

- Darwin National Assurance Company
 Darwin Select Insurance Company

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

**CLAIMS-MADE PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES LIABILITY
RENEWAL APPLICATION**

I. GENERAL INFORMATION																			
1.	Legal name of entity: _____ Street address : _____ City: _____ County: _____	Current Population: _____ State: _____ Zip: _____ FEIN number _____																	
Human Resource Contact (Name) _____ (Phone Number) _____																			
2.	Within the last 12 months have any of the following taken place?																		
a.	Grand Jury investigations into activities of any official or employee. If "yes" provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
b.	Indictment of any official or employee. If "yes" provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
3.	Provide revenues and expenditures for the most recent fiscal year. <i>Provide an explanation for any deficit or large surplus.</i>																		
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">FISCAL YEAR</th> <th style="width: 20%;">REVENUES</th> <th style="width: 20%;">EXPENDITURES</th> <th style="width: 20%;">SURPLUS (+)/ DEFICIT (-)</th> <th style="width: 25%;">ACCUMULATED SURPLUS/ DEFICIT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					FISCAL YEAR	REVENUES	EXPENDITURES	SURPLUS (+)/ DEFICIT (-)	ACCUMULATED SURPLUS/ DEFICIT										
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4.	Current bond rating (Standard & Poor's or Moody's): _____																		
II. CLAIMS HISTORY																			
1.	Check here if there have been no claims made against the public entity during the last 12 months. <input type="checkbox"/>																		
2.	Does any official or employee have knowledge of acts, errors, and/or omissions that might reasonably give rise to a claim or suit? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
3.	a. Check the boxes which describe the types of complaints/disputes the public entity has received during the last 12 months.																		
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b. Have such complaints/disputes been reported to us? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
III. PUBLIC OFFICIALS INFORMATION																			
1.	Check the boxes which correspond with services provided or activities performed by the public entity.																		
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Daycare

Any new services provided or activities performed during the last 12 months which were not declared on the application of expiring policy require completion of applicable portions page 2 of Application Form PGU-POL-APP (4/2008)

IV. EMPLOYMENT PRACTICES INFORMATION

1. Total number of employees: Full time: _____ Part time: _____ Seasonal: _____
2. Have any of the following taken place during the last 5 years?
- | | | |
|--|--|------------------------------|
| A. Strike, slowdown or other disruption? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents _____ |
| B. Layoff or reduction in staff? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents _____ |
| C. Employee suspensions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents _____ |
| D. Employee terminations/dismissals? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents _____ |
| E. Employee transfers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents _____ |
| F. Non-renewal of employment contracts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents _____ |
| G. Employee termination? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents _____ |
| H. Administrative appeals? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents _____ |
| I. Formal Grievances? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents _____ |
- Provide explanation for any "yes" response to 2A-I.*
3. Personnel policies and procedures been reviewed by legal counsel within the last 12 months? Yes No
4. Have supervisors and/or employees received employment practices training during the last 12 months? Yes No

V. AUTHORIZED ENTITY REPRESENTATIVE This application is for Claims-Made coverage. Read the policy carefully.

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

Name _____
Title _____

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

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.

NOTICE TO APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, 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 ACT, WHICH IS A CRIME ANY MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMING WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

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

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: 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.

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

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, 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.

Authorized Signatory of Entity

Date

Print Name and Title or Position

