



Richmond National Insurance Company
11013 West Broad Street, Suite 300
Glen Allen, VA 23060

RENEWAL APPLICATION

PUBLIC OFFICIALS LIABILITY

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".

II. GENERAL INFORMATION

1. Legal Name of Entity: _____
2. Current Richmond National policy number: _____
3. Human Resource Contact: Name _____
 Email _____
 Phone Number _____
4. Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Largest City Within 25 Miles: _____
Entity's website: www. _____
5. Current Population: _____
6. 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

1. Please indicate the services and activities performed by the public entity:

☐ Police Department	☐ License Issuance	☐ Gas Utility
☐ Transit Authority	☐ Zoning	☐ Tax Assessment Collection
☐ Port Authority	☐ Landfill	☐ Building Inspection
☐ Water/ Sewer Utility	☐ Airport Authority	☐ Hospital/ Nursing Home
☐ Permits Issuance	☐ Electric Utility	☐ Housing Authority
☐ Daycare		

If the entity is offering any new services or activities performed during the last twelve (12) months which were not declared on the application of the expiring policy, the entity will need to complete the applicable service under SECTION III. OPERATIONAL ADMINISTRATIVE INFORMATION of Application Form RN APP PE 002 1021 Public Officials Liability Application.

IV. EMPLOYEE INFORMATION

1. Total number of employees:
Full time: _____ Part time: _____ Seasonal: _____
2. Have personnel policies and procedures been reviewed by legal counsel within the last twelve (12) months? ☐ Yes ☐ No
3. Have supervisors and/or employees received employment practices training during the last twelve (12) months? ☐ Yes ☐ No
4. Have any of the following taken place during the last twelve (12) months?

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

Provide a detailed explanation for all "no 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 12 months? ☐ 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

1. Current general liability carrier: _____
 Expiration Date: _____
 Limits: _____
2. Check here if there have been no claims made against the public entity during the last twelve months: ☐
3. Does any official or employee 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. 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
5. Check the boxes which generally describe the types of complaints/disputes the public entity has received during the last twelve (12) months:
- | | | |
|--|--------------------------------------|--|
| ☐ Zoning | ☐ Termination | ☐ Discrimination |
| ☐ Permits Issuance | ☐ Equal Pay | ☐ Land Use |
| ☐ Sexual Harassment | ☐ Suspension | ☐ License Insurance |
| ☐ Variances | ☐ Promotion | ☐ Demotion |
| ☐ Hiring | ☐ Segregation | |

For any boxes checked above, have all related complaints/ disputes been reported to us? ☐ Yes ☐ No

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.

For applicants in the following states, districts, and territories, the below notice supersedes the previous paragraph:

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	<i>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.</i>
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	Application: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. Claim: 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	General: 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. Auto: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each 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	General: 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. Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.
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:		