



**ALL LINES AGGREGATE PUBLIC ENTITY PACKAGE APPLICATION**

ALL QUESTIONS MUST BE ANSWERED IN ORDER TO SECURE A QUOTATION!!!

**MAIN APPLICATION**

PRODUCER NAME:	_____	DATE APPLICATION COMPLETED:	_____
AGENCY NAME:	_____	DATE QUOTE NEEDED TO AGENT:	_____
AGENCY LOCATION:	_____	DATE COVERAGE TO INCEPT:	_____
AGENCY WEB SITE:	_____	E MAIL ADDRESS:	_____

1) NAMED INSURED:	_____	CONTACT NAME:	_____
STREET ADDRESS:	_____		
CITY:	_____	STATE:	_____
PHONE:	_____	ZIP CODE:	_____

2) PROPOSED PLAN - Please enter limits and retentions desired. Insert "NA" if coverage is not desired.

A. Coverage I (Property - Real & Pers, Auto PhysDam, Bus Inc & Ext Exp, Prop in Transit and Data Proc Media & Equip - MAXIMUM LIMIT \$1,000,000 INCLUSIVE OF SIR)

_____	Per Loss Limit	Proposed SIR:	<u>\$25,000</u>
_____	Quake (Annual Aggregate) Sublimit		<i>NOTE: \$25,000 minimum</i>
_____	Flood (Annual Aggregate) Sublimit		

B. Coverage II (General Liability and Law Enforcement Liability) - MAXIMUM LIMIT \$1,000,000 INCLUSIVE OF SIR

_____	Liability Per Occurrence	_____	Liability Policy Aggregate	Proposed SIR:	<u>\$50,000</u>
_____	Law Enforcement Liability	_____	Products / Completed Operations		<i>NOTE: \$50,000 minimum</i>
_____	Premises Medical Payments				

C. Coverage III (Automobile Liability - MAXIMUM LIMIT \$1,000,000 INCLUSIVE OF SIR)

_____	Liability Per Accident	_____	No-Fault Coverage/PIP	Proposed SIR:	<u>\$50,000</u>
_____	Un/Underinsured Motorists	_____	Auto Medical Payments		<i>NOTE: \$50,000 minimum</i>

D. Coverage IV (CLAIMS MADE Public Officials Errors & Omissions Liability - MAXIMUM LIMIT \$1,000,000 INCLUSIVE OF SIR)

_____	Liability Per Claim	_____	Liability Policy Aggregate	Proposed SIR:	<u>\$50,000</u>
_____	Sexual Harassment Per Claim	_____	Sexual Harassment Policy Aggregate		<i>NOTE: \$50,000 minimum</i>

E. Coverage V (Workers' Compensation - MAXIMUM LIMIT \$250,000 EXCESS OF SIR)

_____	Workers Compensation			Proposed SIR:	<u>\$100,000</u>
_____	Employer's Liability				<i>NOTE: \$100,000 minimum</i>

F. Coverage VI (Crime - MAXIMUM LIMIT \$500,000 INCLUSIVE OF SIR)

_____	Employee Dishonesty	_____	Money Orders & Counterfeit Currency	Proposed SIR:	<u>\$25,000</u>
_____	Money & Securities (Inside Premises)	_____	Depositors Forgery		<i>NOTE: \$25,000 minimum</i>
_____	Money & Securities (Outside Premises)				

G. Any other coverage required (please attach additional information as necessary):

Requested Limit		Proposed Underlying Limit
_____	<a href="#">Excess Property</a>	_____
_____	<a href="#">Excess Liability</a>	_____
_____	<a href="#">Excess Workers' Comp</a>	_____

3) CURRENT PROGRAM INFORMATION

COVERAGE TYPE	CARRIER NAME	LIMITS	RETENTION	RETRO DATE	PREMIUM
A. Property (incl APD)					
B. General Liability					
C. Law Enforcement Liability					
D. Automobile Liability					
E. Pub Off E&O Liability					
F. Workers' Comp					
G. Crime					
H.					
I.					
J.					
Expiring Loss Fund (if applicable)				Total Premiums:	\$0

CURRENT THIRD PARTY ADMINISTRATOR: \_\_\_\_\_

TPA CONTACT NAME: \_\_\_\_\_ TPA CONTACT PHONE NUMBER: \_\_\_\_\_

4) PROPERTY INFORMATION

**NOTE: YOU MUST FORWARD A COMPLETE PROPERTY SCHEDULE WITH THIS APPLICATION!**

PROTECTION CLASS \_\_\_\_\_  
 APPRAISAL DATE \_\_\_\_\_

A. Values - IMPORTANT THAT 100% REPLACEMENT COST VALUES BE SHOWN

	\$ VALUES	% OF TOTAL
Total Building Values		NA
Total Contents Values		NA
Total Auto Physical Damage Values (all licensed vehicles)		NA
Total Equipment Values		NA
Total EDP Equipment Values		NA
Total EDP Media Values		NA
Total EDP Extra Expense Values		NA
Total Accounts Receivable Values		NA
Total Valuable Papers Values		NA
Total Business Interruption Values		NA
Total Extra Expense Values		NA
Total Rental Income Values		NA
Total Transit Values		NA
Total Course of Construction Values		NA
Total All Other Miscellaneous Values		NA
Total Property Values:	\$0	NA

B. If flood coverage is requested, provide details of the flood exposure. List property values (Real & Personal) within Federally-defined flood plains (prefix A & V):

LOCATION ADDRESS & DESCRIPTION	\$ VALUES @ LOCATION	% OF TOTAL
		NA
		NA
		NA

C. Construction Details - THIS SECTION MUST BE COMPLETED IN ORDER TO SECURE A QUOTATION!

ISO CLASSIFICATION	# OF LOCATIONS	% OF TOTAL
[1] Frame or Brick Veneer		NA
[2] Brick		NA
[3] Non-Combustible		NA
[4] Masonry Non-Combustible		NA
[5] Semi-Fire Resistive		NA
[6] Fire Resistive		NA
Any Other Classifications (describe)		NA

Total # of Locations: 0 NA

D. Protection Details - ***THIS SECTION MUST BE COMPLETED IN ORDER TO SECURE A QUOTATION!***

CLASSIFICATION	# OF LOCATIONS	% OF TOTAL
Sprinklered	_____	NA
Burglar Alarm - Local Sound	_____	NA
Central Station Alarms (both Burglar & Fire)	_____	NA
Security Guards	_____	NA
Smoke Detectors	_____	NA
All Other Types of Protection (describe) _____	_____	NA
	Total # of Locations: <u>0</u>	<u>NA</u>

5) GENERAL LIABILITY

***NOTE: YOU MUST FORWARD COMPLETE FINANCIAL INFORMATION WITH THIS APPLICATION!***

A. Entity Information: Does the public entity own or operate any of the following? *(Please Answer Yes / No):*

- |  |  |
|--|--|
| _____ Airports (ALA policy excludes)   | _____ Hospitals  |
| _____ Amusement Park, Carnival, Circus | _____ Housing Authority, Projects                            |
| _____ Athletic Participants            | _____ Independent Contractors                                |
| _____ Beaches, Lakes                   | _____ Jail or Detention Facilities                           |
| _____ County Homes                     | _____ Landfills  |
| _____ Blasting Operations              | _____ Law Enforcement Activities                             |
| _____ Bleachers, Arenas, Stadiums      | _____ Marinas  |
| _____ Cemeteries                       | _____ Nursing Homes  |
| _____ Dams, Reservoirs                 | _____ Racing / Rodeo Exhibitions                             |
| _____ Day Care Centers or Day Camps    | _____ Recreational Facilities (Parks, Camps, etc.)           |
| _____ Electric Utility                 | _____ Schools and Colleges                                   |
| _____ EMT's, Paramedics, Nurses        | _____ Sewer Utility  |
| _____ Fairs, Festivals                 | _____ Ski Facility   |
| _____ Fire Department                  | _____ Streets, Roads, Highways, Bridges                      |
| _____ Fireworks Displays               | _____ Transportation System (Buses, Rail Service or Subways) |
| _____ Garbage Collection               | _____ Water Utility  |
| _____ Gas Utility                      | _____ Watercraft   |
| _____ Golf Course                      | _____ Wharves, Piers, Docks                                  |
| _____ Health Department                | _____ Zoo  |

Any additional exposures not mentioned in the checklist above: \_\_\_\_\_  
 \_\_\_\_\_  
 Any exposures checked yes above that insured elsewhere or subcontracted out to others: \_\_\_\_\_  
 \_\_\_\_\_

B. General Information

\_\_\_\_\_ Population  
 \_\_\_\_\_ Employee Count  
 \_\_\_\_\_ Total Payroll

D. Independent Contractor Operations Questionnaire

1. Does the Entity ever make use independent contractors? \_\_\_\_\_ If yes, please describe the contractor types used & purposes:  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Does the Entity require the following:

- \_\_\_\_\_ Certificate of Insurance?
- \_\_\_\_\_ Limits at least equal to those carried by the Entity (if general contractor)?
- \_\_\_\_\_ Is the Entity named as an Additional Insured on the contractor's policy?
- \_\_\_\_\_ Are there Hold Harmless Agreements used in all of the Entity's contracts?

3. Do you hold any special events in which you do not transfer liability to the contractor performing the special event? \_\_\_\_\_

6) AUTOMOBILE LIABILITY

A. CATEGORY	# THIS TYPE	% THIS TYPE
Private Passenger Cars (up to 10,000 lbs GVW) - Non Emergency	_____	NA
Private Passenger Cars (up to 10,000 lbs GVW) - Emergency (e.g. Fire, Police)	_____	NA
15-Passenger Vans	_____	NA
Other Vans, Pickup Trucks, other Light Trucks (up to 10,000 lbs GVW)	_____	NA
Medium Weight Trucks (10,000 to 20,000 lbs GVW)	_____	NA
Heavy Trucks (20,000 to 50,000 lbs GVW)	_____	NA
Extra-Heavy Trucks (greater than 50,000 lbs GVW)	_____	NA
Fire Trucks	_____	NA
Ambulances	_____	NA
Motorcycles	_____	NA
Buses	_____	NA
Miscellaneous Autos	_____	NA
Mobile Equipment	_____	NA
Trailers, All Types	_____	NA
Total Automobiles:	0	NA

B. Underwriting Criteria

1. Describe operations of any passenger vans or buses (including radius, frequency, receipts, etc.):

\_\_\_\_\_

\_\_\_\_\_

2. Describe any vehicles modified to handle handicapped or wheelchair passengers:

\_\_\_\_\_

\_\_\_\_\_

7) PUBLIC OFFICIALS' ERRORS AND OMISSIONS LIABILITY - this coverage is provided on a CLAIMS-MADE basis

A. Budget (last three years)	BOND RATING	YEAR	REVENUES	EXPENDITURES	SURPLUS or DEFICIT (+/-)
1. Current Fiscal Year	_____	_____	_____	_____	0
2. Prior Fiscal Year	_____	_____	_____	_____	0
3. Fiscal Year Two Years Prior	_____	_____	_____	_____	0
ACCUMULATED SURPLUS					_____

4. The following rating information is to be taken from the applicant's most recent fiscal year budget.

Please complete all items, then attach a scanned copy, or mail a photocopy, of the most current budget when you return this application.

5. Please explain any deficit postions.

\_\_\_\_\_

BUDGETED EXPENDITURES	_____	EXPENDITURES FOR SEPARATELY RATED EXPOSURES	_____
General Fund	_____	Airports	_____
Special Revenue Fund	_____	EMT's Paramedics	_____
Other Special Funds or Accounts	_____	Golf Courses	_____
Total Budgeted Operating Expenditures	0	Hospitals / Clinics	_____

Less: Items to be paid out in current year

Capital Improvements \_\_\_\_\_  
Debt Service Funds \_\_\_\_\_  
Other Indebtedness \_\_\_\_\_  
Independent Contractors \_\_\_\_\_  
Insurance Costs \_\_\_\_\_  
OPERATING EXPENDITURES \_\_\_\_\_ 0

Operating Expenditures \_\_\_\_\_ 0

Less Separately Rated Exposure Expenditures \_\_\_\_\_ 0

Net Operating Expenditures (Rating Base) \_\_\_\_\_ 0

Housing Projects \_\_\_\_\_  
Lakes / Dams / Reservoirs \_\_\_\_\_  
Nursing Home \_\_\_\_\_  
Penal Institutions \_\_\_\_\_  
Police \_\_\_\_\_  
Schools \_\_\_\_\_  
Utility - Electric \_\_\_\_\_  
Utility - Gas \_\_\_\_\_  
Utility - Water / Sewer \_\_\_\_\_  
Wharves / Piers / Docks / Marinas \_\_\_\_\_  
Zoos / Ski Facilities \_\_\_\_\_  
TOTAL EXPENDITURES \_\_\_\_\_ 0

6. Type Employees	ACCOUNTANTS	ARCHITECTS	ATTORNEYS	ENGINEERS	ALL OTHER	TOTAL
Full Time:	_____	_____	_____	_____	_____	0
Part Time:	_____	_____	_____	_____	_____	0
Total Employees:	0	0	0	0	0	0

7. Indicate elected (E) or appointed (A) officials:  
\_\_\_\_\_  
Mayor  
\_\_\_\_\_  
City Manager or Administrator  
\_\_\_\_\_  
City / County Clerk  
\_\_\_\_\_  
City Council Members  
\_\_\_\_\_  
President / Chair of County Commission  
\_\_\_\_\_  
County Commissioner / Supervisor  
\_\_\_\_\_  
Personnel Director

- 8. Have any of the following occurred within the past three years?
  - a. Have you had a strike, slowdown, or other employee disruption? \_\_\_\_\_
  - b. Has there been a layoff of employees or reductions in service? \_\_\_\_\_
  - c. Have there been any disputes or suits involving voting or voting rights violations? \_\_\_\_\_
  - d. Has any person, former employee, or job applicant made claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, or termination of employment? \_\_\_\_\_
- 9. Does your entity administer or act in a fiduciary capacity for any employment benefit or any self-insurance fund? \_\_\_\_\_
- 10. Does the Insured have a zoning commission? \_\_\_\_\_
- 11. Does your entity follow a formal, written procedure for employee disputes / complaints? \_\_\_\_\_
- 12. Does the Insured administer a centralized emergency dispatch system for other entities? \_\_\_\_\_  
If yes, please submit a copy of the current contract.

8) COMMENTS - PLEASE USE THIS AREA TO ELABORATE ON ANY INFORMATION PROVIDED ELSEWHERE IN THIS APPLICATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) FRAUD WARNING REQUIREMENTS

STATE	STATUTORY REFERENCE	POLICY APPLICATION WARNING STATEMENT
AL	NONE	
AK	NONE	
AZ	NONE	
AR	IC § 23-66-503	The following statement must be included on applications for insurance: <b>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</b>
CA	NONE	
CO	IC § 10-1-127	The following statement must be permanently affixed to all printed applications for insurance: <b>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.</b>
CT	NONE	
DE	NONE	
DC	IC § 22-3255.09	The following statement must be conspicuously included on all insurance application forms: <b>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.</b>
FL	IC § 817.234; Inf Bulletin 96-1	The following statement must be included on all application forms: <b>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.</b>
GA	NONE	
HI	IC § 431:10C-307.7	The following statement must be included on all motor vehicle application forms: <b>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.</b>
ID	NONE	
IL	NONE	
IN	NONE	
IA	NONE	
KS	NONE	
KY	IC § 304.47-030	The following statement must be included on all applications: <b>Any person who knowingly and with intent to defraud any insurance company or other 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.</b>
LA	IC R.S. § 40:1424	The following statement must either be permanently affixed to or included as part of all applications: <b>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.</b>
ME	IC 24-A § 2186	The following statement must be permanently affixed to all applications: <b>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 a denial of insurance benefits.</b>
MD	NONE	
MA	NONE	
MI	NONE	
MN	NONE	
MS	NONE	
MO	NONE	
MT	NONE	

NE	NONE	
NV	NONE	
NH	NONE	
NJ	NJAC § 11:16-1.2;N.J.S.A. 17:33A-6	The following statement must be prominently and clearly included on all application forms: <b>Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</b>
NM	IC § 59A-16C-8	The following statement must be permanently affixed to all applications for insurance: <b>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 CIVIL FINES AND CRIMINAL PENALTIES.</b>
NY	11 NYCRR 86.4	The following statement must be included on all insurance applications for commercial insurance and accident and health insurance <b>except</b> automobile insurance: <b>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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</b> The following statement must be included on all insurance applications for <b>automobile</b> insurance: <b>Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles, or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.</b>
NC	NONE	
ND	NONE	
OH	IC § 3999.21	The following statement must be included on or attached as an addendum to all applications for insurance: <b>Any person who, with intent to defraud or knowing that he 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.</b>
OK	IC 36 § 3613.1	The following statement must be included either on or attached as an addendum to every insurance policy or application: <b>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.</b>
OR	Bulletin 98-5	Warning statements are not mandatory, but may be included on applications. The following is the suggested language: <b>Any person who knowingly and with intent to defraud or solicit another to defraud an insurer; (1) by submitting an application, or (2) by filling a claim containing a false statement as to any material fact, may be violating state law.</b>
PA	75 Pa. C.S.A. § 1822	The following statement must be included on all applications for insurance: <b>Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.</b>
RI	NONE	
SC	NONE	
SD	NONE	
TN	IC § 56-47-112;IC § 56-53-111	The following statement must be permanently affixed to all applications for insurance: <b>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.</b>
TX	NONE	

UT	IC § 34-2-110 - Workers' Compensation ONLY	The following statement must be prominently displayed or printed on all applications for Workers' Compensation insurance: <b>Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.</b>
VT	NONE	
VA	RL § 52-40	The following statement must be permanently affixed to or included as part of all insurance applications: <b>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.</b>
WA	NONE	All applications for insurance must contain a statement, permanently affixed to the application, that clearly states in substance: <b>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.</b>
WV	NONE	
WI	NONE	
WY	NONE	

**COVERAGE NOTICE**

If this account meets our underwriting standards, liability coverage will be quoted as follows:

- \* Automobile Liability, General Liability and Law Enforcement Liability will be quoted on an OCCURRENCE basis.
- \* Public Officials' Errors and Omissions Liability will be quoted on a CLAIMS-MADE basis.

The information provided in this application and all schedules are true and correct to the best of my knowledge.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_