

PUBLIC OFFICIALS ERRORS AND OMISSIONS LIABILITY APPLICATION

Claims Made Coverage

New Renewal

THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.

I. GENERAL INFORMATION

Name of Municipality: _____

Address: _____ City: _____ State: _____ Zip code: _____

Type of Jurisdiction: County City Township Village Other (specify) _____

Population of Municipality: _____ Seasonal Population: _____

Administrator: _____ Title: Sheriff Chief Jail Commander Other (specify)

Phone: _____ Website: _____

II. INSURANCE INFORMATION REQUESTED:

Effective date: _____ Continuous Claims Made Retro-Active date: _____

Each Wrongful Act Limit: \$ _____ Aggregate Limit: \$ _____

Deductible: \$ _____ OR Self-Insured Retention (SIR): \$ _____

If SIR, Name of Claim Service Provider _____ Phone: _____

Address _____ City _____ State _____ Zip code _____

PRIOR PUBLIC OFFICIALS ERRORS AND OMISSIONS LIABILITY COVERAGE:

YEAR	COMPANY NAME	POLICY #	RETRO DATE	LIMITS	DEDUCTIBLE	PREMIUM
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_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
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Has similar Public Officials Errors And Omissions Liability coverage been cancelled, non-renewed or lapsed? YES NO

If yes, please explain: _____

III. FINANCIAL INFORMATION

a. Budget for the past three years:

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

Provide explanation for any deficit or large surplus.

Attach additional documents as needed.

b. Bond Information:

1. Amount of any outstanding bonds: \$ _____ value
2. Latest bond rating (Standard & Poor's or Moody's) _____
3. Previous bond rating _____ No rating _____
4. Any bond issue defeated within the past three years? YES NO
5. Has your public entity been in default on the principal or interest of any bond? YES NO

If you indicated yes to any of these questions, provide specific details. Attach additional documents as needed.

IV. OPERATIONS

a. Do you administer or oversee any of the following operations:

1. Education systems, including schools and boards YES NO
2. Airports, aircraft and other aviation related activities YES NO
3. Hospitals YES NO
4. Gas transmission systems or public gas utilities YES NO
5. Public Electric utilities YES NO
6. Public mass transit or public transportation systems YES NO
7. Housing or port authorities YES NO
8. Police, Sheriff or other law enforcement YES NO
9. Detention, Correction or Prison facilities YES NO

NOTE: Coverage is not provided for the above unless specifically endorsed to the policy. Requesting coverage does not mean coverage will be granted.

b. List any joint activities (Coverage is not provided for any current or past partnership or joint venture that is not named in the declarations). Attach copies of all contracts or agreements. _____

c. Do you have a zoning commission? YES NO

d. Do you have a master plan for development? YES NO

e. Is legal counsel consulted for any land use, condemnation and zoning policy or decisions? YES NO

f. Are newly elected/appointed officials required to be formally trained in their duties/responsibilities? YES NO

g. What resource center do they use for updates and education? _____

h. Do you maintain a formal, written Policy and Procedures manual that provides direction in the following?

1. Reviewed by legal counsel? YES NO
2. Land use and Zoning? YES NO
3. Loss Control? YES NO
4. Data Privacy Act or similar Statute? YES NO
5. Documentation of meetings? YES NO
6. Citizen complaints? YES NO

V. CLAIMS AND LITIGATION INFORMATION

ATTACH A CURRENTLY VALUED FIVE YEAR LOSS RUN FROM THE PRIOR CARRIER(S)

- a. Have any of the following situations occurred within the last five years? If so, please explain below.
- 1. Appropriation or condemnation of for which agreed settlements have not been achieved? YES NO
 - 2. Improper or alleged wrongful granting of variances, building permits or similar grants or zoning disputes? YES NO
 - 3. Wrongful or alleged wrongful approval of building plans, designs or specifications? YES NO
 - 4. Wrongful or alleged wrongful building construction? YES NO
 - 5. Any grand jury indictments of any public officials? YES NO
 - 6. Assault and battery claims made against the municipality or its officials? YES NO
 - 7. Any riots or civil commotions? YES NO
 - 8. Any losses or claims involving contractual disputes? YES NO
 - 9. Operating under any court order? YES NO

If you indicated yes to any of these questions, provide specific details. Attach additional documents as needed.

- b. During the past five years, have there been ANY claims made, or has notice been given, whether insured or not, against you? YES NO

Explain: _____

- c. Does any official, employee, volunteer, or board member have knowledge of acts, errors or omissions that may reasonably give rise to a claim or lawsuit? YES NO

Explain: _____

- d. Have all known acts, errors, or omissions that may reasonably give rise to a claim been reported to the current insurer? YES NO

Explain: _____

THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENTS FOR DAMAGES IN CONNECTION WITH ANY CLAIM OR LAWSUIT MADE AGAINST ANY INSURED BASED UPON OR ARISING OUT OF OR IN ANY WAY INVOLVING ANY LAWSUIT, WRITTEN DEMAND, ADMINISTRATIVE PROCEEDING OR CIRCUMSTANCES SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THIS APPLICATION.

VI. DECLARATIONS

Please Read Carefully The undersigned, acting on behalf of all Insureds, declares that the statements set forth in this application are true and correct and that thorough efforts were made to obtain requested information from each Insured proposed for this insurance to facilitate the proper and accurate completion of this application.

The undersigned agrees that the information provided in this application and any material submitted herewith are the representations of all Insureds and are the basis for issuance of the insurance policy provided by us.

The undersigned further agrees that the application and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the application shall be maintained on file (either electronically or paper) with the Insurer and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

1. If any Insureds discover or become aware of any significant change in the condition of the Insured Entity between the date of this application and the policy inception date, which would render the application inaccurate or incomplete, notice of such change will be reported in writing to us immediately;
2. Any policy issued, will be in reliance upon the truthfulness of the information provided in this application; provided, however, with respect to such information, no knowledge or information possessed by any Insureds shall be imputed to any other Insureds;
3. If any person or persons knew as of the policy inception date that such information contained in the application was untrue, inaccurate or incomplete, then this policy will be void as to that person or persons if such information was material to issuance of the policy. (Not applicable in Georgia or Louisiana).

Georgia: If any person or persons knew as of the policy inception date that such information contained in the application was untrue, inaccurate or incomplete, then this policy may be cancelled and the insurer may deny coverage under the terms and conditions of the policy, if such information was material to the acceptance of the risk or to the hazard assumed by the insurer and issuance of the policy.

Louisiana: If any person or persons knew as of the policy inception date that such information contained in the application was untrue, inaccurate or incomplete and was provided with the intent to deceive, then this policy will be void as to that person or persons if such information was material to the risk and issuance of the policy.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Insurer under any policy of a claim or potential claim.

The signing of this application does not bind the undersigned to purchase the insurance.

VII. FRAUD NOTICES

Please read the fraud warning statement applicable to your state. If your state is not shown below, refer to the **GENERAL FRAUD WARNING STATEMENT**:

GENERAL FRAUD WARNING STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

ALABAMA: 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.

ARKANSAS: 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.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

DISTRICT OF COLUMBIA: 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.

FLORIDA: 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.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY: 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.

LOUISIANA: 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.

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 and denial of insurance benefits.

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

NEBRASKA: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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

NEW MEXICO: 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.

NEW YORK (OTHER THAN AUTO): 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 not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: 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.

OKLAHOMA: 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.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

PENNSYLVANIA (OTHER THAN AUTO): 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.

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.

TENNESSEE (OTHER THAN WC): 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.

VIRGINIA: 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.

WASHINGTON: 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.

WEST VIRGINIA: 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.

VIII. APPLICANT'S ATTESTATION

Authorized signer of this application attests to the best of his or her knowledge that statements set forth herein are true. Further acknowledged that the signing of this application does not bind the signer to purchase the insurance, but it is agreed this form is the basis of the contract should a policy be issued, and this form will become a part of the policy.

The official designated to receive any and all notices from the insurer to the entity concerning any policy issued as a result of this application is listed below.

Authorized Representative Signature: _____ Date: _____

Printed Name: _____ Title: _____ Date of Hire: _____

Producer Signature: _____ Date: _____

Printed Name: _____ Email: _____

Agency: _____ Agency Address: _____