

**PUBLIC OFFICIALS LIABILITY COVERAGE**

**APPLICATION**

- 1. a. Name of Entity: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Person to Contact: \_\_\_\_\_ d. Telephone No.: \_\_\_\_\_
- e. No. of Full-time Employees: \_\_\_\_\_ f. Population: \_\_\_\_\_  
 No. of Part-Time Employees: \_\_\_\_\_ (Your Political Subdivision)  
 No. of Elected Officials: \_\_\_\_\_
- g. Limits: \_\_\_\_\_ h. Deductible: \_\_\_\_\_
- i. Proposed Effective Date: \_\_\_\_\_
- k. Retroactive Coverage:  
 (1) Coverage Requested? \_\_\_\_\_yes \_\_\_\_\_ no (2) If Yes, Retroactive Date: \_\_\_\_\_

2. Is there a separate Board for the following:

- a. Parks and Recreation \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. Library \_\_\_\_\_ Yes \_\_\_\_\_ No
- c. Zoning \_\_\_\_\_ Yes \_\_\_\_\_ No
- d. Housing \_\_\_\_\_ Yes \_\_\_\_\_ No
- e. Sewer and Water \_\_\_\_\_ Yes \_\_\_\_\_ No
- f. Other (Describe) \_\_\_\_\_

**THE FOLLOWING BOARDS OF DIRECTORS ARE EXCLUDED UNLESS SPECIFICALLY ACCEPTED BY THE ADMINISTRATOR. PLEASE NOTE ANY EXPOSURES THAT EXIST.**

	<b>Existing Exposure</b>	<b>Covered Elsewhere</b>	<b>Coverage Requested</b>
g. Schools	_____	_____	_____
h. Airports	_____	_____	_____
i. Hospital	_____	_____	_____
j. Utility (Gas & Electric)	_____	_____	_____

3. Are Board members appointed? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Number of Licensed or Certified Positions:

Attorneys: \_\_\_\_\_ Engineers: \_\_\_\_\_ Accountants: \_\_\_\_\_ Architects: \_\_\_\_\_ Other(s): \_\_\_\_\_

Please Specify: \_\_\_\_\_

- 5. a. Do You Award Exclusive Contracts for:
 

Cable Television.....	_____ Yes	_____ No
Utilities .....	_____ Yes	_____ No
Food Services.....	_____ Yes	_____ No
Sanitation.....	_____ Yes	_____ No
Security.....	_____ Yes	_____ No
- b. Are these Contracts Awarded by Competitive Bidding Practices? \_\_\_\_\_  
 If No, Please Describe: \_\_\_\_\_

6. Has any employee filed any suit or made any claim against the entity in any court or before any commission or public agency? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If "yes", indicate the number \_\_\_\_\_ and attach details on separate sheet.)
7. Has your entity had any strikes or work stoppages in the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If "yes", indicate the number \_\_\_\_\_ and attach details on a separate sheet.)
8. Has your entity been involved in any disputes related to zoning issues? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_
9. CLAIM: Provide details of any liability claims which have occurred during the past five (5) years:

Date	Type of Claim	Open/Closed
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Current and Prior Insurance Policies:

**CURRENT YEAR:**

Public Officials Liability Insurer: \_\_\_\_\_ Present Premium \*: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

**FIRST PRIOR YEAR:**

Public Officials Liability Insurer: \_\_\_\_\_ Present Premium \*: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

**SECOND PRIOR YEAR:**

Public Officials Liability Insurer: \_\_\_\_\_ Present Premium \*: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

**DECLARATIONS ANDN NOTICES**

**DECLARATION**

To the best of my knowledge and belief, the information provided in connection with this application is true and there are no material fact withheld. I understand that non-disclosure or misrepresentation of a material fact will entitle the coverage provider to void any liability protection that is issued as a result of this application. I also understand that any contribution quotation is based on the loss information contained herein and is subject to change based on any verified loss information subsequently obtained by the coverage provider.

**NOTICE**

I understand that the signing of this application does not bind me to complete the Intergovernmental Contract or Subscription Agreement, but agree that, should an Intergovernmental Contract or Subscription Agreement be concluded, this application and the statements herein contained, shall form the basis of, and become a part of the coverage document and Intergovernmental Contract or Subscription Agreement.

Authorized Signature of Applicant\* \_\_\_\_\_

Title of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*Only original signature can be considered.

Return completed application to: \_\_\_\_\_  
\_\_\_\_\_