

## PUBLIC OFFICIALS AND EMPLOYMENT LIABILITY APPLICATION

**This application will be attached to and become a part of the policy.**

### I. GENERAL INFORMATION

1. Name of entity to be insured: \_\_\_\_\_
2. Physical address: \_\_\_\_\_
3. Mailing address (if different): \_\_\_\_\_
4. City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) --
6. Do you have a risk manager?  Full time  Part time  No; If part time, how many hours per week? \_\_\_\_\_
7. If so, please provide name: \_\_\_\_\_ Phone: ( ) --
8. You operate as a:  Municipality  Town/Township  County  District  Authority  Commission  Other
9. If "other", please explain: \_\_\_\_\_
10. When was your entity organized or incorporated? \_\_\_\_\_
11. Population (If district or authority, show service population): Current? \_\_\_\_\_ Last Census? \_\_\_\_\_
12. Do you have a seasonal change in population of more than 25% during the year?  Yes  No
13. What is the largest city within 25 miles? \_\_\_\_\_
14. Total number of employees: Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Seasonal? \_\_\_\_\_ Volunteers? \_\_\_\_\_
15. Total number of board members: Elected? \_\_\_\_\_ Appointed? \_\_\_\_\_ If appointed, by whom? \_\_\_\_\_
16. How many employees hold professional designations? Attorney(s), Accountant(s), Engineer(s), Architect(s)
17. Who acts as general counsel? Name: \_\_\_\_\_ Employer: \_\_\_\_\_
18. Do you have your own Law Enforcement department?  Yes  No
19. If not, do you have a contract for these services?  Yes  No
20. Total number of Law Enforcement employees: Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Volunteers? \_\_\_\_\_

**NOTE: Pru-Tx also provides Law Enforcement Liability Coverage. Please ask your agent for more information and a Pru-Tx application.**

### II. INSURANCE INFORMATION

1. Please complete the following chart based on coverage currently in force. Please indicate where coverage is not in force.

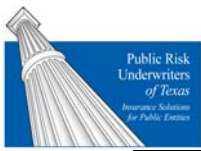
	Policy Type	Policy Number	Company Name	Expiration	Limits	Deductible	Premium
a.	Public Officials						
b.	Employment Practices						
c.	Police Liability						
d.	General Liability						
e.	Pkg. incl. GL/LE/PO						

2. Does your current Public Officials Liability coverage have a Retroactive Date? If so, what is it?  Yes  No
3. Does your current policy provide coverage for employment related practices?  Yes  No
4. Has your Public Officials Liability coverage ever been denied, canceled or non-renewed?  Yes  No

If so, please explain: \_\_\_\_\_

5. Please tell us what terms you are interested in this year.

	Limits of Liability	Deductible	Effective Date	Bid Date
Option 1				



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<b>Option 2</b>			
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**III. UTILITIES / AUTHORITIES**

Which of the following operations do you own, operate, or administer?

	Operation	Yes	No	Annual Budget	No. of employees		Number of Users		
					Full-time	Part-time	Residential	Commercial	Industrial
1.	<b>Water Utility</b>								
2.	<b>Sewer Utility</b>								
3.	<b>Gas Utility</b>								
	Do you produce Gas?			Do you own or operate any gas wellheads or pipelines?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	<b>Electric Utility</b>								
	Do you generate power?			If yes, what is your source?					
5.	<b>Airport Authority</b>								
	Do you operate the airport?			Average number of commercial flights per week?					
				Average number of private flights per week?					
	Do you lease to a third party?			If leased, to whom?					
	Aviation Liability Coverage: Carrier:			Limits:					
	Are expansions or changes of operations or runways expected? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, please explain:					
6.	<b>Housing Authority</b>								
	Number of conventional units?			How many Section 8 and 23 units?					
7.	<b>Transit Authority</b>								
	Type of vehicles? <input type="checkbox"/> Trains <input type="checkbox"/> Buses <input type="checkbox"/> Other, describe:								
8.	<b>Port Authority</b>								
	Please check: <input type="checkbox"/> River <input type="checkbox"/> Ocean <input type="checkbox"/> Lake <input type="checkbox"/> Railroad <input type="checkbox"/> Other:								
9.	<b>Schools</b>								
10.	<b>Medical/Health Care Facility</b>			Please describe:					
11.	<b>Nuclear Facility</b>								
12.	<b>*Other</b>			*List any other subsidiary boards, commissions, or authorities.					

**LAND USE AND PLANNING**

1.	Do you have a zoning commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does your legal counsel attend all meetings of the planning and zoning board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do officials receive training with respect to "open meetings" and hearing regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you have a written master plan for economic development? If so, since when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you have formally approved land use ordinances that have been reviewed by legal counsel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Do you have a formal procedure to file for a variance to land use statutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	How many variances have been requested in the last 12 months? <span style="float: right;">How many have been granted?</span>	
8.	Do you have a formal process for application and approval of permits and licenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you have a formal written policy prohibiting officers and/or board members from sitting on decisions in which they may have a conflict of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you had any disputes or claims involving a wrongful "taking", zoning variance or land use right?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you had any disputes or claims involving the approval of building permits, design, or code enforcement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you had any disputes, claims or complaints involving open or closed landfills in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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**V. EMPLOYMENT PRACTICES AND PROCEDURES**

1. Do you have a human resources coordinator?  Full time  Part time  No
2. If not, who is ultimately responsible for employment matters?
3. Do you have a written employment manual including all personnel policies and procedures?  Yes  No
4. Do these supervisors receive training in the proper implementation of your policies and procedures?  Yes  No
5. When was this manual last updated? Date?                    /                    /
6. Is this manual reviewed by counsel experienced and qualified in employment law?  Yes  No
7. Is this manual distributed to all employees upon hiring?  Yes  No
8. If not, please explain why.
9. Do you have a written policy with respect to both sexual and non-sexual harassment?  Yes  No
10. Do you follow a formal written procedure for employee disputes/complaints?  Yes  No
11. Are all actions to dismiss or demote employees reviewed in advance by legal counsel?  Yes  No
12. Do you require that due process be served and documented for all proceedings involving dismissal demotion or suspension?  Yes  No
13. Are all probationary or disciplinary actions recorded in writing and signed by the employee?  Yes  No
14. Are you an Equal Opportunity Employer?  Yes  No
15. Has there been a layoff of employees or reductions in service in the last three years?  Yes  No
16. Have you had a strike, slowdown, or other employee disruption in the last three years?  Yes  No
17. Has any person, former employee or job applicant filed a complaint or claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, or termination of employment?  Yes  No
18. Have you had any disputes involving integration, segregation, discrimination or violation of civil rights?  Yes  No
19. Have any complaints been filed with the EEOC within the last three years?  Yes  No
20. Have all disputes, complaints, and claims been reported to your current or prior Public Officials carriers?  Yes  No

**Attachment: Please provide a copy of your current employment manual including policies and procedures pertaining to sexual harassment, discrimination, and employee grievances.**

**VI. FINANCIAL / BOND INFORMATION**

1. Please complete the following chart using budget figures for the past three years

Year	Revenues	Expenditures	Surplus(+)/Deficit(-)	Accumulated (+)/(-)

2. What is the amount of your outstanding bonds?
3. What is your latest bond rating? (Moody's or Standard Poor's)  No current Rating
4. What was your previous bond rating?
5. Has any bond issue been defeated within the past three years?  
If yes, has the proposal been resubmitted, or is it expected to be resubmitted?
6. Has your public entity been in default on the principal or interest on any bond?
7. If yes to any of these questions, please give details:

**Attachment: Please attach your most recent audited financial statement. If your entity does not have a formal audit on a regular basis, please provide your most current annual budget.**



**VII. LOSS HISTORY**

1. Has any claim been made against the entity, or any person in their capacity as an official or employee of the entity, in the last five years? If yes, please attach a narrative summary with details and status.  Yes  No

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2. Does any official or employee have any knowledge of any fact, circumstance or situation which might reasonably be expected to give rise to a claim? If yes, please attach a narrative summary with details.  Yes  No

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3. With respect to your Public Officials and Employment Practices Liability coverage, please complete the following table using the total dollars expended for both the settlements of claims and the expenses associated with defending those claims. "Reserves" refers to the estimated future expenses to resolve or dispose of the claims and includes both settlement and defense expenses.

Year	Carrier	Premium	Number of Claims	Total Loss Paid and Reserved	Total Expenses Paid and Reserved	Total Incurred Losses + Expenses Incl Deductible

**Attachment:** Please provide a currently valued copy of your Public Officials and Employment Practices Loss Runs for the past five years. **NOTE:** Your current and previous carriers are obligated and required to forward currently valued runs at your request. Please consult with your agent.

**VIII. WARRANTY AND ATTESTATION**

**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.

**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 claiming 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.

**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 insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Kentucky:** 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.

**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.

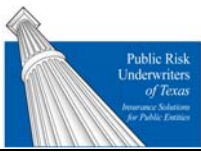
**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**New Jersey:** 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:** All commercial insurance forms, except as provided for automobile insurance: 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.



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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: Property Insurance, Real Or Personal: The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

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.

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.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands this Application, and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the applicant's submission and Insurer's receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

The signing of this Application does not bind the undersigned to purchase the insurance, nor does review of the Application bind the insurance company to issue a policy. The applicant does hereby agree that this policy, if issued, is issued in reliance upon the truth of this application, including all requested attachments, which will be incorporated into and made a part of this policy.



Applicant's Authorized Signature

Title

Date

IX. INSURANCE AGENCY INFORMATION (to be completed by your agent)

- 1. Producer's Name:
2. Agency:
3. Mailing Address:
4. City: State: Zip:
5. Phone Number: Fax Number:
6. Are you the incumbent agent? Yes No
7. Are you a licensed Surplus Lines Agent? Yes No License Number:
8. State Tax ID Number: