



Return application to:
 CB Malaga Insurance Services LLC
 tel: 877-245-5887
 fax: 805-426-8540
 email: info@cbspecialty.com

ACE Municipal AdvantageSM Public Entity Liability Application

NOTICE

The Policy for which you are applying is written on a claims-made and reported basis. Only claims first made against the Insured and reported to the Company during the Policy Period are covered subject to the Policy Provisions.

The Limits of Liability stated in the Policy are reduced, and may be exhausted, by Claims Expenses. Claims Expenses are also applied against your Retention, if any. If you have any questions about coverage, please discuss them with your insurance agent.

INSTRUCTIONS

Please type or print all answers clearly. Answer all questions completely, leaving no blanks. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. If any questions, or any part thereof, do not apply, print N/A in the space. Insert checks in Yes or No answer boxes, if any. This application must be completed, signed, and dated by an authorized officer of your firm. Underwriters will rely on all statements made in this application.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Company under any Policy of a claim or potential claim. All such notices must be submitted to the Company pursuant to the terms of the Policy, if and when issued.

Please attach copies of the following:

- Audited Financial Statement or Budget for the most recent available fiscal year, if the applicant has more than \$500,000,000 in Annual Budget
- Minimum of last 3 years of liability claim loss runs (5 years desired)
- Current Employee Handbook including procedures on sexual harassment, discrimination and employee grievances, if the applicant has more than 1,500 full-time and part-time employees
- Copy of the **Public Entity's** Employment Termination procedures, if the applicant has more than 1,500 full-time and part-time employees

1. Name of **Public Entity**: _____ Year Established: _____

2. Principal Address: _____

City: _____ State: _____ Zip: _____

Public Entity's Website www. _____

3. Do you have a Full Time Risk Manager? Yes No

Name of Risk Manager: _____ Phone Number: _____

GENERAL INFORMATION:

4. Type of **Public Entity**: Town City County State

Special District Authority or Commission (Please indicate):

Water/Sewer Utility (Gas/Electric/Cable) Development/Finance Authority

Port Authority Transit Authority Housing Authority

Airport Sports/Convention Center Parks Department

5. Population Trends: Please provide Population information:

	CURRENT YEAR	PRIOR YEAR	2 ND PRIOR YEAR
Population of Municipality			

Seasonal increase in population? Yes No ____%

6. Budget and Employment information for the **Public Entity**.

a. Please provide the annual budget and employee count of the **Public Entity**.

Please do not include that portion of the Annual Budget that is allocated to any of the following entities: schools, hospitals, clinics, nursing homes or other health care operations, jails or detention facilities, law enforcement agencies or fire fighting authorities.

Public Entity	Current Annual Revenue/Budget	Number of Employees	
		Full Time	Part Time
	\$		

b. If coverage is desired for any of the operations listed below, please provide the Budget and Employment information as requested.

Please note: Coverage for any of these operations is subject to the review and acceptance by the underwriter and will be provided by endorsement only

Public Entity	Current Annual Revenue/Budget	Number of Employees	
		Full Time	Part Time
Schools	\$		
Health Care Operations (hospitals, clinics, nursing homes, etc.)	\$		
Jails or detention facilities	\$		
Law enforcement agencies	\$		
Fire fighting authorities	\$		

7. Does the **Public Entity** employ any of the following professional staff:

Lawyers Yes No Total Number _____
 Accountants Yes No Total Number _____
 Architects/Engineers Yes No Total Number _____

FINANCIAL INFORMATION:

Please provide the following information. *If "Yes" to any question below, or if the applicant has budget deficits in the past three years, please explain on a separate attachment.*

8. a) Indicate fiscal year end date: _____

b) Please provide a budget figure for the current and prior two fiscal years:

	CURRENT YEAR	PRIOR YEAR	2 ND PRIOR YEAR
Revenues			
Expenditures			
Outstanding Bond Issues			
Budget Surplus (Deficit)			

c) Has any State or Federal funding (aid) been eliminated in the past year? Yes No

d) Does the Public Entity anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years? Yes No

e) Has the Public Entity been in default on principal or interest on any bond? Yes No

9. Please indicate if the **Public Entity's** bonds are rated (check all that apply) and their ratings from each agency:

Rating	Rating	Rating
<input type="checkbox"/> Moody's	<input type="checkbox"/> Standard & Poor's	<input type="checkbox"/> Fitch

PUBLIC ENTITY OPERATIONS

If the answer is "Yes" to any question below, please attach details on a separate piece of paper

10. Are the **Public Entity's** board, council or commission members elected or appointed? Elected
 Appointed
- a) If ELECTED, are they elected via: Single Member District At Large Combination of Both
- b) If APPOINTED, by whom? _____
-
11. Have any of the following occurred within the past five years:
- a) Strike, slowdown or other disruption by employees? Yes No
- b) Protests or civil commotion related to **Public Entity's** operations or activities? Yes No
- c) Disputes involving integration, segregation, discrimination, or violation of civil rights? Yes No
- d) Grand jury investigations, recall proceedings or indictments of any elected or appointed officials? Yes No
12. Does the **Public Entity**:
- a) Have zoning provisions that require a public hearing for zoning changes? Yes No
- b) Have a policy and process which prohibits zoning board members from voting on actions which may conflict with their own business or investment interests? Yes No
- c) Have a disaster planning document in place for both natural disasters and terrorist acts? Yes No
- d) Award any jobs or projects under sole source or "no-bid" contracts? Yes No
- e) Operate, license and/or regulate any child or elder care facilities, family child care or foster care homes, child adoption services, child welfare services or public housing? Yes No
13. Does the **Public Entity's** vendor contracting review process include the following:
- a) Use of hold harmless provisions in all contracts? Yes No
- b) Use of Indemnification provisions? Yes No
- c) Transfer of liability to services provider under contract with the applicant Yes No
- d) Attorney attendance and written documentation of meetings Yes No
- e) Minority vendor hiring policy Yes No

EMPLOYMENT PRACTICES

If the answer is "No" to any question below, please attach details on a separate piece of paper

Does the **Public Entity**:

- 14. Have a Human Resources or Personnel Department? Yes No
- 15. Use a uniform employment application for all applicants at all locations? Yes No
- 16. Have a formal orientation program for all new **Employees**? Yes No
- 17. Regularly conduct sensitivity training or other discrimination or sexual harassment prevention education? Yes No
- 18. Provide regular written performance evaluations for all **Employees**? Yes No
- 19. Use an "800" number, intranet or similar method for the reporting of allegations of employment practices violations? Yes No
- 20. Have a formal out-placement program which assists terminated or laid off employees in finding other jobs? Yes No
- 21. Require mandatory arbitration of employment and labor related claims? Yes No
- 22. Require terminations to be reviewed by the following:
 - Human Resources Department? Yes No
 - Legal Department? Yes No
 - Outside Counsel? Yes No
- 23. Publish and distribute a uniform employment handbook? Yes No

Please indicate whether the **Public Entity** has adopted the following policies and if the policy is in the Employee Handbook:

	<u>Adopted</u>	<u>In Employee Handbook</u>
EEO Statement	<input type="checkbox"/>	<input type="checkbox"/>
At-will Statement	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Harassment Policy/Procedure	<input type="checkbox"/>	<input type="checkbox"/>
Progressive Discipline	<input type="checkbox"/>	<input type="checkbox"/>
FMLA Policy	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy Leave Policy	<input type="checkbox"/>	<input type="checkbox"/>
Grievance Procedures	<input type="checkbox"/>	<input type="checkbox"/>
ADA Policy Requiring Reasonable Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Minority Hiring Policy	<input type="checkbox"/>	<input type="checkbox"/>
Union Hiring Policy	<input type="checkbox"/>	<input type="checkbox"/>
Email and Voicemail Use	<input type="checkbox"/>	<input type="checkbox"/>
Retention of Computer Data, Emails and Voicemail	<input type="checkbox"/>	<input type="checkbox"/>

- 24. If a *California Public Entity*, does the **Public Entity** Provide to its supervisory employees in that location(s), two hours of classroom or other interactive training and education regarding sexual harassment at least once every two years? Yes No

Regarding Third Party Liability exposure, does the **Public Entity**:

- 25. Have policies or procedures outlining **Employee** conduct when interacting with customers, clients, the general public or other third parties? Yes No
- 26. Have policies or procedures for dealing with complaints from customers, clients or third parties for issues involving harassment or discrimination? Yes No
- 27. Provide formal diversity or cultural sensitivity training for employees who interact with customers, clients or the general public? Yes No

28. Has a customer, client or third party ever submitted a written complaint or brought a civil proceeding against a proposed Insured alleging harassment, discrimination, or civil rights violations? Yes No

If "Yes", please attach details on a separate piece of paper

CLAIMS INFORMATION:

29. Has there been, or is there now pending, any **Claim(s)** against any proposed **Insured**? Yes No
30. Does any proposed **Insured** have knowledge or information of any act, error, omission, fact, circumstance, inquiry or formal or in-formal investigation which might give rise to a **Claim** under the proposed **Policy**? Yes No
31. Does any proposed **Insured** have knowledge or information of any threatened claim which might give rise to a **Claim** under the proposed **Policy**? Yes No
32. During the last 3 years have any of the **Insureds** been involved in any administrative proceedings before the Equal Employment Opportunity Commission, the U.S. Department of Labor, including the Office of Federal Contract Compliance Programs, or any state or local government agency whose purpose is to address employment-related claims? Yes No
33. Have any **Insureds** ever been the subject of a disciplinary action or required to comply with any judicial or administrative agreement, order, decree or judgment? Yes No

If "Yes" to any of Questions 29-33 please attach a detailed explanation including date of event, claimant, nature of matter, defense costs, indemnity amount, reserve amount and current status for each claim, matter, event, notice or circumstance.

It is agreed that with respect to questions 29-33 above, if such **Claim**, knowledge, information, proceeding, agreement, investigation, matter, order, decree or judgment exists, any **Claim** arising therefrom is excluded from the proposed coverage and will not be covered for **Claims Expenses**, indemnity, or **Loss** under any **Policy** issued.

CURRENT INSURANCE INFORMATION

34. Please provide Public Officials Liability and Employment Practices Liability policy information:

LAST 5 YEARS	PROFESSIONAL LIABILITY CARRIER	LIMITS	DEDUCTIBLE / RETENTION	PREMIUM
Current Year				
Prior Year				
2 nd Prior Yr				
3 rd Prior Yr				
4 th Prior Yr				

35. Current general liability carrier and limits: _____
36. Current Law Enforcement/Police Professional Liability insurance carrier and limits: _____

FRAUD WARNING STATEMENTS

NOTICE TO ARKANSAS, LOUISIANA AND RHODE ISLAND APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO TENNESSEE AND WASHINGTON APPLICANTS: 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.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT, ON BEHALF OF ALL PROPOSED INSURED, WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT, ITS SUBSIDIARIES, AND THEIR OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED, OMITTED, SUPPRESSED, CONCEALED, OR MISREPRESENTED IN THIS APPLICATION OR ITS ATTACHMENTS . THE APPLICANT UNDERSTANDS AND AGREES THAT IF, AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION AND ATTACHMENTS, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE INSURANCE MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT UNDERSTANDS AND AGREES THAT THE COMPANY, IN PROPOSING TO PROVIDE INSURANCE, HAS RELIED ON THIS APPLICATION AND ALL ATTACHMENTS, AND THAT THIS APPLICATION AND ALL ATTACHMENTS, ARE (1) MATERIAL AND THE BASIS OF THE CONTRACT WITH THE COMPANY, AND (2) DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

THE UNDERSIGNED OFFICER OF THE APPLICANT CERTIFIES AND WARRANTS THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT AND ITS SUBSIDIARIES.

Applicant's Signature:

_____ (Must be signed by an Officer of the Applicant)

_____ Print Name and Title

_____/_____/_____
Date (Mo./Day/Yr.)

FOR IOWA APPLICANTS ONLY:

Broker: _____

Address: _____

FOR MISSOURI APPLICANTS ONLY:

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT THE POLICY FOR WHICH IT IS APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE THE POLICY'S LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, THE APPLICANT SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Applicant's Signature:

(Must be signed by an Officer of the Applicant)

Print Name and Title

_____/_____/_____
Date (Mo./Day/Yr.)