



I. General Information

1. **Legal name of entity:** _____ **Current Population:** _____
Street address: _____
City: _____ **State:** _____ **Zip:** _____
County: _____

2. Within the last 12 months have any of the following taken place?
a. Grand jury investigations into activities of any official or employee. yes no *If "yes" provide details.*
b. Indictment of any official or employee. yes no *If "yes" provide details.*

3. Provide revenues and expenditures for the most recent fiscal year. *Provide an explanation for any deficit or large surplus*

Fiscal Year	Revenues	Expenditures	Surplus (+) / Deficit (-)	Accumulated Surplus/Deficit

II. Claims History

1. Check here if there have been no claims made against the public entity during the last 12 months.

2. Does any official or employee have knowledge of acts, errors, and/or omissions that might reasonably give rise to a claim or suit? yes no

3. a. Check the boxes which describe the types of complaints/disputes the public entity has received during the last 12 months.
 zoning permits issuance sex harassment termination equal pay suspension discrimination
 land use license issuance variances promotion demotion hiring segregation

b. Have such complaints/disputes been reported to us? yes no

III. Public Officials Information

1. Check the boxes which correspond with services provided or activities performed by the public entity.

Police Department	<input type="checkbox"/>	License Issuance	<input type="checkbox"/>	Gas Utility	<input type="checkbox"/>	Transit Authority	<input type="checkbox"/>
Zoning	<input type="checkbox"/>	Tax Assessment/Collection	<input type="checkbox"/>	Port Authority	<input type="checkbox"/>	Landfill	<input type="checkbox"/>
Building Inspection	<input type="checkbox"/>	Water/Sewer Utility	<input type="checkbox"/>	Airport Authority	<input type="checkbox"/>	Hospital/Nursing Home	<input type="checkbox"/>
Permits Issuance	<input type="checkbox"/>	Electric Utility	<input type="checkbox"/>	Housing Authority	<input type="checkbox"/>	Daycare	<input type="checkbox"/>

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 of page 2. of Application Form PGU-POL-APP (11/00)

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 12 months?

A. Strike, slowdown or other disruption?	<input type="checkbox"/> yes <input type="checkbox"/> no	provide # of incidents	_____
B. Lay-off 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 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 terminations?	<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 signing 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.

STATE NOTICES

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 containing any 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.

FRAUD WARNING - APLICABLE IN KENTUCKY, MINNESOTA, OHIO, AND 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 cmiits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING - APPLICABLE TO 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.

Authorized signatory of entity

Date

Use this space to provide details for any responses which require further explanation.

Multiple horizontal lines provided for providing details for any responses which require further explanation.