



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

*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

Effective Date:

Bid Date:

Quote Need by Date:

*Name of Insured

*Federal ID Number

*Phone

Fax

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Address (Street, City, Zip Code)

*State

*County

<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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*Current Population

*Entity Contact

Entity Web Address

*Phone

<input type="text"/>	<input type="text"/>	<input type="text"/>
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AGENCY AND AGENT INFORMATION

*Name of Agent/Broker Contact

*Email Address

<input type="text"/>	<input type="text"/>
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Name of Agency/Brokerage

*Phone

<input type="text"/>	<input type="text"/>
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*Address (Street, City, Zip Code)

*State

*Fax

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Check Requested Coverages:

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

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:	<input type="text"/>	<input type="text"/>
YES <input type="checkbox"/> NO <input type="checkbox"/> <i>* Is coverage extend to provide faithful performance of duty?</i>		

	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"/>

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

SECURITY PROVISIONS:

- | | | |
|--------------|---|-------------------------------------|
| YES[] NO[] | 1. Is an Audit performed? | Frequency: <input type="text"/> |
| YES[] NO[] | 2. Employee Background Checks conducted? | <i>Monthly, Semi-Annual, Annual</i> |
| 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: \$ <input type="text"/> |
| | Maximum: \$ <input type="text"/> |

- | | |
|--------------|--|
| 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: <input type="text"/> |
|--------------|---|---|

- | | |
|--------------|------------------------|
| YES[] NO[] | Cemetery Professional? |
|--------------|------------------------|

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

- | | |
|------------------------------------|----------------------|
| BI by Accident (Each Accident): \$ | <input type="text"/> |
| BI Disease Total: \$ | <input type="text"/> |
| BI Disease Each Employee: \$ | <input type="text"/> |

Attach work comp payroll schedule

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

<input type="text"/>
<input type="text"/>

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:

YES NO 1. Do you document inspections, preventive maintenance, and repairs?
If yes, what is the turnaround time for routine repairs?

YES NO 2. Are road signs regularly inspected for visibility and missing signs?

YES NO 3. Are barricades and warning signs used at road work sites?

YES NO 4a. Number of Bridges

YES NO 4b. Are any closed, condemned or do not meet inspection standards?
If yes, list bridge name and location:

YES NO 5. Are bridges posted for size and weight limits?

YES NO 6. Does the entity contract any portion of street, road or bridge operations?

RECREATION

Management

YES NO 1. Does the Entity have a regular inspection/maintenance program for all facilities and equipment (parks, playgrounds, equipment, buildings, etc...)?

YES NO 2. How often? Daily, Weekly, Monthly, etc...

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

YES NO 5. Do any participants provide their own insurance?

6. If the entity supervises children do you require the following:

YES NO a. A written application for all volunteers and employees:
 YES NO if yes, does it include questions relating to prior civil sexual/physical abuse allegations or incidents?

YES NO b. Is there a pre-employment background check conducted for all employees and volunteers?

YES NO c. Does the background check include personal references and a police record check?

YES NO 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[] NO[]	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Dept <input type="checkbox"/> Police
	YES[] NO[]	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Dept <input type="checkbox"/> Police
	YES[] NO[]	<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 <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

- 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?

SEWER UTILITY

	1. Annual Payroll (Excluding clerical)
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 (Excluding clerical)
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: <input style="width: 150px;" type="text"/>

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

Sublimit:

<input type="checkbox"/> \$100,00 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000					
Residential:	<input style="width: 50px;" type="text"/>	%	Commercial:	<input style="width: 50px;" type="text"/>	%

YES[] NO[]	15. Do you have redundant supply lines, looped distribution systems or backup power supply for your utility?
YES[] NO[]	16. Have you had any losses from major interruptions (24 hours or more) in the past 36 months? <i>If yes, please describe:</i>

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	
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	
5. Construction: <i>If other, describe</i>	
<input type="checkbox"/> Concrete <input type="checkbox"/> Earth <input type="checkbox"/> Other	

	6. Age:
	7. Dimensions
	a. Acres
	b. Capacity
	c. Acre feet Height
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[] NO[]	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	<input style="width: 100%;" type="text"/>	Comprehensive Deductible
	Medical Payments Limit		
	UM/UIM Limit	<input style="width: 100%;" type="text"/>	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.

YES[] NO[]	1. Do you check Motor Vehicle records (MVRs) prior to hire? <input style="width: 100%;" type="text"/> How often thereafter do you re-order MVRs?
YES[] NO[]	2. Do you have criteria for MVR acceptability?
YES[] NO[]	3. Do you provide driver training periodically for all drivers?
YES[] NO[]	4. Are all accidents reviewed internally and corrective action taken?
YES[] NO[]	5. Do you have a vehicle maintenance program?
YES[] NO[] NA[]	6. Are drivers of 15-passenger vans specifically trained in the operation of these vehicles? (Yes/No/NA)
YES[] NO[]	7. Do you have any of the following transportation services?
YES[] NO[]	a. Daycare/Day camp/Recreation programs
YES[] NO[]	b. Social Services
YES[] NO[]	c. Other <input style="width: 100%;" type="text"/>
YES[] NO[]	8. Are new drivers subject to an orientation program on basic vehicle operation prior to being allowed to operate that vehicle?
YES[] NO[]	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:

YES[] NO[]	Vehicular Pursuit?
YES[] NO[]	Patrol Driving & Response?
YES[] NO[]	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

INSURANCE COVERAGE AND LIMITS

1. Coverage Type Occurrence Claims Made

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

YES[] NO[] 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[] 1. Do you contract law enforcement to any public or private entity?

YES[] NO[] 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)

Total Employees

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

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)

EMERGENCY DISPATCH

- | | |
|--------------|--|
| 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: |
| | |

- | | |
|--------------|--|
| YES[] NO[] | Does the facility hold inmates for longer than 24 hours? |
| | If yes, explain: |
| | |

How frequently are cell checks conducted for each of the following.

General Population	Suicide	Maximum Security Cells

- | | |
|--------------|---|
| 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:

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

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PUBLIC ENTITY MANAGEMENT LIABILITY

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 NOTE: This is an application for a Claims Made coverage that includes defense expenses within the limits of coverage. Therefore, 100% of the limits of coverage, and any deductible that applies to defense expenses, may be used up with the payment of judgments, settlements, or defense expenses.

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
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2. Deductible/Retention:

<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000
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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 (VOLUNTARY) terminations this past year.
	Number of (INVOLUNTARY) 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
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YES[] NO[] 12. Are all prospective employees required to complete a standard employment application prior to hire?
If yes, does it contain:

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

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

Last Revision Date

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

- YES NO a. written demand for monetary damages
- YES NO b. civil or criminal proceeding
- YES NO c. an administrative or arbitration proceeding
- YES NO 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 and complete;
- 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:



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