ No
c. If lead paint is present, do you have a remediation plan to correct the situation? ☐ Yes ☐ No
d. Is there a policy to house senior citizens and disabled persons on lower floors? ☐ Yes ☐ No
e. Is there a policy regarding fair housing opportunities? ☐ Yes ☐ No
f. Are monthly inspections of all locations performed? ☐ Yes ☐ No

12. Transit Authority ☐ Yes ☐ No

- a. Provide number of employees: _____
b. Type of vehicles operated: _____

13. Landfill ☐ Yes ☐ No

- a. Is landfill: ☐ Open ☐ Closed ☐ Hazardous Waste
b. Any sites designated as superfund sites? ☐ Yes ☐ No

Which, if any, of the above operations are contracted? And, does the entity require that all contracts contain a hold harmless agreement? _____

14. Do you have an emergency produce for natural or terrorist catastrophe in place? ☐ Yes ☐ No
If not, please attach an explanation as to why.

IV. EMPLOYEE INFORMATION

1. Total number of employees:

Full time: _____ Part time: _____ Seasonal: _____

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

3. Provide breakdown of current full-time employees by salary:

Salary ranges per year	# of 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:

- | | |
|---|--|
| a. An employment at will statement. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Authorization to check references & criminal conviction records? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. The Applicant's signature attesting that all representations are true? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. An equal employment opportunity statement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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: _____

10. Who is designated to handle all employment-related incidents? Title: _____

11. Do you require all employment terminations to be reviewed by the person listed in #9 & #10 above prior to the termination? ☐ Yes ☐ No

If no, why not? _____

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 policies and procedures manual? ☐ Yes ☐ No

14. Does the personnel manual include policies and procedures for the following?

Provide an explanation for all "no" responses

A.	Hiring	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B.	Promotion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C.	Demotion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.	Termination	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E.	Pre-hire background checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F.	Suspension	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G.	Transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H.	Sexual Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I.	Medical Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J.	Unpaid Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	
K.	Employee Grievance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
L.	Education and Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M.	Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
N.	Administrative Hearings/ Appeals	<input type="checkbox"/> Yes <input type="checkbox"/> No	

15. Date of Manual: _____

Date of last revision/update: _____

16. Has the manual been reviewed by an attorney prior to implementation?

☐ Yes ☐ No

Is the manual periodically reviewed and updated by an attorney?

☐ Yes ☐ No

17. Is the manual distributed to all employees?

☐ Yes ☐ No

18. Is the manual reviewed with them as part of their employee orientation?

☐ Yes ☐ No

19. Have managers/ department heads received training in all policies and procedures?

☐ Yes ☐ No

20. Are all employees provided with job descriptions?

☐ Yes ☐ No

21. Are all mandatory posters from EEOC and the state equivalent posted in a conspicuous place?

☐ Yes ☐ No

22. Have any of the following taken place during the last five (5) years?

A.	Strike, slowdown or other disruption	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide # of Incidents:
B.	Layoff or reduction in staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide # of Incidents:
C.	Employee suspensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide # of Incidents:
D.	Employee transfers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide # of Incidents:
E.	Non-renewal of employment contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide # of Incidents:
F.	Employee terminations/dismissals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide # of Incidents:
G.	Administrative appeals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide # of Incidents:
H.	Formal Grievances	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide # of Incidents:

Provide a detailed explanation for all "yes responses" above on a separate attachment.

V. FINANCIAL INFORMATION

1. Provide budget figures for the past three years:

YEAR	REVENUE	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. Do you expect a budget reduction in the next year? ☐ Yes ☐ No
- a. If yes, how much? \$ _____
- b. What programs will be affected? ☐ Programs ☐ Personnel ☐ Other: _____
4. What is the amount of outstanding bonds? _____
5. What is your latest bond rating (Moody's or Standards & Poor's) _____
6. Has any bond been defeated in the past 3 years? ☐ Yes ☐ No
- If yes, what was bond for? _____
7. Has your public entity been in default on principal or interest of any bond? ☐ Yes ☐ No
- If yes, please explain: _____

VI. INSURANCE AND LOSS HISTORY

POLICY PERIOD	CARRIER	PER CLAIM/ AGGREGATE LIMIT	DEDUCTIBLE	RETROACTIVE DATE	PREMIUM
					\$
					\$
					\$
					\$
					\$

If you are requesting prior acts coverage you will be asked to upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

1. Has such insurance been declined, canceled, or not renewed? ☐ Yes ☐ No
- If yes, please explain: _____
2. Current general liability carrier: _____
- Expiration Date: _____

Limits: _____

3. Is the entity operating under any court orders? ☐ Yes ☐ No
If yes, please explain why: _____
4. Has any claim been made in the past five (5) years or is now pending against any person in their capacity as an official or employee of the public entity? ☐ Yes ☐ No
5. Does any board member, authorized 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? NOTE: authorized employee means any elected official, executive officers or directors, or risk managers or any leader of your legal, finance, risk management or other department that is responsible for insurance matters. ☐ Yes ☐ No
6. Have any of the claims, acts, omissions, incidents, or circumstances identified in response to the preceding question been reported to an insurance carrier? ☐ Yes ☐ No
7. Has any claim been made against the entity that was not covered by insurance? ☐ Yes ☐ No
8. Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding hiring, salary, advancement, demotion, suspension or termination? ☐ Yes ☐ No
9. Have any lawsuits regarding disputes of integration, segregation, discrimination or civil rights violations been filed in the past five (5) years? ☐ Yes ☐ No
10. Has there been any sexual harassment or civil rights claims in the past five (5) years? ☐ Yes ☐ No

If yes to questions 4 – 10 above, please explain on a separate form.

VII. FRAUD WARNINGS

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable Notice to Applicants in:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection California law requires the following to appear on this form:

	Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	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.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

VIII. NOTICE TO APPLICANT

NOTICE: THE INSURANCE COVERAGE FOR WHICH THE APPLICANT IS APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE AND REPORTED DURING THE **POLICY PERIOD** AS STATED IN THE DECLARATIONS, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY **DAMAGES** WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** MAY BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT, IF APPLICABLE. IN NO EVENT WILL WE BE LIABLE FOR **DAMAGES** OR **CLAIM EXPENSES** IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO POTENTIALLY COVER SUCH CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS. WE WILL NOT PROVIDE COVERAGE, AND COVERAGE IS EXPRESSLY EXCLUDED, FOR CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS OF WHICH THE APPLICANT HAS KNOWLEDGE AND/OR IS AWARE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, IF OFFERED AND ACCEPTED. PLEASE READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

IX. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant:		
Signature of person authorized to execute on behalf of the applicant:		Date:
Print name and title of person authorized on behalf of the applicant:		
Agent/Broker Name:		