

# Application For Public Officials Liability Policy



Zurich American Insurance Company, 1400 American Lane, Schaumburg, IL 60196; (847) 605-6000

**THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY.  
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.**

**This insurance is limited to liability for acts, errors, or omissions for which claims are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your insurance agent.**

## I. APPLICANT INFORMATION

Named Insured and Mailing Address

Agents Name and Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Description:  City/Town  County

Other \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Proposed Expiration Date: \_\_\_\_\_

### A. Limits of Insurance

Each occurrence limit \$ \_\_\_\_\_

Aggregate Limit \$ \_\_\_\_\_

Deductible \$ \_\_\_\_\_ (minimum \$2,500)

**B. Retroactive Date:** This insurance does not apply to claims or suits for any act, error or omission which occurs before the Retroactive Date, if any, shown here: \_\_\_\_\_

### C. Prior Carrier:

Limit \$ \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

**D. Current General Liability Carrier:** \_\_\_\_\_

Current General Liability Premium: \$ \_\_\_\_\_

**E. Number of Years on a Claims Made Basis** \_\_\_\_\_

## II. EXPOSURE BASE

### A. Budget (last three years)

| Year     | Revenues | Expenditures | Surplus (+)/Deficit(-) |
|----------|----------|--------------|------------------------|
| 1. _____ |          |              |                        |
| 2. _____ |          |              |                        |
| 3. _____ |          |              |                        |

### B. Population

1. Present Population (according to latest census) \_\_\_\_\_

2. Percentage of three (3) year growth \_\_\_\_\_ %

**C. Fiscal Year ends on:** \_\_\_\_\_

1. Please provide actual budget figures if available.
2. Please attach an explanation of any deficit or surplus.

**D. Total number of employees:**

Number of full-time, salaried, professional employees:

Attorneys \_\_\_\_\_ Accountants \_\_\_\_\_ Architects \_\_\_\_\_  
Engineers \_\_\_\_\_ Others (Specify) \_\_\_\_\_

**E. Indicate elected or appointed officials (E-Elected, A=Appointed):**

Mayor \_\_\_\_\_ President/Chairman of County Commission \_\_\_\_\_  
City Manager or County Administrator \_\_\_\_\_ City Councilpersons \_\_\_\_\_  
County Commissioners/Supervisors \_\_\_\_\_ City/County Clerk \_\_\_\_\_ Personnel Director \_\_\_\_\_  
Other \_\_\_\_\_ Total Number of Officials \_\_\_\_\_

**F. Do you maintain:**

|   |  |        |       |
|---|--|--------|-------|
| Law enforcement agency:                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Budget | _____ |
| If no, who provides police service? _____ |  |        |       |
| Electric Utility:                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Budget | _____ |
| Gas Dept. or Utility:                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Budget | _____ |
| Airport:                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Budget | _____ |
| Hospital/Nursing Home:                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Budget | _____ |
| Schools/Colleges                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Budget | _____ |
| Landfill:                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Budget | _____ |
| Housing Commission:                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Budget | _____ |

Does the public entity anticipate any special projects which will result in a substantial budget increase in the next three years?  Yes  No

If yes, describe \_\_\_\_\_

**III. UNDERWRITING INFORMATION**

Have any of the following occurred within the past three years?

- A. Have you had a strike, slowdown or other employee disruption?  Yes  No
- B. Has there been a layoff of employees or reduction in services?  Yes  No
- C. Does your Entity Administrator act in a fiduciary capacity for any employment benefit or any self-insurance fund?  Yes  No
- D. Do you have a zoning commission?  Yes  No
- E. Do you follow a formal written procedure for employee disputes/complaints?  Yes  No
- F. Do you administer a centralized emergency dispatch system for other Entities? If yes, submit a contract.  Yes  No
- G. Any disputes, or suits, involving voting or voting rights violations?  Yes  No
- H. Has any person, former employee or job applicant made a claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, or termination of employment?  Yes  No

Explain all "yes" answers (attach a separate sheet if necessary)

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**IV. FINANCIAL/BOND INFORMATION**

- A. What is amount of outstanding bonds? \$ \_\_\_\_\_ (value)
- B. What is your latest bond rating (Moody or Standard & Poors)?  
 \_\_\_\_\_ Rating  no current rating
- C. What was your previous bond rating? \$ \_\_\_\_\_ (amount)
- D. Has any bond issue been defeated within the past three years?  Yes  No  
 If yes, has the proposal been resubmitted, or is it expected to be submitted:  Yes  No
- E. Has your Public Entity been in default on principal or interest on any bond?  Yes  No
- F. If you have an electric utility, has there been a recent, or is there a pending rate increase?  Yes  No  
 Explain all "yes" answers (attach a separate sheet if necessary)

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**V. CLAIMS EXPERIENCE – Insured and Uninsured Losses, For Last Four Years:**

- A. Has insurance on behalf of the Public Entity or the Public Officials thereof been declined, canceled or renewal refused for any reason?  Yes  No  
 If yes, provide full details:

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- B. State whether any claims or suits have been made or brought against the applicant, the Public Entity or against any public officials or employees of the Public Entity during the past five years which would have fallen within the scope of this insurance had it been in effect.  Yes  No  
 If yes, provide details on each below and attach "Individual Claim Data Report" on each claim. (Claim supplements attached):

| DATE OF CLAIM | DATE OF OCCURRENCE | NATURE OF CLAIM | CURRENT STATUS | LOSS RESERVES | SETTLEMENTS AND EXPENSES PAID |
|---------------|--------------------|-----------------|----------------|---------------|-------------------------------|
|               |                    |                 |                |               |                               |
|               |                    |                 |                |               |                               |
|               |                    |                 |                |               |                               |
|               |                    |                 |                |               |                               |
|               |                    |                 |                |               |                               |

C. Have any of the following occurred during the last three years not otherwise indicated in B. Above? If yes please attach narrative regarding details.

- 1. Any disputes involving appropriation or condemnation of property?  Yes  No
- 2. Improper or alleged wrongful granting or refusal to grant zoning changes or variances?  Yes  No
- 3. Wrongful or alleged wrongful approval of building plans, designs or specifications?  Yes  No
- 4. Wrongful or alleged wrongful approval of building construction?  Yes  No
- 5. Wrongful or alleged wrongful treatment regarding employees hiring, remuneration, advancement or termination of employment?  Yes  No
- 6. Disputes involving integration, segregation, discrimination, or civil rights?  Yes  No
- 7. Any grand jury investigation, recall proceedings or indictments of any public officials?  Yes  No

D. Are there any pending or ongoing claims against anyone for whom insurance is intended hereunder which may fall within the scope of any public official liability insurance or similar insurance, either currently in effect or applied for hereunder, not otherwise described in question B. or C. above? If yes, provide full details?  Yes  No

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E. Has anyone for whom insurance is intended hereunder given notice under the provisions of any other previous or current insurance of any facts or circumstances which may in the future give rise to claim being made against any insured not otherwise described in questions B., C., or D., above? If yes, provide full details.  Yes  No

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F. Are you or is any member of your staff now aware or have any knowledge whatsoever of any circumstances, facts or events which are likely to cause a claim either now or in the future? If yes, explain below: (attach a separate sheet if necessary)  Yes  No

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## Declaration, Fraud Warnings and Signature

### Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all insureds from the company or their authorized representative(s) concerning this insurance.

Named individual: \_\_\_\_\_ Title or position: \_\_\_\_\_

### Notice To Entity - Please Read Carefully

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy will be rendered void as long as the deception was material; was made knowingly with the intent to deceive; was relied and acted upon by the Insurer; and deceived the Insurer to the Insurer's injury.

### Entity's Attestation

It is agreed by the applicant and the Insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the Insurer (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto) shall be the representations of the applicant and the prospective Insureds. It is further agreed by the applicant and the prospective Insureds that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy. After inquiry of all prospective Insureds, the undersigned authorized entity representative of the applicant represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct.

The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or action now known to any entity official or employee has 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.

Receipt and review of this application does not bind the Insurer to offer nor the authorized applicant signer to accept insurance, but it is agreed this application and any attachments thereto shall be the basis of the insurance and will be incorporated by reference and made a part of the policy should a policy be issued.

### Fraud Warning

In Massachusetts, Nebraska and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Authorized Entity Representative