



**Professional
Governmental
Underwriters, Inc.**
The Authority.

- 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
APPLICATION**

I. GENERAL INFORMATION Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Legal name of entity: _____ Population: _____
Street address : _____ Seasonal Increase: _____
City: _____ State: _____ Zip: _____
County: _____
Year entity established: _____ Largest city within 25 miles: _____
2. Make up of economic base of the entity. ____% agricultural ____% industrial ____% commercial ____% residential
3. Do you have a risk manager? Yes No
4. Do you have a manager/administrator? Yes No
If "yes" provide years of experience in such a position. _____
5. Within the last 5 years 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.
6. Provide revenues and expenditures. *Provide an explanation for any deficit or large surplus.*

FISCAL YEAR	REVENUES	EXPENDITURES	SURPLUS (+)/ DEFICIT (-)	ACCUMULATED SURPLUS/ DEFICIT

7. a. Provide a total amount of outstanding bonds. \$ _____
b. Latest bond rating (Standard & Poor's or Moody's): _____ Previous Rating: _____
c. Has the entity ever been in default on principal or interest of any bond? Yes No
If "yes" provide details.

II. CLAIMS HISTORY Provide currently valued company issued loss runs for the last 4 policy years.

1. Check here if there have been no claims made against the public entity during the last 4 policy periods.
2. Complete the following table for all claims made during the last 4 policy periods. Attach a separate sheet of paper if more space is needed.

CLAIM	POLICY YEAR	OPEN/ CLOSED	LOSS INCURRED	DEFENSE INCURRED	TOTAL INCURRED	DESCRIPTION OF ALLEGATIONS
1.						
2.						
3.						
4.						
TOTALS						

3. 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
4. Have all known acts, errors, and/or omissions that might reasonably give rise to a claim been reported to the current insurer? Yes No
5. Check the boxes which generally describe the types of claims made against the public entity during the last 4 policy years.
- | | | | | |
|-------------------------------------|---|---|---|------------------------------------|
| <input type="checkbox"/> Zoning | <input type="checkbox"/> Permits Issuance | <input type="checkbox"/> Sex Harassment | <input type="checkbox"/> Termination | <input type="checkbox"/> Equal Pay |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Land Use | <input type="checkbox"/> License Issuance | <input type="checkbox"/> Variances |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Demotion | <input type="checkbox"/> Hiring | <input type="checkbox"/> Segregation | |

III. PUBLIC OFFICIALS INFORMATION Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Does the public entity administer any of the following operations?
For "yes" responses complete the applicable questions.

A. Police Department Yes No 1. If no, who provides service? _____

B. Zoning Yes No

1. Approximate # of zoning variations granted during the proceeding 12 months. _____

2. Is there a formal procedure in place for granting of variances? Yes No

3. Is there a policy which prohibits zoning board members from voting on zoning action which might affect a business which they own, invest in, or be employed or retained by? Yes No

4. Is there a policy which requires persons disclose such relationships? Yes No

5. Does the public entity's attorney attend all zoning board meetings? Yes No

6. Do you have a master plan for economic development? Yes No

C. Building Inspection Yes No

1. Do you have a formal process for application and approval of permits? Yes No

2. Any permit denials issued which have unusual circumstances? Yes No

If "yes" provide details.

D. Permit Issuance Yes No

1. Do you have a formal process for application and approval of permits? Yes No

2. Any permit denials issued which have unusual circumstances? Yes No

If "yes" provide details.

E. License Issuance Yes No

1. Do you have a formal process for application and approval of licenses? Yes No

2. Any permit denials issued which have unusual circumstances? Yes No

If "yes" provide details.

F. Tax Assessment/
Collection Yes No

1. Do you reassess real property on a regular basis? Yes No

2. If so, how often? _____

3. If not, when was the last reassessment of all real property in entity's jurisdiction? _____

G. Water/ Sewer Utility Yes No

Provide # of users: Residential _____ Commercial _____ Industrial _____

H. Electric Utility Yes No

Provide # of users: Residential _____ Commercial _____ Industrial _____

I. Gas Utility Yes No

1. Does utility own or maintain distribution lines? Yes No
 2. Are distribution lines buried? Yes No
 3. Does the utility monitor electromagnetic fields? Yes No
 Provide # of users: _____
 Residential _____ Commercial _____ Industrial _____

J. Port Authority Yes No # of employees _____ River Ocean Lake

K. Airport Authority Yes No

1. Is airport: Owned Operated Leased
 2. Provide # of: Aviation Shows or Exhibitions _____
 Commercial Flights per day _____
 3. Provide certificate of insurance as evidence that airport liability coverage is in force.
 4. Is management of the airport contracted to a third party? Yes No
 5. Have flight patterns changed in the last 180 days? Yes No

L. Housing Authority Yes No

1. Provide # of housing unites operated _____
 # of stories of tallest building _____
 2. Are buildings tested for lead paint? Yes No
 3. If lead paint is present, do you have a remediation plan to correct the situation? Yes No
 4. Is there a policy to house senior citizens and disabled person on lower floors? Yes No
 5. Is there a policy regarding fair housing opportunities? Yes No
 6. Are monthly inspections of all locations performed? Yes No

M. Transit Authority Yes No #of employees _____
 Types of vehicles operated : _____

N. Landfill Yes No

1. Is landfill: Open Closed Hazardous Waste
 2. Any sites designated as Superfund Sites? Yes No

O. Hospital/ Nursing Home Yes No

1. Is hospital: Owned Operated Leased
 2. # of beds _____

P. Daycare Yes No

1. Are services for: Children Adult
 2. Provide details of services. _____

2. Which, if any, of the above operations are contracted? _____

IV. EMPLOYMENT PRACTICES INFORMATION Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Total number of employees: Full time: _____ Part time: _____ Seasonal: _____

2. Number of employees in each category:
 General Office _____ Police _____ Fire/Rescue _____
 Road/ Utilities _____ Attorneys _____ Architects _____
 Engineers _____ Accountants _____ Other _____

3. Provide names of persons in the following positions.
 Attorney _____ employee contracted
 Engineer _____ employee contracted
 Accountant _____ employee contracted

4. Do you have a written personnel manual? Yes No
5. Date of latest update or revision. _____
6. Have employment applications and policies and procedures been reviewed by legal counsel? Yes No
7. Is the manual distributed to all personnel? Yes No
8. Is the manual reviewed with new employees as a part of employment orientation? Yes No
9. Does the personnel manual include policies and procedures for the following?
- | | | |
|-------------------------------------|--|--|
| A. Hiring | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| B. Promotion | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| C. Demotion | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| D. Termination | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| E. Pre hire background checks | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| F. Suspension | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| G. Transfer | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| H. Sexual Harassment | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I. Medical Leave | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| J. Unpaid Leave | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| K. Employee Grievance | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| L. Education and Training | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| M. Drug Testing | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| N. Administrative Hearings/ Appeals | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
- Provide an explanation for all "no" responses.
10. Have managers/ department heads received training in all policies and procedures? Yes No
11. Are all employees provided with job descriptions? Yes No
12. Are all mandatory posters from EEOC and the state equivalent posted in a conspicuous place? Yes No
13. 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 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 | _____ |

V. CURRENT INSURANCE INFORMATION

1. Please complete the table below.

COVERAGE	INSURER	EXPIRATION DATE	LIMITS	DEDUCTIBLE	PREMIUM
General Liability					
Automobile					
Public Officials					
Police					
Professional					

2. Does your current Public Official coverage include the features listed below?
- A. Personal Injury for employment practices claims? Yes No
- B. Coverage for specific award of back wages? Yes No sub limit _____
- C. Defense of non-monetary employment claims? Yes No sub limit _____
- D. Retroactive date? Yes No retroactive date _____
- If "yes" provide a copy of the declarations or endorsement which shows the retroactive date.

VI. LIMITS AND DEDUCTIBLE REQUESTED

- 1. Per claim limit and annual aggregate limit: _____ per claim _____ annual aggregate
- 2. Deductible per claim: _____

VII. 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.

_____ Date
Authorized Signatory of Entity

VIII. AGENCY INFORMATION

Agency Name _____ Contact _____
Address _____ City _____
State _____ Zip _____ Phone _____ Fax _____

Will you make surplus lines filings if necessary? Yes No Provide your surplus lines license number. _____