



ZURICH®

Application For Public Officials Liability Policy

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: Yes No Budget _____
 If no, who provides police service? _____
 Electric Utility: Yes No Budget _____
 Gas Dept. or Utility: Yes No Budget _____
 Airport: Yes No Budget _____
 Hospital/Nursing Home: Yes No Budget _____
 Schools/Colleges Yes No Budget _____
 Landfill: Yes No Budget _____
 Housing Commission: Yes 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)

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)

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:

- 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

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

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

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 Warnings

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 subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, ME, MD, NE, NJ, OH, OK, OR, RI, or VT; in LA, ME, TN, VA and WA, insurance benefits may also be denied.)

In Colorado, 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant 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.

In District of Columbia, 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. 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.

In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Hawaii, for your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

In Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

In Maryland, any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In 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.

Notice to New Jersey Applicant: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In Ohio, any person who, with the intent to defraud or knowing that he/she 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.

In Oklahoma, 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.

In Oregon, any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

In Rhode Island: 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.

Signature: _____ **Date:** _____
Authorized Entity Representative

Required in the State of Florida:

Signature: _____ **Date:** _____ **Agent License #:** _____
Agent

Required in the State of Iowa:

Signature: _____ **Date:** _____
Agent

Name of Soliciting Agent: _____ **Date:** _____
Please Print