

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

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| Exposure | 2017 | |
|---|----------------|--------------|
| Garbage/Refuse Collection Description: _____ List of Customers: _____ | Yes | No |
| Gas Utility Description: _____ Supply Source Generation Distribution | Yes | No |
| Golf Courses Town owned or operated? Description: _____ Number of Courses: _____ Total Sales/Receipts: _____ | Yes | No |
| Housing Projects (town owned/operated) Description: _____ | Yes | No |
| Lakes or Reservoirs Description: _____ # of Lakes, Reservoirs: _____ <i>Please provide inspection reports.</i> | Yes | No |
| Law Enforcement, Jails or Detention Facilities 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 Yes | No No |
| Landfills/Dump/Refuse or Incinerator Sites Town owned or operated? Description: _____ | Yes Yes | No No |
| Medical Care Facilities (Clinics, Nursing Homes, Hospitals) Town owned or operated? Description: _____ Number of Beds: _____ Number of Patients: _____ | Yes Yes | No No |
| Mowing Operations Description: _____ | Yes | No |
| Parking Authority Description: _____ | Yes | No |
| Parks & Playgrounds (town owned) Number and Description: _____ | Yes | No |
| Pistol Range (town owned or operated) Description: _____ | Yes | No |

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

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| 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 |
| Employment Handbook 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 |
| Employee Practice Manual Employee hiring and termination procedures? Dispute or grievance procedures? | Yes Yes Yes | No No No |
| Employment/Supervisor Training 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 | No No No No No |
| Law Enforcement 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)? Dept. Accreditation: 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 |

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| 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.

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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 |
|-------------------------|----------|-------|-------------|
| | | | |
| | | | |
| | | | |
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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 excused 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 Receipts & Non-Retail Checks* | Is there a Safe? |
|----------|------|---------------|---|------------------|
| | | | | 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