



**PUBLIC ENTITY MANAGEMENT LIABILITY
ADDITIONAL INFORMATION REQUEST**

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s):		Today's Date:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	

INSURANCE COVERAGE AND LIMITS INFORMATION

- Each Wrongful Management Liability Limit/Total Limit:
 \$1,000,000/\$1,000,000 \$2,000,000/2,000,000 Other _____
- Deductible: \$10,000 \$25,000 Other _____
- Do you currently carry Public Entity Management Liability Insurance? Yes No
- Continuous Claims Made Retroactive Date: _____
- Are newly elected/appointed officials required to attend a formal training program? Yes No
If yes, how often do officials take refresher training? _____
Does training include 'open meetings', 'ethics,' and 'hearing regulations'? Yes No
Please describe additional training topics: _____
- Is there a procedure for handling citizen complaints? Yes No
If yes, does it include documentation of notice and action taken? Yes No
- Do you have a zoning commission? Yes No
- Does your legal counsel attend all meetings of the planning and zoning board? Yes No
- Do you have a formal written zoning and zoning appeal process? Yes No
- Do you have a written master plan for economic development? Yes No
If yes, when was it last revised? _____
- Do you have formally approved land use ordinances that have been reviewed by legal counsel? Yes No
- Do you have a formal written procedure for filing a variance (land use, zoning, licensing, permitting)? Yes No
- How many variances have been requested in the last 12 months? _____ How many have been granted? _____
- Do you have a formal process for application and approval of permits and licenses? Yes No
- Do you have a formal written policy prohibiting officers and/or board members from sitting on decisions in which they may have a conflict of interest? Yes No
- Have you had any disputes or claims involving: zoning, land use, economic development, condemnation, adverse possession or adverse use of property? Yes No
- Have you had any disputes or claims involving the approval of building permits, design, or code enforcement? Yes No

18. Amount of outstanding bonds: _____

a. Has any bond been defeated in last 3 years?..... Yes No

If yes, explain: _____

b. Have you been in default on the principal or interest of any bond, debt or obligation in the last 3 years? Yes No

If yes, explain: _____

19. In the next 12 months, do you anticipate:

a. Any changes to policies and procedures regarding governance? Yes No

b. Any changes in services, operations, or organization structure? Yes No

c. Any changes in appointed board members or key employees? Yes No

d. Any acquisition or incorporation of any operation, land, or entity? Yes No

e. Any sale or discontinuation of any operation, land, or entity? Yes No

20. To your knowledge, does any official or employee have any knowledge of any act, error, or omission that might give rise to a claim or suit against him/her/applicant?..... Yes No

If yes, please describe: _____

FRAUD STATEMENTS

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.

LOUISIANA and 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 include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

SIGNATURES

Authorized Representative Signature*: X	Authorized Representative Name - Printed	Date:
Producer Signature*: X	State Producer License No (required in FL):	Date:
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.