



**Professional
Governmental
Underwriters, Inc.**

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**Claims-Made Public Officials &
Employment Practices Liability
Application**

I. General Information Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Legal name of entity: _____ Population: _____
Street address: _____ Seasonal increase: _____
City: _____ State: _____ Zip: _____
County: _____
Year entity established: _____ Largest city within 25 miles: _____

2. Make up of economic base of the entity. _____% agricultural _____% industrial _____% commercial _____% residential

3. Do you have a risk manager? yes no

4. Do you have a manager/administrator? yes no If "yes" provide years of experience in such a position. _____

5. Within the last 5 years have any of the following taken place?

a. Grand jury investigations into activities of any official or employee. yes no If "yes" provide details.

b. Indictment of any official or employee. yes no If "yes" provide details.

6. Provide revenues and expenditures. *Provide an explanation for any deficit or large surplus*

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

7. a. Provide total amount of outstanding bonds. \$ _____

b. Latest bond rating (Standard & Poor's or Moody's): _____ Previous rating: _____

c. Has the entity ever been in default on principal or interest of any bond? yes no If "yes" provide details.

II. Claims History Provide currently valued company issued loss runs for the last 4 policy years.

1. Check here if there have been no claims made against the public entity during the last 4 policy periods.

2. Complete the following table for all claims made during the last 4 policy periods. Attach a separate sheet of paper if more space is needed.

Claim	Policy Year	open / closed	Loss Incurred	Defense Incurred	Total Incurred	Description of allegations
1						
2						
3						
4						
Totals						

3. Does any official or employee have knowledge of acts, errors, and/or omissions that might reasonably give rise to a claim or suit? yes no

4. Have all known acts, errors, and/or omissions that might reasonably give rise to a claim been reported to the current insurer? yes no

5. Check the boxes which generally describe the types of claims made against the public entity during the last 4 policy years.

zoning permits issuance sex harassment termination equal pay suspension discrimination
land use license issuance variances promotion demotion hiring segregation

III. Public Officials Information Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Does the public entity administer any of the following operations? *For "yes" responses complete the applicable questions.*

A. Police Department	<input type="checkbox"/> yes <input type="checkbox"/> no	1. If no, who provides service? _____
B. Zoning	<input type="checkbox"/> yes <input type="checkbox"/> no	1. Approximate # of zoning variances granted during the proceeding 12 months. _____ 2. Is there a formal procedure in place for granting of variances? <input type="checkbox"/> yes <input type="checkbox"/> no 3. Is there a policy which prohibits zoning board members from voting on zoning action which might affect a business which they own, invest in, or be employed or retained by? <input type="checkbox"/> yes <input type="checkbox"/> no 4. Is there a policy which requires persons disclose such relationships? <input type="checkbox"/> yes <input type="checkbox"/> no 5. Does the public entity's attorney attend all zoning board meetings? <input type="checkbox"/> yes <input type="checkbox"/> no 6. Do you have a master plan for economic development? <input type="checkbox"/> yes <input type="checkbox"/> no
C. Building Inspection	<input type="checkbox"/> yes <input type="checkbox"/> no	1. Do you have a formal process for application and approval of permits? <input type="checkbox"/> yes <input type="checkbox"/> no 2. Any permit denials issued which have unusual circumstances? <input type="checkbox"/> yes <input type="checkbox"/> no If "yes" provide details.
D. Permits Issuance	<input type="checkbox"/> yes <input type="checkbox"/> no	1. Do you have a formal process for application and approval of permits? <input type="checkbox"/> yes <input type="checkbox"/> no 2. Any permit denials issued which have unusual circumstances? <input type="checkbox"/> yes <input type="checkbox"/> no If "yes" provide details.
E. License Issuance	<input type="checkbox"/> yes <input type="checkbox"/> no	1. Do you have a formal process for application and approval of licenses? <input type="checkbox"/> yes <input type="checkbox"/> no 2. Any permit denials issued which have unusual circumstances? <input type="checkbox"/> yes <input type="checkbox"/> no If "yes" provide details.
F. Tax Assessment/ Collection	<input type="checkbox"/> yes <input type="checkbox"/> no	1. Do you reassess real property on a regular basis? <input type="checkbox"/> yes <input type="checkbox"/> no 2. If so, how often? _____ 3. If not, when was last reassessment of all real property in entity's jurisdiction? _____
G. Water/Sewer Utility	<input type="checkbox"/> yes <input type="checkbox"/> no	Provide # of users. Residential _____ Commercial _____ Industrial _____
H. Electric Utility	<input type="checkbox"/> yes <input type="checkbox"/> no	Provide # of users. Residential _____ Commercial _____ Industrial _____ 1. Does utility own or maintain distribution lines? <input type="checkbox"/> yes <input type="checkbox"/> no 2. Are distribution lines buried? <input type="checkbox"/> yes <input type="checkbox"/> no 3. Does the utility monitor electromagnetic fields? <input type="checkbox"/> yes <input type="checkbox"/> no
I. Gas Utility	<input type="checkbox"/> yes <input type="checkbox"/> no	Provide # of users. Residential _____ Commercial _____ Industrial _____
J. Port Authority	<input type="checkbox"/> yes <input type="checkbox"/> no	# of employees _____ River <input type="checkbox"/> Ocean <input type="checkbox"/> Lake <input type="checkbox"/>
K. Airport Authority	<input type="checkbox"/> yes <input type="checkbox"/> no	1. Is airport: Owned <input type="checkbox"/> Operated <input type="checkbox"/> Leased <input type="checkbox"/> 2. Provide # of: Aviation Shows or Exhibitions _____ Commercial Flights per day _____ 3. Provide certificate of insurance as evidence that airport liability coverage is in force. 4. Is management of the airport contracted to a third party? <input type="checkbox"/> yes <input type="checkbox"/> no 5. Have flight patterns changed in the last 180 days? <input type="checkbox"/> yes <input type="checkbox"/> no
L. Housing Authority	<input type="checkbox"/> yes <input type="checkbox"/> no	1. Provide # of housing units operated _____ # of stories of tallest building _____ 2. Are buildings tested for lead paint? <input type="checkbox"/> yes <input type="checkbox"/> no 3. If lead paint is present, do you have a remediation plan to correct the situation? <input type="checkbox"/> yes <input type="checkbox"/> no 4. Is there a policy to house senior citizens and disabled persons on lower floors? <input type="checkbox"/> yes <input type="checkbox"/> no 5. Is there a policy regarding fair housing opportunities? <input type="checkbox"/> yes <input type="checkbox"/> no 6. Are monthly inspections of all locations performed? <input type="checkbox"/> yes <input type="checkbox"/> no
M. Transit Authority	<input type="checkbox"/> yes <input type="checkbox"/> no	1. # of employees _____ Types of vehicles operated _____
N. Landfill	<input type="checkbox"/> yes <input type="checkbox"/> no	1. Is landfill open <input type="checkbox"/> closed <input type="checkbox"/> hazardous waste <input type="checkbox"/> 2. Any sites designated as Superfund Sites? <input type="checkbox"/> yes <input type="checkbox"/> no
O. Hospital/Nursing Home	<input type="checkbox"/> yes <input type="checkbox"/> no	1. Is hospital owned <input type="checkbox"/> operated <input type="checkbox"/> leased <input type="checkbox"/> 2. Number of beds _____
P. Daycare	<input type="checkbox"/> yes <input type="checkbox"/> no	1. Are services for Children <input type="checkbox"/> Adult <input type="checkbox"/> 2. Provide details of services. _____

2. Which, if any, of the above operations are contracted? _____

IV. Employment Practices Information Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Total number of employees. Full time _____ Part Time _____ Seasonal _____
2. Number of employees in each category. General office _____ Police _____ Fire/Rescue _____
 Road/Utilities _____ Attorneys _____ Architects _____
 Engineers _____ Accountants _____ Other _____

3. Provide us with the names of persons in the following positions.

- Attorney _____ employee contracted
- Engineer _____ employee contracted
- Accountant _____ employee contracted

4. Do you have a written personnel manual? yes no
5. Date of latest update / revision. _____
6. Have employment applications and policies and procedures been reviewed by legal counsel? yes no
7. Is the manual distributed to all personnel? yes no
8. Is the manual reviewed with new employees as a part of employment orientation? yes no

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

- A. Hiring yes no
- B. Promotion yes no
- C. Demotion yes no
- D. Termination yes no
- E. Pre Hire Background Checks yes no
- F. Suspension yes no
- G. Transfer yes no
- H. Sexual Harassment yes no
- I. Medical Leave yes no
- J. Unpaid Leave yes no
- K. Employee Grievances yes no
- L. Education and Training yes no
- M. Drug Testing yes no
- N. Administrative Hearings/Appeals yes no

Provide an explanation for all "no" responses.

10. Have managers/dept heads received training in all policies and procedures? yes no
11. Are all employees provided with job descriptions? yes no
12. Are all mandatory posters from EEOC and the state equivalent posted in a conspicuous place? yes no
13. Have any of the following taken place during the last 5 years?

- A. Strike, slowdown or other disruption? yes no provide # of incidents _____
- B. Lay-off or reduction in staff? yes no provide # of incidents _____
- C. Employee suspensions? yes no provide # of incidents _____
- D. Employee dismissals? yes no provide # of incidents _____
- E. Employee transfers? yes no provide # of incidents _____
- F. Non-renewal of employment contracts? yes no provide # of incidents _____
- G. Employee terminations? yes no provide # of incidents _____
- H. Administrative appeals yes no provide # of incidents _____
- I. Formal Grievances yes no provide # of incidents _____

V. Current Insurance Information

1. Please complete the table below.

Coverage	Insurer	Expiration Date	Limits	Deductible	Premium
General Liability					
Automobile					
Public Officials					
Police Professional					

2. Does your current public officials coverage include the features listed below?

- A. Personal Injury coverage for employment claims. yes no
- B. Coverage for specific awards of Back wages. yes no sub limit _____
- C. Defense of non-monetary employment claims. yes no sub limit _____
- D. Retroactive date. yes no retroactive date _____

If "yes", provide copy of declarations or endorsement showing retroactive date.

VI. Limits and Deductible Requested

1. Per claim limit and annual aggregate limit: _____ per claim _____ annual aggregate
2. Deductible per claim: _____

VII. Authorized Entity Representative This application is for Claims-Made coverage. Read the policy carefully.

1. Provide the name and title of the individual designated to receive any and all notices from the insurer concerning any policy issued as a result of this application.

Name _____

Title _____

2. Entities Attestation - The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity, official, or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signing of this application does not bind the signer to purchase the insurance. However, it is agreed this form shall be the basis of the contract and any policy which might be issued.

STATE NOTICES

Notice to NewYork Applicants: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any 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.

FRAUD WARNING - APPLICABLE IN KENTUCKY, MINNESOTA, OHIO, AND 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 cmiits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING - APPLICABLE TO 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.

Authorized signatory of entity

Date

VIII. Agency Information

Agency name _____ Contact _____
 Address _____ City _____
 State _____ Zip _____ Phone _____ Fax _____

Will you make surplus lines filings if necessary? yes no Provide your surplus lines license number. _____