

PUBLIC OFFICIALS EMPLOYMENT PRACTICES LIABILITY APPLICATION

Claims Made Basis

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 EMPLOYMENT PRACTICES LIABILITY COVERAGE:

YEAR	COMPANY NAME	POLICY #	RETRO DATE	LIMITS	DEDUCTIBLE	PREMIUM
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Has similar Employment Practices Liability coverage been cancelled, non-renewed or lapsed? YES NO

If yes, please explain: _____

III. EMPLOYEE INFORMATION

a. Provide the number of employees in the following classifications:

	<u>Current</u>	<u>Last year</u>	<u>2 Years Prior</u>	<u>3 Years Prior</u>
Full-time	_____	_____	_____	_____
Part-time	_____	_____	_____	_____
Volunteers	_____	_____	_____	_____
TOTALS:	_____	_____	_____	_____
TERMINATIONS:	<u>Current</u>	<u>Last year</u>	<u>2 Years Prior</u>	<u>3 Years Prior</u>
Voluntary	_____	_____	_____	_____
Non Voluntary	_____	_____	_____	_____

- b. What percentage of employees have written contracts of employment? _____
- c. What percentage of employees are represented by unions? _____
- d. Have there been any employee layoffs, terminations, workforce reductions, or retirements, including those resulting from any type of restructure or privatization of service, within the past 12 months? YES NO
 Explain: _____
- e. Do you anticipate any employee layoffs, terminations, workforce reductions, or retirements, including those resulting from any type of restructure or privatization of service, within the past 12 months? YES NO
 Explain _____

IV. POLICIES AND PROCEDURES

- a. Do you have a written policy or procedure manual for:
1. Alternative dispute resolutions YES NO
 2. Sexual harassment YES NO
 3. Employee grievances or complaints YES NO
 4. Family Leave Act YES NO
 5. Americans with Disabilities Act YES NO
 6. Affirmative Action / EEOCC Compliance YES NO
 7. Termination procedures YES NO
 8. Hiring procedures YES NO
- b. Do your employment practices include the following:
1. Employee Handbook YES NO
 2. Posting of employment opportunities YES NO
 3. Job description YES NO
 4. Exit interviews YES NO
 5. Training manuals or guidelines YES NO
 6. I-9 Form for verification and identification YES NO
- c. Is the manual reviewed by legal YES NO By whom: _____
- d. How is the manual distributed to all personnel? _____
- e. Are all hiring, promotion, and terminations reviewed and approved by the head of human resources, inside legal counsel, or outside employment counsel? YES NO
- f. Explain your procedure to identify and resolve employee concerns and complaints: _____

V. CLAIMS AND LITIGATION INFORMATION

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

a. Indicate whether or not you have had or presently have any employment related claims, complaints, charges, grievances, arbitration, litigation, administration agency proceedings (whether from Federal, State, or Local agencies) or negotiated settlements concerning any of the following:

- 1. Employment terminations? YES NO
- 2. Sexual harassment? YES NO
- 3. Discrimination or other civil rights violations? YES NO
- 4. Wage or hour violations? YES NO
- 5. Unfair labor practices? YES NO

Explain: _____

b. During the past five years, have there been ANY employment related 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, and/or omissions that may reasonably give rise to an employment related claim or lawsuit? YES NO

Explain: _____

d. Have all known acts, errors, and/or omissions that may reasonably give rise to an employment related 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: 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: 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: 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: _____