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PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES LIABILITY APPLICATION

NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE AND REPORTED BASIS. FURTHER NOTE THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY INSURED DAMAGES SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSE AND CLAIMS EXPENSES SHALL ALSO BE APPLIED AGAINST THE RETENTION AMOUNT.

IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY. IF THERE IS INSUFFICIENT SPACE TO COMPLETE AN ANSWER, PLEASE CONTINUE ON A SEPARATE SHEET OF THE ENTITY'S LETTERHEAD. INDICATE THE QUESTION NUMBER. THIS FORM MUST BE COMPLETED, SIGNED AND DATED BY THE HIGHEST RANKING ELECTED OR APPOINTED MEMBER OF THE BOARD OF THE ENTITY, OR THE BUSINESS MANAGER, RISK MANAGER, TREASURER OR COMPTROLLER OF THE ENTITY

I. ENTITY INFORMATION

1. Legal Name of Entity _____
 Address _____
 City _____ State _____ Zip Code _____
 Web Site address www. _____
2. a. Entity is City County Township District Authority Other _____
 b. Year Entity was established? _____
 c. Current population _____ Last census population _____ Seasonal Increase _____ %
 d. Largest City within 25 miles _____ Population _____
3. a. Do you have a Risk Manager? Yes No
 b. Is the Risk Manager: Full Time Part Time, how many hours? _____
 c. Name of Risk Manager _____ Phone Number (_____) _____
 d. Email Address _____

II. INSURANCE AGENCY INFORMATION: (To be completed by your agent)

1. Producer Name: _____
2. Agency Name: _____
3. Mailing Address _____
 City _____ State _____ Zip Code _____
 e-mail address: _____ Web site address: www. _____
 Phone number: _____ Fax number: _____
4. Are you the incumbent agent? Yes No
5. Are you a licensed Surplus Lines Agent? Yes No
 License number _____ State Tax ID Number: _____

III. FINANCIAL INFORMATION

1. Indicate fiscal year end date: _____

2. a. Please provide revenues and expenditures

Fiscal Year	Revenues	Expenditures	Surplus(+)/Deficit(-)	Accumulated Surplus/Deficit

b. Please provide explanation for any deficit or large surplus _____

3. a. Please provide total amount of outstanding bonds _____

b. Latest bond rating (S&P or Moody's) _____ Previous Rating _____ No Rating
 If NOT RATED please explain: _____

c. Has any bond been defeated in the past 3 years? Yes No
 If YES, what was the bond for? _____

d. Has the Entity ever defaulted on principal or interest of any bond? Yes No
 If YES provide details _____

4. Has state or federal aid been reduced or eliminated in the past year? Yes No
 If YES provide details _____

5. Does the Entity anticipate any special project(s) which will result in substantial budget increase or decrease in the next 3 years? Yes No
 If YES provide details _____

6. Please submit a copy of your most recent detailed budget, as well as a copy of the audited financials for the most recent available fiscal year.

IV. INSURANCE INFORMATION

1. Does the Entity carry Public Officials Liability or similar insurance? Yes No

Carrier Name: _____ Expiration Date: _____
 Limit: _____ Retention: _____ Premium: _____

2. Does the Entity carry Employment Practices Liability insurance? Yes No
 If yes, is this coverage part of your Public Officials Liability policy? Yes No

Carrier Name: _____ Expiration Date: _____
 Limit: _____ Retention: _____ Premium: _____

3. Limit of Liability requested
 \$ 1,000,000 \$ 3,000,000 \$ 5,000,000
 \$ 2,000,000 \$ 4,000,000 Other \$ _____

4. Retention / Deductible requested
 Mgmt: \$10,000 \$15,000 \$25,000 \$50,000 \$100,000 Other \$ _____
 EPLI: \$25,000 \$35,000 \$50,000 \$75,000 \$100,000 Other \$ _____

3. Does your current Public Officials policy have a retroactive date? Yes No
4. Current Law Enforcement/Police Professional Liability insurance carrier and limits: _____

5. Has your Public Officials liability coverage ever been denied, cancelled or non-renewed? Yes No
If YES, please explain _____

V. CLAIM HISTORY & DECLARATION

1. Have there have been any Public Officials or Employment Practices Yes No
2. claims against the Entity during the past 5 years? Yes No
3. Complete the following table for all claims during the last 5 policy periods. Attach a separate sheet of paper if more space is needed.

Policy Year	Open/Closed	Loss Incurred	Defense Incurred	Total Incurred	Description of Allegations

4. Do any past or present officials or employees have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? Yes No
5. Has the Entity or any of its predecessors, subsidiaries or affiliates, or any past or present officials or employees ever been the subject of a disciplinary action as a result of professional activities? Yes No
6. During the past 5 years have any claims or suits been made against the Entity, any predecessors, subsidiaries or affiliates, or past or present officials or employees? Yes No
7. Has the Entity reported the matters in Questions 3 – 5 to its current or former insurance carrier? Yes No

If you have answered Yes to any of Questions 3 – 5, please attach a detailed explanation including date of claim, claimant, nature of claim, defense costs, indemnity amount, reserve amount and current status for each claim, notice or circumstance.

VI. OPERATIONS

- 1. Do you have a zoning authority in your municipality? Yes No
 - a) Do zoning changes require a public hearing? Yes No
 - b) Do you have a policy and process which prohibits zoning board members from voting on actions which may conflict with their own business or investment interest? Yes No
- 2. Do you have a planning board? Yes No
 - a) Do you have a written master plan for economic, land planning and community development? Yes No
- 3. What is the number of building permits denied over the last 2 years?
 - a) This Year _____
 - b) Last Year _____
- 4. What is the number of building permits granted each of the last 2 years?
 - a) This Year _____
 - b) Last Year _____
- 5. Does the Entity have a disaster planning document in place for both natural disasters and terrorist acts? Yes No
 Do you have formally approved land use ordinances that have been reviewed by legal counsel? Yes No
- 6. Do you have a formal procedure to file for a variance to land development statutes? Yes No
- 7. Do you have a policy for disclosure of potential conflicts of interest? Yes No
- 8. Which of the following processes and policies have you adopted?
 - a) Training for
 - i. Newly elected/appointed officials Yes No In Writing
 - ii. In Employees Yes No In Writing
 - iii. volunteers Yes No In Writing
 - b) Disaster contingency planning including:
 - i. Natural catastrophes? Yes No In Writing
 - ii. Disaster warning systems? Yes No In Writing
 - iii. Computer systems operations and data? Yes No In Writing
 - iv. Hazardous materials? Yes No In Writing
 - v. Communication systems? Yes No In Writing
 - vi. Testing of plans? Yes No In Writing
 - c) Contracting review process for public entity vendors including attorney review.
 - vii. Does this included hold harmless provisions? Yes No In Writing
 - viii. Indemnification provisions? Yes No In Writing
 - ix. Transfer of liability to services provider under contract with the applicant Yes No In Writing
 - d) Attorney attendance and written documentation of meetings Yes No In Writing

VI. EMPLOYMENT PRACTICES AND PROCEDURES

1. During the last 5 years has the Entity, its officials or employees been involved in any employment or labor related litigation or required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? Yes No
If yes, please provide full details _____

2. Have there been any layoffs or reductions in services in the past 5 years? Yes No
 - a) What staff positions or services were affected? _____
 - b) Were waivers of liability obtained from all affected staff members? Yes No
 - c) How many staff members were affected? _____
 - d) How much notice was given to affected faculty and staff? _____
 - e) How was it decided which staff members would be let go? _____

3. During the past 5 years have there been any strikes, work slowdowns, disruptions, layoffs, reduction in services or facility closings? Yes No
If yes, please provide full details _____

4. Has the Entity publicly announced its intentions to conduct in the future any layoffs, staff reductions, facility closings or consolidations? Yes No
If yes, please provide full details _____

5. Does the Entity have a full time Human Resource Manager? Yes No

6. Does the Entity have written guidelines or procedures for addressing human resources or personnel management in the following areas?

Pre hire background checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Termination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interviewing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Grievances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hiring	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance Appraisals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No
Promotion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unpaid Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demotion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Education & Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suspension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Administrative Hearing/Appeal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use of Entity's electronic mail, voice mail, and internet access	<input type="checkbox"/> Yes <input type="checkbox"/> No		

7. Who is responsible for providing employment counsel for employment advice?
 - Outside Legal Counsel Name of firm _____
 - Inside Legal Counsel
 - Other, please explain _____

8. Are the Entity's human resource documents, guidelines, procedures reviewed on a regular basis? Yes No
If yes, how often and by whom _____

9. Do all employees receive a copy of these guidelines or procedures? Yes No

10. Do supervisors and managers receive updated information and training on human resource and personnel management issues at least annually? Yes No

11. Is the Entity in compliance with the federally mandated Americans With Disabilities Act? Yes No

IX. SPECIAL DISTRICTS / UTILITIES / AUTHORITIES

Please complete the following section(s) for any applicable Special Districts / Utilities / Authorities

- 1. Do you own, operate or administer a Water Utility? Yes No
a. What is the source of water? _____
- 2. Do you own, operate or administer a Sewer Utility? Yes No
- 3. Do you own, operate or administer a Gas Utility? Yes No
a. Do you produce gas? Yes No
b. Do you own wellheads? Yes No
c. Do you buy or resell? Yes No
- 4. Do you own, operate or administer an Electric Utility? Yes No
a. Do you generate power? Yes No
b. If so what is your source? _____
- 5. Do you own, operate or administer a Airport Authority? Yes No
If yes, please complete separate questionnaire
- 6. Do you own, operate or administer a Housing Authority? Yes No
If yes, please complete separate questionnaire
- 7. Do you own, operate or administer a Transit Authority
a. Type of vehicles? Trains Buses Other, please describe _____
- 8. Do you own, operate or administer a Port Authority
a. Type of port? Ocean River Lake Railroad Other _____
- 9. List any other subsidiary boards, commissions or authorities _____

- 10. Total number of Board Members: _____ Elected _____ Appointed
If Appointed, by whom _____
- 11. How many employees hold professional designations?
_____ Attorneys _____ Accountants _____ Engineers _____ Architects

NOTICE TO THE ENTITY – PLEASE READ CAREFULLY

This application must be signed by the highest ranking elected or appointed member of the Board of the Entity, or the Business Manager, Risk Manager, Treasurer or Comptroller of the Entity.

The undersigned authorized representative of the Entity, based upon reasonable inquiry, warrants to the best of its knowledge that the statements set forth herein are true and include all material information. The undersigned authorized representative further warrants that if the information supplied on this application changes materially between the date of this application and the inception date of the policy, it will immediately notify the insurance company of the changes. The signing of this application does not bind the Company to offer nor the Entity to accept insurance, but it is agreed that this application shall be the basis of the insurance and it will be attached and made part of the policy should a policy be issued.

BY _____
Authorized representative of the Entity Please Print or Type

TITLE: _____ DATE _____