



## PUBLIC ENTITY APPLICATION (2017)

Date of Application: \_\_\_\_\_  
 Name of Entity: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Coverage Effective Date: \_\_\_\_\_

### I. LIABILITY INSURANCE

#### A. General Exposure Information

1. Number of Public Officials Elected: \_\_\_\_\_ Appointed: \_\_\_\_\_
2. Population Normal: \_\_\_\_\_ Seasonal: \_\_\_\_\_
3. Total Number of Employees: \_\_\_\_\_
4. Total Gross Payroll *(estimate coming year, incl. W-2 and 1099 payroll. Attach breakdown by major Workers' compensation class, if available):* \$ \_\_\_\_\_
5. Estimate of Independent Contractor Expenditure Amounts: \$ \_\_\_\_\_
6. Quasi Municipal Entities- *(identify ALL such entities and explain relationship to Municipality:)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Estimate of Total Operating Expenditures for Upcoming Year: \$ \_\_\_\_\_  
*Attach budget summary and attach those portions of current budget documents that clearly show the dollar amount reserved for the self-insured portion of liability or property claims. (claims adjustment costs to be shown separately).*
8. Current Moody's Bond Rating of Entity: \_\_\_\_\_
9. Has Entity ever been in default on principal or interest on any bond?  
 If yes, Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Self-Insured Retentions by Line of Business (if any): \$ \_\_\_\_\_ GL/AL \$ \_\_\_\_\_ WC \$ \_\_\_\_\_  
 EPL quotes for other options? If so, list \_\_\_\_\_  
 \_\_\_\_\_

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### B. Specific Exposure Information

Please identify if entity has exposure to any of the following. Provide description, inspection reports, and supplemental data where applicable

Exposure	2017	
<b>Airports</b> Town owned or operated? _____ Description: _____	Yes	No
<b>Amusement Parks</b> Town owned or operated? _____ Description: _____ Mechanical Amusement Devices: _____	Yes	No
<b>Auditorium, Arena, Conventions or Exhibition Center</b> Town owned or operated? _____ Description: _____ Square Footage/Capacity: _____	Yes	No
<b>Blasting Operations</b> Description: _____	Yes	No
<b>Dams, Levees, or Dikes</b> Description: _____ Number of Dams, Levees and Dikes _____ <small>Please Provide inspection reports:</small>	Yes	No
<b>Cemetery</b> Description: _____	Yes	No
<b>Chemical Spraying</b> Description: _____	Yes	No
<b>Day Care Center, Day Camp, or Nursery</b> Description (town owned/operated): _____ Number of Facilities: _____ Number of Children: _____	Yes	No
<b>Electric Utility</b> Description: _____ Supply Source      Generation      Distribution Total Payroll: \$_____	Yes	No
<b>EMT's Paramedics</b> Description: _____ # of Personnel: _____ # of Calls Per Year: _____	Yes	No
<b>Firefighters</b> Description: _____ Total Payroll: _____ # of Paid Personnel: _____ # of Volunteer Personnel: _____	Yes	No
<b>Fireworks (Entity Sponsored)</b> Description: _____ Number of Events / ear: _____	Yes	No

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Exposure	2017	
<b>Garbage/Refuse Collection</b> Description: _____ List of Customers: _____	Yes	No
<b>Gas Utility</b> Description: _____ Supply Source      Generation      Distribution	Yes	No
<b>Golf Courses</b> Town owned or operated? Description: _____ Number of Courses: _____ Total Sales/Receipts: _____	Yes	No
<b>Housing Projects (town owned/operated)</b> Description: _____	Yes	No
<b>Lakes or Reservoirs</b> Description: _____ # of Lakes, Reservoirs: _____ <i>Please provide inspection reports.</i>	Yes	No
<b>Law Enforcement, Jails or Detention Facilities</b> Town owned or operated? Description: _____ Total Payroll: \$ _____ # of Full-Time Officers/Jailers Carrying Firearms: _____ # of Part-Time Officers/Jailers Carrying Firearms: _____ # of All Other Dept. Personnel: _____ # of Jail/Holding Cells: _____ Average Length of Stay: _____ # of Police Canines: _____ <i>Please provide jail inspection reports</i>	Yes	No
<b>Landfills/Dump/Refuse or Incinerator Sites</b> Town owned or operated? Description: _____	Yes	No
<b>Medical Care Facilities (Clinics, Nursing Homes, Hospitals)</b> Town owned or operated? Description: _____ Number of Beds: _____ Number of Patients: _____	Yes	No
<b>Mowing Operations</b> Description: _____	Yes	No
<b>Parking Authority</b> Description: _____	Yes	No
<b>Parks &amp; Playgrounds (town owned)</b> Number and Description: _____	Yes	No
<b>Pistol Range (town owned or operated)</b> Description: _____	Yes	No

## PUBLIC ENTITY APPLICATION (2017)

Exposure	2017	
<b>Racetracks</b> Town owned or operated? Description: _____	Yes	No
<b>School/Colleges (Town Owned or Operated)</b> Description: _____	Yes	No
<b>Skating (Ice/Roller Skate/Blade/Skateboard)</b> Town owned or operated? _____ Description: _____	Yes Yes	No No
<b>Ski Facilities &amp; Similar Areas</b> Town owned or operated? Description: _____	Yes	No
<b>Special Events (Carnivals/Fairs/Parades/All Other)</b> Mechanical Amusement Devices? Description: _____ Number of Events Per Year: _____	Yes	No
<b>Stadiums, Bleachers, Grandstands</b> Town owned or operated? Description: _____ # with Capacity Over 5,000: _____ Total Capacity: _____	Yes	No
<b>Streets, Roads, Bridges</b> Description: _____ # of Miles Paved: _____ Unpaved: _____ Bridges- # and Span of Each: _____	Yes	No
<b>Swimming Pools</b> Description: _____ # of Swimming Pools: _____ # and Height of Diving Platforms: _____	Yes	No
<b>Wastewater (Sewer) Utility</b> Description: _____ Total Payroll: \$ _____	Yes	No
<b>Water Utility</b> Description: _____ Total Payroll: \$ _____	Yes	No
<b>Waterfront Exposures</b> Beaches- Total Miles: _____ Waterfront Properties- Description: _____ Boats- # of Town Owned/ Operated boats: _____ Piers/Docks- # of Town Owned/Operated Slips: _____ Marinas- # of Town Owned/Operated: _____	Yes	No
<b>Zoo</b> Town owned or operated? Description: _____	Yes	No

## PUBLIC ENTITY APPLICATION (2017)

1. Compliance with Regulations	2017	
Has the entity or premises, operations, or departments within it's control (e.g., utilities, jail, dams, etc.) ever been cited or fined for non-compliance with local state or federal guidelines or laws? <i>if yes, please attach description.</i>	Yes	No
2. Policies and Procedures	2017	
<i>Please advise if the entity has written policies and procedures for the following exposures or operations:</i>		
Formal policies prohibiting harassment and wrongdoing in the workplace?	Yes	No
<b>Employment Handbook</b> Is it updated regularly? Is it reviewed by a labor relations attorney? Are all employees required to sign for the handbook?	Yes Yes Yes Yes	No No No No
<b>Employee Practice Manual</b> Employee hiring and termination procedures? Dispute or grievance procedures?	Yes Yes Yes	No No No
<b>Employment/Supervisor Training</b> Discrimination training? Employee and termination of employees? Harassment: • Is training mandatory for all managers and supervisors? • Does the municipality have an informal and formal complaint structure for employees?	Yes Yes Yes Yes Yes Yes	No No No No No No
<b>Law Enforcement</b> Hiring/screening procedures (criminal investigation, psychological testing, reference check, etc.)? Minimum education requirements (HS, college, etc.)? Operation manual (use of deadly force, "hot pursuit", domestic violence, etc.)? Jail operations (intake procedures, suicide prevention, separation of juveniles, inmate monitoring)? <b>Dept. Accreditation:</b> CALEA? NJ Association of Police Chiefs? NJLEAP?	Yes Yes Yes Yes Yes Yes Yes	No No No No No No No
3. Legal Counsel	2017	
Does the entity attorney review all policies and procedures manuals on a regular basis?	Yes	No
Is entity attorney consulted prior to any decisions to terminate employment?	Yes	No
Does entity attorney attend all meetings of planning and zoning board?	Yes	No

## PUBLIC ENTITY APPLICATION (2017)

4. History	2017	
Have any of the following occurred within the last five years? <i>If yes, please provide a detailed narrative.</i>		
• Grand jury investigations or indictments of any public officials?	Yes	No
• Claim by an person, former employees, volunteer, or job applicant alleging unfair or improper treatment regarding hiring remuneration, advancement, or termination?	Yes	No
• Claim by any person, former employees, volunteer, or job applicant alleging discrimination or violation of civil rights including sexual or the Americans with Disabilities Act (ADA)?	Yes	No
• Claim by an person or organization for zoning , eminent domain, inverse condemnation, or denial of license?	Yes	No

### D. Automobiles

A. Provide a current VEHICLE SCHEDULE- of all owned or leased vehicles.

B. Provide the total numbers by type of vehicle on the schedule:

Police Private Passenger: \_\_\_\_\_

Fire Dept. Private Passenger: \_\_\_\_\_

Other Private Passenger: \_\_\_\_\_

Ambulance/Rescue: \_\_\_\_\_

Fire Trucks: \_\_\_\_\_

Light Commercial Pickups or Vans: \_\_\_\_\_

Medium Commercial Trucks: \_\_\_\_\_

Heavy Commercial Refuse Trucks: \_\_\_\_\_

Heavy Commercial Trucks: \_\_\_\_\_

Extra Heavy Trucks: \_\_\_\_\_

Buses- Up to 40 Passenger Capacity: \_\_\_\_\_

Buses- Over 40 Passenger Capacity: \_\_\_\_\_

Motorcycles: \_\_\_\_\_

Trailers (excludes stationary trailers): \_\_\_\_\_

C. Provide a current VEHICLE SCHEDULE- all owned or leased vehicles.

Yes

No

*if yes , please describe.*

## PUBLIC ENTITY APPLICATION (2017)

### II. PROPERTY

A. Provide a current Statement of Values, as needed for:

*All owned and leased buildings, personal property; equipment (inland marine), and vehicle values.*

B. Has a property appraisal been conducted in the last three years? Yes      No

Date of Last Appraisal(s): \_\_\_\_\_

### III. CLAIMS

A. Public Entity's Risk Manager: \_\_\_\_\_

B. Name of Outside Claims Servicing/Handling Organization: \_\_\_\_\_

Other TPA: \_\_\_\_\_

Address: \_\_\_\_\_

C. Provide loss runs, for years 2006 through 2016 (valued within last 60 days), summarized by insurance line, using a format as shown below:

Year	Number of Claims	Paid	Reserved	Total	Valuation Date

D. Please provide the information requested below for claims for past six years, paid or reserved at more than \$25,000 (attach separate pages if necessary):

Date of Occurrence Paid	Reserved	Total	Description



## PUBLIC ENTITY APPLICATION (2017)

### IV. ATTESTATION (required)

It is represented that the information contained herein is true and that it shall be the basis of the policy of insurance, should any insurer evidence its acceptance of the application by issuance of a policy.

I/We hereby grant authorization for the release of all claim information from any prior insurer or administrator to the excess insurance carrier.

### Entity's Authorized Representative:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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



## PUBLIC ENTITY APPLICATION (2017)

### Commercial Crime Policy for a Governmental Entity

#### Application

Name: \_\_\_\_\_ SIC Code: \_\_\_\_\_ Agent: \_\_\_\_\_  
(if more than one insured, please attach a list) \_\_\_\_\_ Agent Code: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Predominant Business Activity: \_\_\_\_\_

Annual Tax Receipts \_\_\_\_\_ Policy Term: Annual 2 Years 3 Years 4 Years

Billing: Installment Prepaid

Is your organization a: State County City Town Township Village Borough School System  
or other political subdivision? \_\_\_\_\_

#### DESIRED COVERAGE

#### LIMITS OF LIABILITY

Coverage For O or P : Employee Dishonesty \$ \_\_\_\_\_  
Coverage Form B: Forgery or Alteration \$ \_\_\_\_\_  
Coverage Form C: Theft, Disappearance, Destruction (Money and Securities) \$ \_\_\_\_\_  
Coverage Form D: Robbery and Safe Burglary \$ \_\_\_\_\_  
Coverage Form F: Computer Fraud \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_  
Prior Insurer: \_\_\_\_\_ Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

Is Faithful Performance a Duty of Coverage desired? Yes No

List any department, board, commission or sub- entry that carries its own separate bond or policy and, if applicable, list an other entity that should be excludcd from this policy: \_\_\_\_\_

Do your statutes/ordinances allow the Public Employee Dishonesty Coverage to include coverage for the following positions? Check all that apply: Treasurers Tax Collectors Other positions previously bonded separately  
If checked, please cite statutory provision and identify the other positions by name. \_\_\_\_\_

If an Obligee other than the Named Insured needs to be indemnified under this insurance, please provide the name and address of the Obligee: \_\_\_\_\_

#### LOSS EXPERIENCE

List all crime losses sustained during the last three years whether reimbursed or not. Check here if none  
Date of loss \_\_\_\_\_ Total Amount of Loss \_\_\_\_\_ Description of Loss and Corrective Action \_\_\_\_\_

Total # of Employees: \_\_\_\_\_ # of Police Dept Employees: \_\_\_\_\_ # of Fire Dept. Employees: \_\_\_\_\_  
Locations (other than main office) \_\_\_\_\_

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Entities that practice segregation of duties and perform background checks on new employees have a better opportunity to either prevent or detect employee dishonesty. Segregation of duties means that no single employee can control a process or transaction from beginning to end.

1. Do employees who reconcile the bank statement also:

Make deposits?      Yes          No      Make withdrawals?      Yes          No      Sign checks?      Yes          No

2. Is there an independent audit by a CPA, public accountant or equivalent?      Yes          No

If yes, date of the last audit completed \_\_\_\_\_.

3. Is the audit rendered to a regulatory authority?      Yes          No

4. Were any discrepancies or loose practices commented upon in the audit?      Yes          No

5. Is there an Internal Audit Department under the control of an employee who is a public accountant or equivalent?

Yes          No      If yes, to whom are the reports rendered? \_\_\_\_\_.

Are all locations audited?      Yes          No

Please indicate maximum exposure for each location:

Location	Cash	Retail Checks	Credit Card Re- ceipts & Non- Retail Checks*	Is there a Safe?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

\* A non-retail check is a check presented to you and immediately endorsed "for deposit only" and then recorded in your accounting process so that it could be recreated if it were stolen, lost or destroyed

If excess limits of insurance are desired on any of your employees on either a name schedule or position schedule basis, complete the following:

Name of Covered Employee	Titles of Covered Positions	Location of Covered Positions	Excess Limit of No. of Employees Each position	Insurance - Each Employee

Is faithful Performance of Duty coverage required on the employees or positions listed above?      Yes          No

Note: Persons required by law to be individually bonded and treasurers or tax collectors by whatever title known are automatically excluded from coverage under Coverage Forms O and P.

**Attention: Insureds in KY**

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.

Date

Signature (required)

Title