



**UNDERWRITING APPLICATION PUBLIC SECTOR SERVICES  
SMALL ACCOUNTS (UNDER \$75,000 IN PREMIUM)  
NEW YORK**

\*Denotes required field

Please include the following with your submission:

- Completed ACORD form for Property, Inland Marine & Automobile
- Five years current hard copy loss runs
- Statement of Values for property to include COPE information
- Most current approved budget

**GENERAL INFORMATION**

**New or Renewal Business**

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Effective Date:

Bid Date:

Quote Need by Date:

*Name of Insured	*Federal ID Number	*Phone	Fax
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*Address (Street, City, Zip Code)	*State	*County
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	*Current Population
<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>

*Entity Contact	Entity Web Address	*Phone
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**AGENCY AND AGENT INFORMATION**

*Name of Agent/Broker Contact	*Email Address
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Name of Agency/Brokerage	*Phone
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*Address (Street, City, Zip Code)	*State	*Fax
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**Check Requested Coverages:**

<input type="checkbox"/> 1. Property/Equipment Breakdown <input type="checkbox"/> 2. Inland Marine <input type="checkbox"/> 3. Crime <input type="checkbox"/> 4. Auto <input type="checkbox"/> 5. General Liability incl. EBL	<input type="checkbox"/> 6. Umbrella <input type="checkbox"/> 7. Law Enforcement Liability <input type="checkbox"/> 8. Public Entity Management Liability <input type="checkbox"/> 9. Public Entity Employment-Related Practices Liability <input type="checkbox"/> 10. Workers' Compensation
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Prior Premium excluding WC \$

WC Premium \$



**PROPERTY**

Coverage:   
*(Blanket or Specific)*

Coinsurance:   
*(80%, 90%, 100%)*

Deductible:   
*(\$1,000 minimum deductible otherwise applies)*

Limit of Insurance \$  (Attach Statement of Values)

*A typed statement of values must show construction, year built, square footage, updated information, occupancy and protection class. The values shown must be at 100% coinsurance.*

Business Income Limit:

Extra Expense Limit:

Flood: YES  NO   
 Earthquake: YES  NO

Limit: \$   
 Limit: \$

Any Vacant Buildings: YES  NO

**INLAND MARINE**

*Attach an itemized schedule of desired inland marine coverages by location, indicating the limit of coverage, deductible, and complete description of the property.*

**Computer: Limit**  
 a. Limit/Exposure:   
 b. Transit Limit:   
 c. Data & Media:

**Contractor's Equipment:**   
**Leased/Rented/Borrowed:**

**Miscellaneous Property Floater:**

**Radio Towers:**   
 a. Age:  years  
 b. Height:  feet

**Other:**

**CRIME**

*Please choose the applicable Insuring Agreement(s), limit(s) and deductible(s).*

	Limit	Deductible
Employee Theft Coverage Per Loss Coverage: YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

*\* Is coverage extend to provide faithful performance of duty?*

	Limit	Deductible
Forgery or Alteration:	<input type="text"/>	<input type="text"/>
Theft of Money and Securities Inside the Premises:	<input type="text"/>	<input type="text"/>
Robbery or Safe Burglary of Other Property:	<input type="text"/>	<input type="text"/>
Outside the Premises:	<input type="text"/>	<input type="text"/>
Computer Fraud:	<input type="text"/>	<input type="text"/>
Funds Transfer Fraud:	<input type="text"/>	<input type="text"/>
Money Orders and Counterfeit Paper Currency:	<input type="text"/>	<input type="text"/>

Number of Employees:	Handle Money	All Other
<input type="text"/>	<input type="text"/>	<input type="text"/>



**SECURITY PROVISIONS:**

- YES  NO  ] 1. Is an Audit performed? Frequency:
- YES  NO  ] 2. Employee Background Checks conducted? *Monthly, Semi-Annual, Annual*
- YES  NO  ] 3. Employee references checked?
- YES  NO  ] 4. Are bank accounts reconciled at least monthly?
- YES  NO  ] 5. At least two signatures required on checks?

**Computer Fraud:**

- YES  NO  ] 6. Is a software security system in place to detect fraudulent computer usage by employees agents, or outsiders?
- YES  NO  ] 7. Are passwords and access codes changed at regular intervals and when users are terminated?
- YES  NO  ] 8. Are computer programmers permitted to use machines with their own programs?
- YES  NO  ] 9. Are computer check-writing functions separate from check authorizations?
- 10. If Funds Transfer Fraud is desired, please answer the following:  
Daily Dollar volume of electronic funds transferred?  
Average: \$   
Maximum: \$

- YES  NO  ] 11. Are transfer verifications sent to an employee and/or department other than the one that Initiated the transfer?

**GENERAL LIABILITY**

YES  NO  ] **Does the entity currently have claims made coverage?**

	Limit	Deductible
General Total (aggregate)	<input type="text"/>	<input type="text"/>
Each Event	<input type="text"/>	<input type="text"/>
Sewer Backup (sublimit)	<input type="text"/>	<input type="text"/>
Failure to Supply (sublimit)	<input type="text"/>	<input type="text"/>
Premises Damages (sublimit)	<input type="text"/>	<input type="text"/>
Medical Expenses (sublimit) <i>Water/Sewer Utilities only</i>	<input type="text"/>	<input type="text"/>

YES  NO  ] Employee Benefits Prog. Admin. Liability Claims Made?  
Number of Employees:

YES  NO  ] Cemetery Professional?

12. Stop Gap *(Available in ND, OH, WA, WV, WY)*

BI by Accident (Each Accident): \$   
BI Disease Total: \$   
BI Disease Each Employee: \$

**Attach work comp payroll schedule**

YES  NO  ] Independent Contractors Used? If yes, please advise on the type of work performed by contractors

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**Please answer the following:**

YES  NO  ] Are Certificates of Insurance required from subcontractors?

YES  NO  ] Are subcontractors required to carry limits equal to or greater than the entity's own liability limits?

YES  NO  ] Are subcontractors required to name the entity as Additional Insured's under the subs policies?

## STREETS/ROADS/HIGHWAYS/BRIDGES

Number of paved mileage:

Number of unpaved mileage:

Number of miles maintained for others:

<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	1. Do you document inspections, preventive maintenance, and repairs? If yes, what is the turnaround time for routine repairs?
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	2. Are road signs regularly inspected for visibility and missing signs?
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	3. Are barricades and warning signs used at road work sites?
4a. Number of Bridges	
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	4b. Are any closed, condemned or do not meet inspection standards? If yes, list bridge name and location:
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	5. Are bridges posted for size and weight limits?
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	6. Does the entity contract any portion of street, road or bridge operations?

## RECREATION

### Management

<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	1. Does the Entity have a regular inspection/maintenance program for all facilities and equipment (parks, playgrounds, equipment, buildings, etc...)?
2. How often? Daily, Weekly, Monthly, etc...	
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	3. Are all regular inspections and corrective actions documented?

### Organized Activities:

4. Complete the following:

Activity <i>(For example: Baseball, Football, etc...)</i>	Participants Youth / Adult	Supervision Entity / Other	Are waiver, release and/or consent forms secured for all participants?
			<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
			<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
			<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
			<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>

<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	5. Do any participants provide their own insurance?
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6. If the entity supervises children do you require the following:

<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	a. A written application for all volunteers and employees:
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	if yes, does it include questions relating to prior civil sexual/physical abuse allegations or incidents?
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	b. Is there a pre-employment background check conducted for all employees and volunteers?
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	c. Does the background check include personal references and a police record check?
<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	d. Has there ever been any incidents of sexual or physical abuse arising in connection with your operations?

## PARKS AND PLAYGROUNDS

- YES  NO  ] 7. Is any playground equipment present on the premises?  
 If yes, does the playground equipment and surface meet  
 YES  NO  ] Consumer Product Safety Commission (CPSC) standard?

## ICE SKATING

8. Location(Indoor/Outdoor)  
 If outdoor, please specify Surface or Lake.

- YES  NO  ] 9. Are warning signs posted?  
 YES  NO  ] 10. Is there a procedure in place for checking ice thickness?

## FIREWORKS

- YES  NO  ] 11. Does municipality sponsor fireworks displays?  
 Contractors:
- YES  NO  ] 12. Are sub-contractors required to carry limits of insurance equal to your limits of liability?  
 YES  NO  ] 13. Are certificates of insurance obtained?  
 YES  NO  ] 14. Are you named as an additional insured under the sub-contractors policy?  
 15. Complete the following:

Type of Event	Licensed Pyrotechnicians?	Equipment
	YES <input type="checkbox"/> NO <input type="checkbox"/> ]	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Dept <input type="checkbox"/> Police
	YES <input type="checkbox"/> NO <input type="checkbox"/> ]	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Dept <input type="checkbox"/> Police
	YES <input type="checkbox"/> NO <input type="checkbox"/> ]	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Dept <input type="checkbox"/> Police

## WATER ACTIVITIES

### WATERFRONT:

1. Type of exposure:  Pool  Pond  Lake  Wharf  Pier
2. Identify all activities:  Boating  Fishing  Jet Skiing  Dock/Boat Launch  Swimming  
 Water Skiing  Ice Skating  Other, please describe:

*If swimming is allowed, please complete the following questions:*

- YES  NO  NA  ] 3. Is swimming area roped or marked?  
 YES  NO  NA  ] 4. Are certified lifeguards provided?  
 YES  NO  NA  ] 5. Is diving permitted?  
 YES  NO  NA  ] 6. Is diving supervised?  
 7. Depth of water?  
 YES  NO  NA  ] 8. Is swimming area checked for underwater obstructions, etc?  
 YES  NO  NA  ] 9. Does pool have a waterslide? (If yes, please provide a photo).  
 YES  NO  NA  ] 10. Are age, height and size limitations clearly posted and strictly enforced?

**YES[ ] NO[ ]** 1. Does the municipality own or operate a golf course?  
 2. Name, size and location of course:

**YES[ ] NO[ ]** 3. Is the golf course insured under the municipality's policy or a separate policy?  
 Note: If a liquor exposure exists, please complete our liquor liability supplement.

**SPECIAL EVENTS**

Please complete the following grid (for fairs, carnivals, festivals, parades, etc.)

Event Description	Event Location	Operated by Entity?	Subcontracted?
		YES[ ] NO[ ]	YES[ ] NO[ ]
		YES[ ] NO[ ]	YES[ ] NO[ ]
		YES[ ] NO[ ]	YES[ ] NO[ ]

**YES[ ] NO[ ]** 1. Does the entity erect or operate any amusement rides?

**EMT'S/FIRE DEPARTMENT/PARAMEDICS**

Position Held	No. in Position
1. Full-time Firefighters including First Response not EMT certified:	
Part-time or volunteer Firefighters including part-time First Response not EMT certified:	
2. Full-time Firefighter w/EMT certification:	
Part-time or volunteer Firefighters w/EMT certification:	
3. Full-time EMT Only:	
Part-time or volunteer EMT only:	

**YES[ ] NO[ ]** 4. Are mutual aid agreements in place with neighboring communities?  
**YES[ ] NO[ ]** 5. Is the Entity responsible for transporting injured persons?  
**YES[ ] NO[ ]** 6. Are all volunteers fully trained and certified according to minimum state requirements?  
**YES[ ] NO[ ]** 7. Is a substance abuse testing program in place, including volunteers?  
**YES[ ] NO[ ]** 8. Does the fire department/EMT's have an established policies and procedures manual?  
**YES[ ] NO[ ]** 9. Are EMT's/Paramedics in contact with the hospital/doctors at all times when responding to a call?  
**YES[ ] NO[ ]** 10. Are response times monitored and problems investigated?  
**YES[ ] NO[ ]** 11. Are written records kept of all calls, with a description of treatment and patient delivery to hospital for medical response?  
 12. How long are records kept?

	1. Annual Payroll ( <b>Excluding clerical</b> )
YES[ ] NO[ ]	2. Do you have a performance standard responding to consumer complaints?
YES[ ] NO[ ]	3. Do you document inspections, preventive maintenance and repairs?
YES[ ] NO[ ]	4. Is there a Supervisory Control and Data Acquisition (SCADA) system used in the operation of your utility?
YES[ ] NO[ ]	5. Is there a capital improvement plan?
YES[ ] NO[ ]	6. Has the municipality ever had a capacity problem? If yes, explain:

YES[ ] NO[ ]	7a. Do you have backup power for treatment plants?
YES[ ] NO[ ]	7b. For lift stations?
	8. What disposal process is used for waste solids?
<input type="checkbox"/> Fertilized <input type="checkbox"/> Truck to landfill <input type="checkbox"/> Incinerated <input type="checkbox"/> Other	

	9a. Number of miles of Sewer lines only
	9b. Combined Sewer and Storm
	10. Age of lines
	11. Construction
<input type="checkbox"/> PVC <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Clay <input type="checkbox"/> Other	

**WATER UTILITY**

	1. Annual Payroll ( <b>Excluding clerical</b> )
YES[ ] NO[ ]	2. Have you ever been cited or fined for non-compliance with federal or state requirements? If yes, please provide details, copy of noncompliance notice(s) and action(s) taken to correct the problem(s):

YES[ ] NO[ ]	3. Do you have a performance standard responding to consumer complaints?
	4. What type of exposure(s) do you have? <input type="checkbox"/> Treatment <input type="checkbox"/> Distribution
	5a. Water Sources
<input type="checkbox"/> Surface <input type="checkbox"/> Ground <input type="checkbox"/> Another Utility <input type="checkbox"/> Other	

	5b. Number of dams ( <i>If any, please complete the dam supplement.</i> )
	6. Describe the disinfection method used in the treatment process:
<input type="checkbox"/> Chlorine <input type="checkbox"/> Sodium Hypo Chloride <input type="checkbox"/> Calcium Hypo Chloride <input type="checkbox"/> Other	
	If gaseous chlorine is used, indicate tank size and capacity:

YES[ ] NO[ ]	7. Is there a documented emergency response plan?
YES[ ] NO[ ]	8. Is a Supervisory Control and Data Acquisition (SCADA) system used in the operation of your utility?
	9. Number of miles of water lines
	10. Year system built?
	11. Year of last upgrade?
YES[ ] NO[ ]	12. Do you document inspections, preventive maintenance and repairs?
YES[ ] NO[ ]	13. Is there a capital improvement plan?

## FAILURE TO SUPPLY

Submit:

<input type="checkbox"/> \$100,00 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
--

Residential:  %    Commercial:  %

15. Do you have redundant supply lines, looped distribution systems or backup power supply for your utility?

YES <input type="checkbox"/> NO <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/>

16. Have you had any losses from major interruptions (24 hours or more) in the past 36 months?  
If yes, please describe:

## DAMS/LEVEES/DIKES

*NOTE: If the Entity operates more than one dam, levee or dike, complete a separate supplement for each structure.*


1a. Type of structure (Dam/Levee/Dike )

1b. Hazard code (Low/Significant/High)

Name of Structure:

2. Constructed under the direction of:

<input type="checkbox"/> Municipality	<input type="checkbox"/> Army Corp of Engineers	<input type="checkbox"/> Bureau of Reclamation	<input type="checkbox"/> Other
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3. Inspections are performed by:

4. Purpose:

<input type="checkbox"/> Flood Control	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Water Supply	<input type="checkbox"/> Industrial	<input type="checkbox"/> Power
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5. Construction:

*If other, describe*

<input type="checkbox"/> Concrete <input type="checkbox"/> Earth <input type="checkbox"/> Other	
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6. Age:

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7. Dimensions

a. Acres

b. Capacity

c. Acre feet Height

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8. How is water level controlled?

<input type="checkbox"/> Gates <input type="checkbox"/> Spillway <input type="checkbox"/> Other
---

9. How are gates operated?

<input type="checkbox"/> Manual <input type="checkbox"/> Automatic
--

YES <input type="checkbox"/> NO <input type="checkbox"/>
--

10. Does the Entity have an emergency notification plan?

11. Describe in detail downstream exposures, such as residential properties, highways, farmland, etc... (Include distance in miles from structure)

**PLEASE ATTACH COPIES OF MOST CURRENT ENGINEERING OR INSPECTION REPORTS**



**UMBRELLA**

Each Occurrence    General Aggregate    Specialty Coverage Aggregate\*

Limits of Liability:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Check all that apply:

- General Liability
- Liquor Liability
- Auto
- Law Enforcement Liability
- Employee Benefits Liability
- Public Entity Management Liability
- Public Entity Employment-Related Practices Liability
- CyberFirst Liability

\*Note: The following coverages can be included in the General Aggregate Limit or the Specialty Coverage Aggregate limit. Please indicate which limit you would like to apply.

	General Aggregate Limit	Specialty Coverage Aggregate Limit
Public Entity Management Liability	<input type="checkbox"/>	<input type="checkbox"/>
Public Entity Employment-Related Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>
CyberFirst Liability	<input type="checkbox"/>	<input type="checkbox"/>

1. Current insurance carrier or method (i.e. self-insurance):

2. Current Limits: \_\_\_\_\_

3. Current Deductible: \_\_\_\_\_

4. Current Premium: \_\_\_\_\_

**ADDITIONAL EXPOSURES CHECKLIST**

Please check all of the operational exposures of the Public Entity below. Note that coverage may not be available for all operations or exposures.

Operations/Exposure	Do you have this exposure?	
Abuse or Molestation*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Airport	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amusement Park	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arena/Convention Center*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Athletic Participation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blasting Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Daycare Center/Day Camps*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fitness Centers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Department/Mental Health Department	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hospital/Clinic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Housing Authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Jail, Detention Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landfill/Dump/Refuse Site/Incinerator*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Library	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquor Liability*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical or Electrically Operated Amusement Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Museum	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nurse/Jail Nurse*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nursing Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pier, Dock, marina, Boat Slip/Ramp	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Port Authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rifle/Shooting Range (Public Use)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rodeo	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sanitation, Garbage Collection, Recycle Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shelter/Youth Home/Group Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skate Park Facility*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ski Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utility - Electric*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utility - Gas*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Watercraft/Boat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Zoo	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Exposure	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* [Please go to our website for a supplemental application.](#)

## AUTO

	Liability Limit (CSL)		
	PIP		Comprehensive Deductible
	Medical Payments Limit		
	UM/UIM Limit		Collision Deductible
	Liability Deductible		

YES  NO  Hired Car Physical Damage?

**Please attach a schedule of vehicles, including year, make, model, cost new, VIN #s and department. Also attach a schedule of drivers, including name, driver's license #, birthdate and identify emergency vehicle operators.**

<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	1. Do you check Motor Vehicle records (MVRs) prior to hire? How often thereafter do you re-order MVRs?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	2. Do you have criteria for MVR acceptability?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	3. Do you provide driver training periodically for all drivers?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	4. Are all accidents reviewed internally and corrective action taken?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	5. Do you have a vehicle maintenance program?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	6. Are drivers of 15-passenger vans specifically trained in the operation of these vehicles? (Yes/No/NA)
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	7. Do you have any of the following transportation services?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	a. Daycare/Day camp/Recreation programs
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	b. Social Services
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	c. Other <input style="width: 300px;" type="text"/>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	8. Are new drivers subject to an orientation program on basic vehicle operation prior to being allowed to operate that vehicle?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	9. Are criminal records checks conducted on all transportation employees?

**If law enforcement vehicles are included in the automobile schedule and Law Enforcement Liability is not being requested, do you have the following policies and procedures:**

<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Vehicular Pursuit?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Patrol Driving & Response?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Transportation of Prisoners?
	Date of Last Revision for above

### GARAGEKEEPERS LEGAL LIABILITY

**Locations Covered Each location must be listed separately:**

Location	Limit		# of Vehicles	Deductible	
	Comprehensive	Collision		Comprehensive	Collision
				Per Auto/Per Loss	Per Auto

## LAW ENFORCEMENT LIABILITY

**IMPORTANT NOTES:**

**CLAIMS-MADE NOTICE.** Any liability coverage contained in a policy that is subsequently that includes the words "claims-made" in the title of such coverage form is written on a claims-made basis. During the first several years of claims-made coverage, claims-made rates are comparatively lower than occurrence rates, but you may expect substantial annual premium increases, independent of overall rate-level increases, until the claims-made coverage reaches maturity. The claims-made coverage form will have a retroactive date and won't cover claims or suits that result from bodily injury, property damage or personal injury that happens before the retroactive date. The retroactive date is the beginning date of such coverage form issued as a result of this application unless we agree to a different date. Such agreement will apply only to claims or suits first made or brought while the agreement is in effect. And all coverage ends if the agreement is cancelled or not renewed and an extended reporting period endorsement is not purchased. Without such a reporting endorsement, there is a very limited time, usually 90 days, but 60 days for some agreements, from the end of the agreement for claims or suits to be first made or brought. An extended reporting period endorsement will not change the ending date of such an agreement. But it will cover claims or suits first made or brought during the extended reporting period that would have been covered if they had been made or brought before the agreement was cancelled or not renewed. The extended reporting period endorsement we'll offer is a reporting period extension for twelve months.

**DEFENSE EXPENSE NOTICE.** The Claims-Made coverage form may include defense expenses within the limits of coverage and deductibles. If the insuring agreement does include defense expenses within the limits of coverage and deductibles, 100% of such limits and deductibles may be used up with the payment of judgments, settlements, or defense expenses. Once the limit of coverage is used up, we will have no further obligation to pay any judgments, settlements, or defense expenses. We define the term **Defense expenses** in the coverage form.

**INSURANCE COVERAGE AND LIMITS**

1. Coverage Type  Occurrence  Claims Made

YES [ ] NO [ ]

2. Retroactive Date (*Note: We do not use an unlimited retro date.*)

3. Has there been continuous Claims Made coverage back to the requested Retroactive Date?

Each Wrongful Act Limit	Total Limit (Aggregate)	Each Wrongful Act Deductible

**GENERAL UNDERWRITING INFORMATION**

YES [ ] NO [ ]
YES [ ] NO [ ]

1. Do you contract law enforcement to any public or private entity?

2. Are you part of any mutual law enforcement assistance agreements between political subdivisions?

3. Complete the following for each task force in which you participate:

Task Force Type	No. of Officers Involved	Do you lead this task force?	Is task force a separate entity?	Is task force insured elsewhere?
Drug		YES [ ] NO [ ]	YES [ ] NO [ ]	YES [ ] NO [ ]
SWAT		YES [ ] NO [ ]	YES [ ] NO [ ]	YES [ ] NO [ ]
Gang		YES [ ] NO [ ]	YES [ ] NO [ ]	YES [ ] NO [ ]

YES [ ] NO [ ]
----------------

4. Does the agency operate a shooting range?

If yes, is it used by:

YES [ ] NO [ ]
----------------

a. Outside law enforcement agencies?

YES [ ] NO [ ]
----------------

b. The general public?

If yes, is an injury waiver required?

YES [ ] NO [ ]
----------------



**EMPLOYEE CLASSIFICATION**

**NUMBER GROUP 1 EMPLOYEES**

	Full-time officers, detectives, investigators and sergeants (including the chief, sheriff and deputies)
	Police Dogs

**NUMBER GROUP 2 EMPLOYEES**

	Part-time /reserve/auxiliary/court officers armed, or with arrest authority
	Full-time jailers
	Part-time jailers

**NUMBER GROUP 3 EMPLOYEES**

	Animal Control Personnel
	Dispatchers
	Jail Nurse
	Jail Medical Personnel – Other
	School Crossing Guards
	Unarmed part-time/reserve/auxiliary officers without arrest authority

**NUMBER GROUP 4 EMPLOYEES**

	Other unarmed law enforcement personnel (includes clerical, cooks, and other unarmed personnel not included elsewhere)
	Other unarmed jail personnel (includes clerical, cooks, and other unarmed jail personnel not included elsewhere)

	<b>Total Employees</b>
--	------------------------

**DEPARTMENT POLICIES AND PROCEDURES**

YES[ ] NO[ ]	1. Does the agency have a policy and procedure manual?
YES[ ] NO[ ]	2. Is the manual distributed to all personnel?
YES[ ] NO[ ]	3. Are employees required to sign off?
	4. Date of last overall revision of your policy and procedure manual:
	5. How often is the manual reviewed with personnel?
	6. Does the entity have written policies governing the following?

YES[ ] NO[ ]	a. Use of force
YES[ ] NO[ ]	b. Firearms & Less than lethal weapons
YES[ ] NO[ ]	c. Vehicular pursuits
YES[ ] NO[ ]	d. Patrol driving and response
YES[ ] NO[ ]	e. Domestic violence response
YES[ ] NO[ ]	f. Service of warrant
YES[ ] NO[ ]	g. Transportation of Prisoners
YES[ ] NO[ ]	h. Arrests and investigatory stops
YES[ ] NO[ ]	i. Searches
YES[ ] NO[ ]	j. Motor vehicle stops & searches
YES[ ] NO[ ]	k. Canines
YES[ ] NO[ ]	l. Sexual harassment
YES[ ] NO[ ]	m. Use of volunteers
YES[ ] NO[ ]	n. Secondary employment & Off-duty- Powers (Moonlighting)

YES[ ] NO[ ]	<b>Have the policies and procedures been reviewed by legal counsel?</b>
YES[ ] NO[ ]	<b>Do all officers meet state certifying agency minimum training standards?</b>

**Duties of reserve/auxiliary officers:**

<input type="checkbox"/> Traffic control	<input type="checkbox"/> Civil Disturbance	<input type="checkbox"/> Crowd Control	<input type="checkbox"/> Other (Specify)

YES[ ] NO[ ]	a. Does your department handle your own dispatch?
YES[ ] NO[ ]	b. Does your department handle dispatch for others?
YES[ ] NO[ ]	c. Are incoming calls to dispatchers recorded?
	d. If yes, how long are tapes or digital files retained (i.e. # of years)?

**HOLDING CELL OPERATIONS**

	a. Number of Cells
YES[ ] NO[ ]	b. Accredited by American Correctional Association?
	c. Square Footage
	d. Design Capacity
	e. Average Inmate Population
	f. Maximum Capacity in Past 12 months
YES[ ] NO[ ]	g. Is facility other than just a holding facility?
	If yes, explain:
	<div style="border: 1px solid black; height: 20px;"></div>

YES[ ] NO[ ]	Does the facility hold inmates for longer than 24 hours?
	If yes, explain:
	<div style="border: 1px solid black; height: 20px;"></div>

**How frequently are cell checks conducted for each of the following:**

General Population	Suicide	Maximum Security Cells
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

YES[ ] NO[ ]	In the past three (3) years, have there been any suicides or attempted suicides in your jail or similar holding facilities?
--------------	---

a. No. of suicides	b. No. of attempts:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

What type of surveillance system is installed in the holding cell?

**PUBLIC ENTITY MANAGEMENT LIABILITY**

**IMPORTANT NOTES:**

**CLAIMS-MADE NOTICE.** Any liability coverage contained in a policy that is subsequently issued that includes the words "claims-made" in the title of such coverage form is written on a claims-made basis. During the first several years of claims-made coverage, claims-made rates are comparatively lower than occurrence rates, but you may expect substantial annual premium increases, independent of overall rate-level increases, until the claims-made coverage reaches maturity. The claims-made coverage form will have a retroactive date and won't cover claims or suits that result from damage that happens before the retroactive date. The retroactive date is the beginning date of such coverage form issued as a result of this application unless we agree to a different date. Such agreement will apply only to claims or suits first made or brought while the agreement is in effect. And all coverage ends if the agreement is cancelled or not renewed and an extended reporting period endorsement is not purchased. Without such a reporting endorsement, there is a very limited time, usually 90 days, but 60 days for some agreements, from the end of the agreement for claims or suits to be first made or brought. An extended reporting period endorsement will not change the ending date of such an agreement. But it will cover claims or suits first made or brought during the extended reporting period that would have been covered if they had been made or brought before the agreement was cancelled or not renewed. The extended reporting period endorsement we'll offer is a reporting period extension for twelve months.

**DEFENSE EXPENSE NOTICE .**The Claims-Made coverage form may include defense expenses within the limits of coverage and deductibles. If the insuring agreement does include defense expenses within the limits of coverage and deductibles, 100% of such limits and deductibles may be used up with the payment of judgments, settlements, or defense expenses. Once the limit of coverage is used up, we will have no further obligation to pay any judgments, settlements, or defense expenses. We define the term **Defense expenses** in the coverage form.

**INSURANCE COVERAGE AND LIMITS**

- |  |   |
|--|---|
|  | 1. Retroactive Date ( <i>Note: We do not use an unlimited retro date.</i> )               |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | 2. Has there been continuous Claims Made coverage back to the requested Retroactive Date? |

Each Wrongful Act Limit	Total Limit (Aggregate)	Each Wrongful Act Deductible

**PLANNING AND ZONING**

- |  |  |
|--|--|
| YES <input type="checkbox"/> NO <input type="checkbox"/> | 1. Is your entity responsible for planning and zoning changes?                 |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, is there a separate planning and zoning board?                         |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | 2. Do you have a comprehensive Land Use Plan?                                  |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | 3. Do all zoning changes require a public hearing?                             |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | 4. Does your entity have a written policy regarding the zoning appeal process? |

**Do you control any of the following boards?**

- |  |                        |
|--|------------------------|
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Airport                |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Electric Utility       |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Gas Utility            |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Health Care Facilities |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Housing Authority      |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Law Enforcement        |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Port Authority         |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | School Board           |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Transit Authority      |

*\*Note: There is no coverage for loss that results from the conduct of duties by or for such separate board or commission.*

- |  |  |
|--|--|
| YES <input type="checkbox"/> NO <input type="checkbox"/> | 1. Are newly elected/appointed officials required to attend a formal training program?   |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | 2. Is there a procedure for handling citizen complaints?   |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, does it include documentation of notice and action taken?  |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | 3. To your knowledge, does any official or employee have any knowledge of any act, error, or Omission that might give rise to a claim against him/her? |
|  | If yes, please provide details:  |



**PUBLIC ENTITY EMPLOYMENT-RELATED PRACTICES LIABILITY CLAIMS MADE**

**IMPORTANT NOTES:**

**CLAIMS-MADE NOTICE.** Any liability coverage contained in a policy that is subsequently issued that includes the words "claims-made" in the title of such coverage form is written on a claims-made basis. During the first several years of claims-made coverage, claims-made rates are comparatively lower than occurrence rates, but you may expect substantial annual premium increases, independent of overall rate-level increases, until the claims-made coverage reaches maturity. The claims-made coverage form will have a retroactive date and won't cover claims or suits that result from damage that happens before the retroactive date. The retroactive date is the beginning date of such coverage form issued as a result of this application unless we agree to a different date. Such agreement will apply only to claims or suits first made or brought while the agreement is in effect. And all coverage ends if the agreement is cancelled or not renewed and an extended reporting period endorsement is not purchased. Without such a reporting endorsement, there is a very limited time, usually 90 days, but 60 days for some agreements, from the end of the agreement for claims or suits to be first made or brought. An extended reporting period endorsement will not change the ending date of such an agreement. But it will cover claims or suits first made or brought during the extended reporting period that would have been covered if they had been made or brought before the agreement was cancelled or not renewed. The extended reporting period endorsement we'll offer is a reporting period extension for twelve months.

**DEFENSE EXPENSE NOTICE.** The Claims-Made coverage form may include defense expenses within the limits of coverage and deductibles. If the insuring agreement does include defense expenses within the limits of coverage and deductibles, 100% of such limits and deductibles may be used up with the payment of judgments, settlements, or defense expenses. Once the limit of coverage is used up, we will have no further obligation to pay any judgments, settlements, or defense expenses. We define the term **Defense expenses** in the coverage form.

For purposes of this application only:

- the words we, us, our, and ours mean St. Paul Fire and Marine Insurance Company; and
- the words you, your, and yours mean the public entity applying for this employment practices liability coverage.

**INSURANCE COVERAGE AND LIMITS**

1. Each wrongful employment practice offense limit/Total limit:

<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$2,000,000/\$2,000,000
--	--	--

2. Deductible/Retention:

<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000
----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------

3. Retroactive Date (Note: We do not use an unlimited retro date.)

YES[ ] NO[ ]	Have they had continuous claims made coverage back to this date?
--------------	--

YES[ ] NO[ ]	4. Do you currently carry Employment Practices Liability Insurance?
--------------	---

YES[ ] NO[ ]	If yes, was prior coverage cancelled or non-renewed?
--------------	--

**EMPLOYEE INFORMATION**

	5. Public Officials?
	Full-time?
	Part-time?
	Volunteers? (this should include your volunteer firefighters/EMS/law enforcement)
	Total number of employees.
	Number of ( <b>VOLUNTARY</b> ) terminations this past year.
	Number of ( <b>INVOLUNTARY</b> ) terminations this past year.

	% 6. What was your turnover rate this year? (# of employees terminated / total # employees)
--	---

	% 7. What was your turnover rate prior year?
--	--

	% 8. What percentage of your workforce is unionized?
--	--

9. Do you anticipate any of the following, including those resulting from any type of restructure or privatization of service, within the next 12 months?

YES[ ] NO[ ]	a. Layoffs
YES[ ] NO[ ]	b. Terminations
YES[ ] NO[ ]	c. Workforce reductions



10. Provide the following information for the person responsible for your employment-related policies, procedures, and training:

Name:	
Title:	
Phone:	

11. Are all involuntary terminations reviewed and approved by (check all that apply)

<input type="checkbox"/> Inside legal counsel	<input type="checkbox"/> Outside employment counsel
---	---

**YES** [ ] **NO** [ ] 12. Are all prospective employees required to complete a standard employment application prior to hire?

*If yes, does it contain:*

- |                              |   |
|------------------------------|---|
| <b>YES</b> [ ] <b>NO</b> [ ] | a. An authorization to check references and criminal conviction records?  |
| <b>YES</b> [ ] <b>NO</b> [ ] | b. The applicant's signature attesting that all representations are true? |
| <b>YES</b> [ ] <b>NO</b> [ ] | c. An equal opportunity statement?  |
| <b>YES</b> [ ] <b>NO</b> [ ] | d. An employment at will statement?                                       |

13. Do you have written guidelines, policies or procedures that address the following:

		<i>Last Revision Date</i>
<b>YES</b> [ ] <b>NO</b> [ ]	a. Equal Employment Opportunity (EEO) policy	
<b>YES</b> [ ] <b>NO</b> [ ]	b. Discrimination policy ( <i>anti-discrimination</i> )	
<b>YES</b> [ ] <b>NO</b> [ ]	c. Discipline/discharge/termination policy	
<b>YES</b> [ ] <b>NO</b> [ ]	d. Workplace harassment policy ( <i>including sexual harassment</i> )	
<b>YES</b> [ ] <b>NO</b> [ ]	e. Hiring policy	
<b>YES</b> [ ] <b>NO</b> [ ]	f. Grievance policy ( <i>Reporting, investigating and resolving employee complaints</i> )	
<b>YES</b> [ ] <b>NO</b> [ ]	g. Performance appraisal review	
<b>YES</b> [ ] <b>NO</b> [ ]	h. Salary administration	
<b>YES</b> [ ] <b>NO</b> [ ]	i. Accommodating the disabled	

**YES** [ ] **NO** [ ] 14. Are the above policies and procedures contained in an employee handbook, or policies and procedures manual that is distributed to all employees?

**YES** [ ] **NO** [ ] *If yes, are employees required to sign for the manual/handbook?*

**LOSS HISTORY**

**YES** [ ] **NO** [ ] 15. Are you currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment?

*If yes, please attach a copy.*

16. Has there been during the past five years, or is there now pending, any of the following items against you or any of your employees involving an employment matter (whether reported to an insurer or not):

- |                              |  |
|------------------------------|--|
| <b>YES</b> [ ] <b>NO</b> [ ] | a. written demand for monetary damages   |
| <b>YES</b> [ ] <b>NO</b> [ ] | b. civil or criminal proceeding  |
| <b>YES</b> [ ] <b>NO</b> [ ] | c. an administrative or arbitration proceeding   |
| <b>YES</b> [ ] <b>NO</b> [ ] | d. any complaint, charge, or investigative proceeding before the EEOC or similar state or local agency |

*If yes, please complete the following table. If additional space is required, attach a separate addendum.*

Date	Claimant Name	Nature of action	Current Status

**YES** [ ] **NO** [ ] 17. Do you or any of your employees have knowledge or information of any alleged violation of any law, internal complaint, or circumstance, related to employment which could reasonably give rise to a claim?

*If yes, attach details.*



**By signing this application below, you agree that:**

- the statements and representations made in this application, and in all materials submitted to us in connection with it, are accurate
- We rely on these statements and representations and they are material to our acceptance of risks assumed under the coverage for which you have applied;
- We're authorized to make any investigation in connection with this application;
- this application, and all materials submitted to us in connection with it, are deemed to be attached to and incorporated into any policy issued based on this application for purposes of applying the Fraud and Misrepresentation section, or any similar section, in the General Rules form. or any similar form, that is part of such policy; and
- if, between the date of your signature below and the effective date of any coverage issued based on this application, any of the information supplied in connection with this application becomes inaccurate or incomplete, or you learn that any of the information supplied in connection with this application is inaccurate or incomplete, you'll immediately notify us and provide us with the accurate and complete information, and we may withdraw or modify any outstanding quotation for such coverage or any agreement to issue such coverage.

**Signing this application does not obligate us to issue the coverage for which you have applied, nor does it require you to accept such coverage.**

Your Human Resources Manager or Authorized Representative

Date:

Signed By:

*IMPORTANT NOTE: A signature from the public entity's Human Resources Manager or Other Authorized Representative is a requirement for EPL coverage! Please print the EPL application, obtain the required signature, and fax the entire signed EPL supplement to your Territory Manager or Underwriter.*

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**Please read the statement applicable to your state. If your state and/or line of business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.**

**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.

**CALIFORNIA FOR AUTO:** IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THE STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**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 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.

**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 insurer files a statement of claim or an application 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 a denial of insurance benefits.

**MASSACHUSETTS FOR AUTO: NOTICE:** If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

**MINNESOTA:** 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.

**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 (Non Auto):** 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.

**NEW YORK FOR AUTO:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE, OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH 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.

**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.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

**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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**RHODE ISLAND:**

In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.

DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OR ARSON?

YES  NO  NA

**TENNESSEE FRAUD WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

**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.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

*Not applicable in Nebraska.*

Signature:

Date:



## **Important Notice Regarding Compensation Disclosure**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183