



PUBLIC ENTITY APPLICATION (2014)

Date of Application: _____
Name of Entity: _____
Contact Person: _____ Title: _____
Address: _____
City: _____ County: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Coverage Effective Date: _____

I. LIABILITY INSURANCE

A. General Exposure Information

- 1. Number of public officials Elected: _____ Appointed: _____
- 2. Population Normal: _____ Seasonal: _____
- 3. Total Number of employees: _____
- 4. Total gross payroll (estimate coming year, incl. W-2 and 1099 payroll. Attach breakdown by major Workers' compensation class, if available): \$ _____
- 5. Estimate of independent contractor expenditure amounts: \$ _____
- 6. Quasi Municipal Entities – identify ALL such entities – explain relationship to Municipality:

- 7. Estimate of total operating expenditures for upcoming year: \$ _____
Attach budget summary and attach those portions of current budget documents that clearly show the dollar amount reserved for the self-insured portion of liability or property claims. (Claims adjustment costs to be shown separately).
- 8. Current Moody's bond rating of Entity: _____
- 9. Has Entity ever been in default on principal or interest on any bond?
Yes ___ No ___ *If Yes, please explain:*
- 10. Self-Insured Retentions by Line of Business (if any): \$ _____ GL/AL \$ _____ WC
\$ _____ EPL Quotes for other options? If so, list _____



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B. Specific Exposure Information

Please identify if entity has exposure to any of the following. Provide description, inspection reports and supplemental data where applicable:

Exposure	2014
- Airports: Town owned or operated? _____ Description: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Amusement Parks: Town owned or operated? Description: _____ Mechanical Amusement Devices: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Auditorium, Arena, Convention or Exhibition Center: Town owned or operated? Description: _____ Square footage/capacity: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Blasting Operations: Description: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Dams, Levees, or Dikes: Description: _____ Number of dams, levees and dikes: _____ <i>Please provide inspection reports:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Cemetery: Description: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Chemical Spraying: Description: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Day Care Center, Day Camp or Nursery: Description (town owned/operated): _____ Number of facilities: _____ Number of Children: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Electric Utility: Description: _____ <input type="checkbox"/> Supply Source <input type="checkbox"/> Generation <input type="checkbox"/> Distribution Total payroll: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- EMT's Paramedics: Description: _____ # of personnel: _____ # of calls per year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Firefighters: Description: _____ Total Payroll: _____ # of paid personnel: _____ # of volunteer personnel: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Fireworks (Entity Sponsored): Description: _____ Number of events / year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



PUBLIC ENTITY APPLICATION (2014)

Exposure	2014
- Garbage/Refuse Collection: Description: _____ - List of customers: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Gas Utility: Description: _____ <input type="checkbox"/> Supply Source <input type="checkbox"/> Generation <input type="checkbox"/> Distribution	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Golf Courses: Town owned or operated? Description: _____ Number of courses: _____ Total sales/receipts: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Housing Projects (town owned/operated): Description: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Lakes or Reservoirs: Description: _____ # of lakes, reservoirs: _____ <i>Please provide inspection reports.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Law Enforcement, Jails or Detention Facilities: Town owned or operated? Description: _____ Total payroll: \$ _____ # of officers/jailers carrying firearms: Full Time: _____ # of officers/jailers carrying firearms: Part Time: _____ # of All Other dept. personnel: _____ # of jails/holding cells: ___ Average length of stay: ___ <i>Please provide jail inspection reports.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
- Landfills/Dump/Refuse or Incinerator Sites: Town owned or operated? Description: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
- Medical Care Facilities (Clinics, Nursing Homes, Hospitals): Town owned or operated? Description: _____ # of beds: _____ # of patients: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
- Mowing Operations: Description: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Parking Authority: Description: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Parks & Playgrounds (town owned): Number and Description: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Pistol Range (town owned or operated): Description: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Exposure	2014
- Racetracks: - Description (town owned or operated?): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Schools/Colleges (town owned or operated): Description: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Skating (Ice/Roller Skate/Blade/Skateboard): Town owned or operated? Description: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
- Ski Facilities & similar areas: Description (town owned or operated?): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Special Events: (Carnivals/Fairs/Parades/All Other): Mechanical Amusement Devices? Description: _____ Number of events per year: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
- Stadiums, Bleachers, Grandstands: Town owned or operated? Description: _____ # with capacity over 5,000 _____ Total Capacity: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
- Streets, Roads, Bridges: Description: _____ Number of miles paved: _____ Unpaved: _____ Bridges - # and span of each: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Swimming Pools Description: _____ # of swimming pools: _____ # and height of diving platforms: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Wastewater (Sewer) Utility: Description: _____ Total payroll: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Water Utility: Description: _____ Total payroll: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Waterfront Exposures: Beaches – Total miles: _____ Waterfront Properties – Description: _____ Boats - # of town owned/operated boats: _____ Piers/Docks - # of town owned/operated slips: _____ Marinas - # of town owned/operated: _____	<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 <input type="checkbox"/> No
- Zoo: Description (town owned/operated?): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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C. Additional Exposure Information

1. Compliance with Regulations	2014
Has the entity or any premises, operations or departments within its control (e.g., utilities, jail, dams, etc.) ever been cited or fined for non-compliance with local state or federal guidelines or laws? <i>If yes, please attach description.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Policies and Procedures	2014
<i>Please advise if the entity has written policies and procedures for the following exposures or operations:</i>	
Formal policies prohibiting harassment and wrongdoing in the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Handbook: Is it updated regularly? Is it reviewed by a labor relations attorney? Are all employees required to sign for the handbook?	<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
Employment Practice Manual: Employee hiring and termination procedures: Dispute or grievance procedures:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment/Supervisor Training: Discrimination training: Employee and termination of employees: Harassment: - Is training mandatory for all managers and supervisors? - Does the municipality have an informal and formal complaint structure for employees?	<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 <input type="checkbox"/> No
Law Enforcement Hiring/screening procedures (criminal investigation, psychological testing, reference check, etc): Minimum education requirements (HS, college, etc.): Operation manual (use of deadly force, "hot pursuit", domestic violence, etc.): Jail operations (intake procedures, suicide prevention, separation of juveniles, inmate monitoring): Dept. Accreditation: CALEA? NJ Association of Police Chiefs? NJLEAP?	<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 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Legal Counsel	2014
Does the entity attorney review all policies and procedures manuals on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is entity attorney consulted prior to any decisions to terminate employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does entity attorney attend all meetings of planning and zoning board?	<input type="checkbox"/> Yes <input type="checkbox"/> No



PUBLIC ENTITY APPLICATION (2014)

4. History	2014
Have any of the following occurred within the last five years? <i>If yes, please provide a detailed narrative.</i>	
- Grand jury investigations or indictments of any public officials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Claim by any person, former employees, volunteer or job applicant alleging unfair or improper treatment regarding hiring remuneration, advancement or termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Claim by any person, former employees, volunteer or job applicant alleging discrimination or violation of civil rights including sexual or the Americans with Disabilities Act (ADA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Claim by any person or organization for zoning, eminent domain, inverse condemnation or denial of license?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Automobiles

A. Provide a current VEHICLE SCHEDULE – all owned or leased vehicles.

B. Provide the total numbers by type of vehicle on the schedule:

- Police Private Passenger: _____
- Fire Dept. Private Passenger: _____
- Other Private Passenger: _____
- Ambulance/Rescue: _____
- Fire Trucks: _____
- Light Commercial Pickups or Vans: _____
- Medium Commercial Trucks: _____
- Heavy Commercial Refuse Trucks: _____
- Heavy Commercial Trucks: _____
- Extra Heavy Trucks: _____
- Buses – up to 40 passenger capacity: _____
- Buses – Over 40 passenger capacity: _____
- Motorcycles: _____
- Trailers (excludes stationary storage trailers): _____

C. Does the entity operate a transit system? Yes No
If yes, please describe.



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II. PROPERTY

- A. Provide a current Statement of Values, as needed for:
 All Owned and Leased Buildings, Personal Property; Equipment (Inland Marine),
 and Vehicle Values.
- B. Has a property appraisal been conducted in the last three years? Yes No
 Date of last appraisal(s): _____

III. CLAIMS

- A. Public Entity's Risk Manager: _____
- B. Name of outside claims servicing/handling organization: _____
- Other TPA: _____
 Address: _____

C. Provide Loss Runs, for **years 2007 through 2012** (valued within last 60 days),
 summarized by insurance line, using a format as shown below:

Year	Number of Claims	Paid	Reserved	Total	Valuation Date

D. Please provide the information requested below for claims for past six years, paid or reserved at more than \$25,000 (*attach separate pages if necessary*):

Date of Occurrence Paid	Reserved	Total	Description



PUBLIC ENTITY APPLICATION (2014)

IV. ATTESTATION (required)

It is represented that the information contained herein is true and that it shall be the basis of the policy of insurance, should any insurer evidence its acceptance of the application by issuance of a policy.

I/We hereby grant authorization for the release of all claim information from any prior insurer or administrator to the excess insurance carrier.

Entity's Authorized Representative:

Signature: _____

Name: _____

Title: _____ **Phone:** _____

Date: _____ **Email:** _____



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**Commercial Crime Policy for a Governmental Entity
Application**

Name: _____ SIC Code: _____ Agent: _____
 (If more than one insured, please attach a list) _____ Agent Code: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Effective Date: _____
 Predominant Business Activity: _____
 Annual Tax Receipts _____ Policy Term: Annual 2 Years 3 Years 4 Years
 Billing: Installment Prepaid
 Is your organization a: State County City Town Township Village Borough School
 System or other political subdivision? _____

DESIRED COVERAGE

LIMITS OF LIABILITY

Coverage Form O or P (circle one): Employee Dishonesty \$ _____
 Coverage Form B: Forgery or Alteration \$ _____
 Coverage Form C: Theft, Disappearance, Destruction (Money and Securities) \$ _____
 Coverage Form D: Robbery and Safe Burglary \$ _____
 Coverage Form F: Computer Fraud \$ _____
 Other: \$ _____

Deductible: \$ _____
 Prior Insurer: _____ Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

Is Faithful Performance of Duty Coverage desired? Yes No

List any department, board, commission or sub-entity that carries its own separate bond or policy and, if applicable, list any other entity that should be excluded from this policy. _____

Do your statutes/ordinances allow the Public Employee Dishonesty Coverage to include coverage for the following positions? Check all that apply: Treasurers Tax Collectors Other positions previously bonded separately
 If checked, please cite statutory provision and identify the other positions by name.

If an Obligee other than the Named Insured needs to be indemnified under this insurance, please provide the name and address of the Obligee: _____

LOSS EXPERIENCE:

List all crime losses sustained during the last three years whether reimbursed or not. Check here if none

<u>Date of Loss</u>	<u>Total Amount of Loss</u>	<u>Description of Loss and Corrective</u>
<u>Action</u>		

TOTAL No. of Employees: _____ # of Police Dept Employees: _____ # of Fire Dept. Employees: _____
 Locations (other than main office) _____



PUBLIC ENTITY APPLICATION (2014)

Entities that practice segregation of duties and perform background checks on new employees have a better opportunity to either prevent or detect employee dishonesty. Segregation of duties means that no single employee can control a process or transaction from beginning to end.

1. Do employees who reconcile the bank statement also :

Make deposits? Yes No Make withdrawals? Yes No Sign checks? Yes No

2. Is there an independent audit by a CPA, public accountant or equivalent? Yes No

If yes, date of last audit completed _____.

3. Is the audit rendered to a regulatory authority? Yes No

4. Were any discrepancies or loose practices commented upon in the audit? Yes No

5. Is there an Internal Audit Department under the control of an employee who is a public accountant or equivalent?

Yes No If yes, to whom are the reports r

Please indicate maximum exposure for each location:

<u>Locations</u>	<u>Cash</u>	<u>Retail Checks</u>	<u>Credit Card Receipts and Non-retail Checks*</u>	<u>Is (Y or N)</u>

**A non-retail check is a check presented to you and immediately endorsed "for deposit only" and then recorded in your accounting process so that it could be recreated if it were stolen, lost or destroyed.*

If excess limits of insurance are desired on any of your employees on either a name schedule or position schedule basis, complete the following:

Name of Covered Employee	Titles of Covered Positions	Location of Covered Positions	Excess Limit of No. of Employees Each Position	Insurance- Each Employee

Is Faithful Performance of Duty Coverage required on the employees or positions listed above? Yes No

Note: Persons required by law to be individually bonded and treasurers or tax collectors by whatever title known are automatically excluded from coverage under Coverage Forms O and P.

Attention: Insureds in KY

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.

Date	Signature (required)	Title