



PUBLIC OFFICIAL LIABILITY APPLICATION

(Claims-Made-Policy)

- New
 Renewal of Policy Number: _____

Name of Municipality: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Insurance Program Manager: _____ Telephone #: _____

Risk Manager: _____ Telephone #: _____

Agent/Broker: _____ Telephone #: _____

Population of Municipality: _____ # Employees: _____ # Volunteers: _____

Describe any joint activities with other municipalities, entities and/or departments. (The policy will not cover any current or past partnership or joint venture that is not named in the declarations.) Attach copies of all contractors or agreements:

Budget for the past three (3) years:

	YEAR	REVENUES	EXPENDITURES	SURPLUS (+)	DEBIT (-)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Do you administer or oversee any of the following facilities?

	YES	NO	EXPENDITURES	COVERAGE REQUIRED?
Education systems, including schools and board	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Airports, aircraft and other aviation related activities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Hospitals	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Ambulance, emergency medical or rescue services	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Gas transmission systems or public gas utilities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Public electric utilities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Day care, day camp, nursery or similar facilities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Public mass transit or public transportation systems	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Housing or port authorities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Police, sheriff and other law enforcement departments	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Fire departments	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Detention, correction or prison facilities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Other _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____

Do you have a written **master** plan for development? YES NO

Has legal council been consulted for any land use, condemnation and zoning policy or decisions? YES NO

Are newly elected officials trained in their duties and responsibilities? YES NO

What resource center do they us for updates and education? _____

FINANCIAL BOND INFORMATION

- 1) Amount of any outstanding bonds: \$ _____ value
- 2) Latest bond rating (Standard & Poor's or Moody's) _____
- 3) Previous bond rating _____ No rating _____
- 4) Any bond issue defeated within the past three (3) years? _____
- 5) Has your public entity been in default on the principal or interest of any bond?

If yes to any of these questions, please explain and give details. (Attached additional documents, as needed).

INSURANCE INFORMATION

Aggregate Limit \$ _____

Each Wrongful Act Limit \$ _____

Deductible: \$ _____

Effective date of coverage _____ Retro-active date requested _____

If retro date is prior to the date of this contract, additional information is needed.

PREVIOUS CARRIER INFORMATION

Public Officials Coverage By Year	Company Name	Policy Number	Policy Dates	Retro Dates	Limits	Deductible	Premium
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

1. Has any company declined, cancelled or non renewed similar E & O coverage? YES NO
- If so, please explain: _____
-

Is there a formal loss control program in place to address, specifically, third party liability exposures?

- | | | | | | |
|----|---------------------------------------|-----|--------------------------|----|--------------------------|
| A. | Contractual Liability | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| B. | Parks and Recreation | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| C. | Special Events | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| D. | Streets and Roads | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| E. | Vehicles/Fleet Loss Control | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| F. | Utilities/Public Works Infrastructure | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| G. | Social Services | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| H. | Delivery of Health Care Services | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| I. | Fire Service Liability | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| J. | Asbestos | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| K. | Lead | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| L. | Landfills | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| M. | Bridges | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Where formal and written programs are not in place, please describe the procedures followed to address and administer the loss control as outlined above.

Do you maintain a formal, written Public Officials **Policy and Procedures Manual** that provides direction in the following areas.

- | | | | | | |
|----|--------------------------------------|-----|--------------------------|----|--------------------------|
| A. | Data Privacy Act or similar Statute? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| B. | Documentation of Meetings? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| C. | Land Use and Zoning | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

2. Have any of the following situations occurred within the last five years? If so, please explain below.

- | | | | | | |
|----|--|-----|--------------------------|----|--------------------------|
| A. | Appropriation or condemnation of for which agreed settlements have not been achieved. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| B. | Improper or alleged wrongful granting of variances, building permits or similar grants or zoning disputes. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| C. | Wrongful or alleged wrongful approval of building plans, designs or specifications. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| D. | Wrongful or alleged wrongful or building construction. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| E. | Any grand jury indictments of any public officials. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| F. | Assault and battery claims made against the municipality or its officials. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| G. | Any riot or civil commotion in the past five years. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| H. | Any losses or claims occurred involving contractual disputes. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

3. Please provide explanations here: _____

4. During the past five years, there has been no incident, claim, litigation, or threat of litigation (including federal, state local actions against the public entity and/or its officials) which we believe would have fallen within the scope of this coverage had it been in effect, except as follows: (If answer is none, so state.) _____

Date of Occurrence	Date of Claim	Nature of Claim	Current Status	Loss Reserves	Settlements & Expenses Paid
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. No fact, circumstance or situation indicating the probability of a claim or action against which indemnification is or would be afforded by the proposed insurance is now known to any official or member of this entity except as follows:

(If answer if none, so state.) _____

APPLICANT'S ATTESTATION

Authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true. Further acknowledged that the signing of this application does not bind the signer to purchase the insurance, but it is agreed this form is the basis of the contract should a policy be issued, and this form will be attached to and become a part of the policy.

The official designated to receive any and all notices from the insurer to the entity concerning any policy issued as a result of this application is listed below.

PLEASE PRINT OR TYPE

Name: _____ Title: _____

Date of Hire: _____ Today's Date: _____

Signature: _____