

**PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES LIABILITY APPLICATION**



*MuniPro<sup>SM</sup>*

Name of Insurance Company

To which application is Made: \_\_\_\_\_  
(herein called the Company)

**NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. FURTHER NOTE THAT THE DEDUCTIBLE FOR THIS POLICY SHALL APPLY TO BOTH DAMAGES AND DEFENSE COSTS. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.**

**INSTRUCTIONS**

Answer all questions completely. Please type or print clearly.

When requested, please answer on a separate sheet and indicate the question number. If the answer to any question is NONE please state NONE. Any questions considered "not applicable", please explain why.

This Application must be signed and dated by either (a) the highest ranking elected or appointed member of the board of the applicant (b) the business manager or risk manager of the applicant, or (c) the Treasurer or Comptroller of the applicant

**I. GENERAL INFORMATION**

1. Legal Name of Public Entity: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Internet Web Page address: <http://www>. \_\_\_\_\_

2. Type of Public Entity. **Check all that apply, including component units.**

- (A) Local Government (city, county, village, township, etc)
- (B) Special District
- Port Authority (Air or Water)
- Housing Authority
- Transit Authority
- Utility (Electricity, Gas, Cable, etc)
- Water/Sewer Authority
- Development / Finance Authority
- Sports/Convention Center/Parks Department

(C) Other **Describe in Detail** \_\_\_\_\_  
\_\_\_\_\_

3. Public Entity was created in \_\_\_\_\_ (Year)

4. (a) Present Population: \_\_\_\_\_ Change from 3 years ago \_\_\_\_\_ %

(b) Name of largest City: \_\_\_\_\_ Population: \_\_\_\_\_

5. (a) Names and Official Title of Governing Board Members: *use a separate sheet of paper if additional space is required*

<u>NAME</u>	<u>TITLE</u>	<u>ELECTED</u>	<u>APPOINTED</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

(b) If Board Members are elected, are they elected via: Single member district   
 At large   
 Combination of both

If Board Members are appointed, whom are they appointed by. \_\_\_\_\_

**II. FINANCIAL INFORMATION**

6. (a) Fiscal Year \_\_\_\_\_

Figures shown below are to include the totals from the Public Entity and all component units(if applicable) as indicated in item 1.

(b)	Current Year	Prior Year	Budget Next Yr.
Total Revenue	_____	_____	_____
Total Expenditures	_____	_____	_____
Surplus/Deficit	_____	_____	_____

Please clarify on a separate page the circumstances surrounding any large or ongoing deficits, unexpended appropriations or surpluses reflected in the above figures.

**PLEASE ATTACH A COPY OF YOUR MOST RECENT COMPREHENSIVE ANNUAL FINANCIAL REPORT**

7. Does the Public Entity anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years.

\_\_\_\_\_  
 \_\_\_\_\_

8. (a) Total amount of outstanding Bonds \$ \_\_\_\_\_

(b) Latest Moody's and/or Standard and Poor's Bond rating: \_\_\_\_\_

**IF NOT RATED, PLEASE EXPLAIN**

(c) Has the Public Entity been in default on principal or interest of any Bond. Yes  No   
 If yes, attach a statement of details.

(d) Please include a copy of the Bond Offering Statement or prospectus for all Bonds issued in the past year.

9. Are all investments made by or on behalf of the Public Entity rated at or above Baa by Moody's Investors Services or BBB by Standard & Poor's Corporation. Yes  No   
 If no, please attach the most current investment portfolio.

**III. OPERATIONS**

10. Does the authority of the Public Entity cover any of the operations listed below. Yes  No   
 If so, indicate the total amount of current year expenditures from Question 6(b) allocated to each operation:

	<u>Covered Operation</u>	Current Year Expenditures included in item 6(b)		<u>Current Year Expenditures</u>	Check here if coverage is requested
(a)	port authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	<input type="checkbox"/>
(b)	housing authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	<input type="checkbox"/>
(c)	transit authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	<input type="checkbox"/>
(d)	utilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	<input type="checkbox"/>
(e)	water/sewer authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	<input type="checkbox"/>
(f)	hospital, clinic, nursing home or other health care operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	N/A
(g)	school	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	N/A
(h)	jails or detention facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	N/A
(i)	law enforcement agencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	N/A
(j)	fire fighting authorities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	N/A

**NOTE:** COVERAGE IS NOT PROVIDED FOR THE ABOVE UNLESS SPECIFICALLY INDICATED ON THE DECLARATIONS PAGE OR BY ENDORSEMENT TO THE POLICY. REQUESTING COVERAGE FOR THESE OPERATIONS DOES NOT NECESSARILY MEAN IT WILL BE GRANTED. NOTE ALSO THAT WHERE INDICATED ABOVE AS "N/A" THERE IS NO COVERAGE UNDER THE POLICY FORM.

11. Have any of the following situations occurred within the last 5 years

(a) Strike, slowdown or other disruption by employees Yes  No

(b) Disputes involving integration, segregation, discrimination, or violation of civil rights Yes  No

(c) Grand jury investigations, recall proceedings or indictments of any elected or appointed officials. Yes  No

If yes, please provide full details on a separate sheet of paper.

**IV. EMPLOYMENT PRACTICES**

12. Total number of Employees (including Elected and Appointed Public Officials) \_\_\_\_\_

13. Number of Elected/Appointed Officials or employees who are:

Attorneys \_\_\_\_\_ Accountants \_\_\_\_\_  
 Architects \_\_\_\_\_ Engineers \_\_\_\_\_

Is Professional Liability Insurance purchased for these individuals Yes  No

14. Does the Public Entity have a Human Resources department  
 Yes Number of Employees in the Human Resources Department \_\_\_\_\_  
 No Explain how this function is handled \_\_\_\_\_
15. Does the Public Entity have a written human resources manual Yes  No   
 If no, please explain what guidelines are followed \_\_\_\_\_
- 
16. Have you had any layoffs within the last 12 months Yes  No   
 Do you anticipate any layoffs within the next 12 months Yes  No   
 If yes, please explain.
17. Total number of Employees and Elected/Appointed Officials who have resigned, been terminated (with or without cause) or retired within the last 24 months.  
 Employees \_\_\_\_\_ Elected/Appointed Officials \_\_\_\_\_
18. Has any Employee or Elected/Appointed Official made allegations of unfair or improper treatment regarding hiring, remuneration, advancement, or termination of employment Yes  No
19. Does the Public Entity:
- (a) Use an employment application for all of your applicants for hire Yes  No
  - (b) Use any tests to screen applicants for employment or to promote employees Yes  No
  - (c) Have a formal orientation program for all new employees Yes  No
  - (d) Publish an employment handbook Yes  No   
 If yes, do you distribute to all employees Yes  No
  - (e) Provide regular, written performance evaluations for all employees Yes  No
  - (f) Have a formally implemented and adopted anti-sexual harassment policy Yes  No   
 If yes, is it distributed annually to all workers Yes  No
  - (g) Have a written procedure for handling employee complaints of discrimination and sexual harassment Yes  No
  - (h) Have a policy on AIDS or on assisting employees with life-threatening or communicable diseases Yes  No
  - (i) Have a policy on accommodating the disabled as required by the Americans with Disabilities Act Yes  No
  - (j) Comply with the Family Medical Leave Act Yes  No
20. Does the Public Entity require terminations to be reviewed by its:  
 Human Resources Department Yes  No   
 Legal Department Yes  No   
 Outside counsel Yes  No
21. Does the Public Entity have a formal out-placement program which assists terminated or laid off employees in finding other jobs Yes  No
22. Does the Public Entity conduct exit interviews Yes  No

**V. INSURANCE AND LOSS HISTORY**

23. Does the Public Entity presently carry Public Officials Liability or similar insurance Yes  No   
 Name of Company \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Limits \_\_\_\_\_ Deductible \_\_\_\_\_ Premium \_\_\_\_\_

24. Does the Public Entity presently carry Employment Practices Liability insurance Yes  No   
 Name of Company \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Limits \_\_\_\_\_ Deductible \_\_\_\_\_ Premium \_\_\_\_\_

25. Name of primary General Liability Insurance carrier \_\_\_\_\_  
 Name of Law Enforcement/Police Professional Liability Insurance carrier \_\_\_\_\_

26. Has any similar Public Officials or Employment Practices Liability insurance ever been declined, cancelled or non-renewed Yes  No   
 If yes, please attach explanation.

**NOTE: MISSOURI APPLICANTS NEED NOT RESPOND TO THIS QUESTION**

27. List all Public Officials and Employment Practices Liability claims made against the Public Entity or any other proposed insured(s) during the past five years.

No claims made during the past five years.

Date of Claim	Claimant	Nature of Claim	Defense Costs	Indemnity Amt.	Reserve, if open	Current Status

28. Limit of Liability Requested (Aggregate) \$500,000  \$4,000,000   
 \$1,000,000  \$5,000,000   
 \$2,000,000   
 \$3,000,000  Other \_\_\_\_\_

29. Deductible requested (Each Wrongful Act) \$2,500  \$50,000   
 \$5,000  \$100,000   
 \$10,000   
 \$25,000  Other \_\_\_\_\_

Note: Minimum deductible for Employment Practices Violation Wrongful Acts is \$10,000

30. Does any prospective Insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim made against the Insured or the Public Entity Yes  No   
 If yes, please attach explanation.

IN GRANTING COVERAGE TO ANY INSURED, THE COMPANY HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND WILL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE HEREBY DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE(S) AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE PUBLIC ENTITY OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION WILL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED.

ALL SUPPLEMENTS, WRITTEN STATEMENTS, AND OTHER MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE WILL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

**NOTICE TO ARKANSAS APPLICANTS:** "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 COLORADO APPLICANTS:** "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 FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

**NOTICE TO FLORIDA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

**NOTICE TO GEORGIA AND MAINE APPLICANTS:** "IF INSURANCE IS GRANTED, IT IS IN RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS SET FORTH IN THIS APPLICATION. COVERAGE IS NOT PROVIDED TO INSURED WHO HAVE AT ANY TIME: INTENTIONALLY CONCEALED OR MISREPRESENTED A MATERIAL FACT, ENGAGED IN FRAUDULENT CONDUCT, OR MADE A FALSE STATEMENT RELATING TO THIS INSURANCE OR IN OBTAINING A LICENSE AS A COLLECTOR. ANY FALSE OR MATERIAL MISREPRESENTATION SET FORTH IN THE APPLICATION, IN CONTINUING THIS POLICY, OR IN PRESENTING A CLAIM UNDER THIS POLICY, WILL RESULT IN THE CANCELLATION OF COVERAGE.

**NOTICE TO KENTUCKY APPLICANTS:** "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."

**NOTICE TO MINNESOTA APPLICANTS:** "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO NEW YORK APPLICANTS:** "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, 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."

**NOTICE TO OHIO APPLICANTS:** "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."

**NOTICE TO PENNSYLVANIA APPLICANTS:** "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."

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS STATEMENT IS INCORPORATED IN AND BECOMES A PART OF SUCH POLICY.

The undersigned authorized representative of the Public Entity hereby acknowledges that Defense Costs that are incurred will be applied against the Deductible.

\_\_\_\_\_  
Authorized Representative of the Public Entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title  
*(Must be signed by the highest ranking elected or appointed member of the board of the Public Entity, or the business manager or risk manager of the Public Entity, or the Treasurer or Comptroller of the Public Entity)*

\_\_\_\_\_  
E-mail:

Submitted by (Insurance Agent/Broker): \_\_\_\_\_

Insurance Agency/Brokerage: \_\_\_\_\_

Insurance Agency/Brokerage Taxpayer I.D. or Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_