



PUBLIC OFFICIALS AND EMPLOYEES LIABILITY APPLICATION FOR A CLAIMS MADE POLICY

- 1. Legal Name of Public Entity
2. Address
3. a. Year Public Entity was created Telephone
b. Description of Entity
4. Present population If a utility, number of users
5. Largest city within a 25 mile radius
6. Total number of employees
7. Total number of elected and appointed Board members
8. Fiscal year ends on Budget current fiscal year

Table with 4 columns: Actual Income Prior 3 years, Actual Expenditure Prior 3 years, Current Surplus/Deficit, Accumulated Surplus/Deficit

Please attach an explanation of any deficit or unusual surplus.

- 9. Does the Public Entity have any special projects which will result in a substantial budget increase in the next 3 years?
10. a. Total amount of outstanding bonds
b. Latest Moody's and/or Standard and Poor's Bond Rating
c. Has any bond proposal ever been defeated or has the municipality been in default on principal or interest of any bond?
d. For the most recent year indicate the amount of total expenditures that were used in capital improvements, new construction or major improvements
11. Has the Public Entity awarded or anticipate awarding any exclusive contracts?
12. Does the Public Entity carry primary General Liability Insurance?

13. Does the Public Entity carry Police Professional Liability? Yes No
Company _____ Limits _____ Expiration Date _____

14. Do you administer any of the following facilities?

If Yes, give Revenues and # of users

a. Water/Sewer Utility Yes No _____

b. Electric Utility/Gas Utility Yes No _____

Does Entity generate their own power or do they purchase and distribute only? _____

c. Airport Yes No Current Revenue _____

(1) Number of flights: commercial _____ private _____ military _____

(2) What is the largest type plane that uses airport? _____

(3) Does Entity carry Aviation General Liability? Yes No Carrier _____ Limit _____

d. Transit Authority Yes No Current Revenue _____

Type and number of vehicles _____

e. Housing Authority Yes No Current Revenue _____

Number of housing units _____

f. Hospital Yes No

Number of beds _____ Current Revenue _____

The above facilities may be considered for coverage by endorsement. Note coverage may not be available.

15. Indicate if coverage is desired for any of the above listed facilities _____

Indicate amount of Revenues for the above facilities included under Item 8 _____

16. Does the Entity operate any open or closed landfills? Yes No

If Yes, do they contain any hazardous waste? Yes No

17. Does the Public Entity presently carry Public Officials Liability or similar insurance? Yes No

Name of company _____

Expiration date _____ Prior acts retroactive date _____

Limits _____ Deductible _____ Premium _____

18. Has any similar insurance on behalf of the Public Entity been declined, canceled or not renewed? Yes No

If Yes, indicate company, date of declination, cancellation or non-renewal, and reason below.

19. Do you have a written personnel manual? Yes No Date of last revision/update _____

Do you have policies and procedures in writing on the following:

a. Hiring? Yes No b. Termination? Yes No c. Suspension? Yes No

d. Sexual Harassment? Yes No e. Discrimination? Yes No

20. Has an employee of the Entity been suspended, demoted, dismissed, transferred or contract of employment non-renewed against his will within the last twelve (12) months? Yes No

If Yes, explain. _____

21. Have any of the following situations occurred within the last five years?
- a. Appropriation or condemnation for which agreed settlements have not been achieved Yes No
 - b. Improper or alleged wrongful granting of variances, building permits or similar grants or zoning disputes Yes No
 - c. Wrongful or alleged wrongful approval of building plans, designs or specifications Yes No
 - d. Wrongful or alleged wrongful approval of building construction Yes No
 - e. Allegation of unfair or improper treatment regarding employee hiring, remuneration, advancement, or termination of employment Yes No
 - f. Strike, slowdown or any similar employment disruption Yes No
 - g. Disputes involving integration, segregation, discrimination, or violation of civil rights Yes No
 - h. Grand jury indictments of any public official Yes No
 - i. Assault and battery claims made against the municipality or its officials Yes No
 - j. Riot or civil commotion Yes No

IF ANY ANSWERS TO THE ABOVE ARE YES, GIVE FULL DETAILS: (if necessary, complete on last page.)

22. During the past five years, has any claim (insured or uninsured) been made or is any claim now pending against the Entity, any person in their capacity as an official, or employee of the Public Entity? Yes No
 (If Yes, please provide details below. If necessary, complete on last page.)

Date of Occurrence	Date of Claim	Nature of Claim	Status Open/Closed	Settlements & Expenses Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

23. Is any official or employee of the Public Entity proposed for this insurance aware of any act, error or omission which might give rise to a claim against them? Yes No
 (If Yes, please provide details of the circumstance and current status.) _____

If there is knowledge of any such fact, circumstances or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under this proposed insurance.

