

Member Companies of American International Group, Inc.



PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES APPLICATION

Name of Insurance Company To Which Application is Made

 Name of Insurance Company to which Application is made (herein called the "Insurer"*)

NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. FURTHER NOTE THAT THE DEDUCTIBLE FOR THIS POLICY SHALL APPLY TO BOTH DAMAGES AND DEFENSE COSTS. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

INSTRUCTIONS

"Public Entity," "You," "Your" or "Applicant" refer individually and collectively to the Applicant, persons, entities, and the authorized agent of all person(s) and entity(ies), proposed for this insurance. Some sections of the Application may not apply to the Public Entity. If this is the case, please mark "not applicable" (N/A). In the event You need more space to fully answer a question, please attach separate sheet(s) to this Application with Your full answer and indicate the question number to which You are responding.

This Application must be signed and dated by either (a) the highest ranking elected or appointed member of the board of the Applicant (b) the business manager or risk manager of the Applicant, or (c) the Treasurer or Comptroller of the Applicant.

I. GENERAL INFORMATION

1. Legal Name of Public Entity: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____
 Internet Web Page address: <http://www>. _____

2.

| Type of Public Entity | Check all that apply |
|---|--------------------------|
| (A) Local Government (city, county, village, township, etc) | <input type="checkbox"/> |
| (B) Special District | |
| Port Authority (Air or Water) | <input type="checkbox"/> |
| Housing Authority | <input type="checkbox"/> |

* If this blank is not completed "Insurer" shall mean the insurer that issues the policy to the Applicant based on this Application.

| Type of Public Entity (continued) | Check all that apply |
|---|--------------------------|
| Transit Authority | <input type="checkbox"/> |
| Utility (Electricity, Gas, Cable, etc) | <input type="checkbox"/> |
| Water/Sewer Authority | <input type="checkbox"/> |
| Development / Finance Authority | <input type="checkbox"/> |
| Sports/Convention Center/Parks Department | <input type="checkbox"/> |
| (C) Other <i>Describe in Detail Below</i> | <input type="checkbox"/> |
| _____ | |
| _____ | |

3. Public Entity was created in _____ (Year)
4. (a) Present population: _____ Change from three (3) years ago _____ %
 (b) Name of largest city: _____ Population of largest city _____
5. (a) How many board members are: Elected? _____ Appointed? _____
 (b) If board members are elected, are they elected via: Single member district?
 At large?
 Combination of both?
- If board members are appointed, who are they appointed by? _____

II. FINANCIAL INFORMATION

6. Fiscal Year _____
- Figures shown below are to include the totals from the Public Entity and all component units (if applicable) as indicated in Question 2.

| | Current | Prior | Projected |
|--------------------|---------|-------|-----------|
| Total Revenues | | | |
| Total Expenditures | | | |
| Surplus/Deficit | | | |

Total accumulated surplus or deficit \$ _____

If a deficit exists, what steps are being taken to eliminate it? _____

PLEASE ATTACH A COPY OF YOUR MOST RECENT COMPREHENSIVE ANNUAL FINANCIAL REPORT

7. Does the Public Entity anticipate any special projects which will result in a substantial budget increase or decrease in the next three (3) years?

8. (a) Total amount of outstanding bonds \$ _____

(b) Latest Moody's, Standard and Poor's and/or Fitch's bond rating: _____

If the bonds are not rated, please explain: _____

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

If "yes," provide details. _____

(d) Please include a copy of the Bond Offering Statement or prospectus for all bonds issued in the past year.

9. Are all investments made by or on behalf of the Public Entity rated at or above Baa by Moody's Investors Services or BBB by Standard & Poor's Corporation? Yes No

If "no," please attach the most current investment portfolio.

III. OPERATIONS

10. Does the authority of the Public Entity cover any of the operations listed below? Yes No

If so, indicate the total amount of current year expenditures from Question 6. allocated to each operation:

| <u>Covered Operation</u> | <u>Current Year Expenditures included in Question 6.</u> | | <u>Current Year Expenditures</u> | <u>Check here if coverage is requested *</u> |
|--|--|-----------------------------|----------------------------------|--|
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| (a) Port Authority | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| (b) Housing Authority | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| (c) Transit Authority | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| (d) Utilities | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| (e) Water/Sewer Authority | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| (f) Hospital, clinic, nursing home or other health care operations | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | N/A |
| (g) School | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | N/A |
| (h) Jails or detention facilities | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | N/A |

| <u>Covered Operation</u> | <u>Current Year Expenditures included in Question 6</u> | | <u>Current Year Expenditures</u> | <u>Check here if coverage is requested</u> |
|---|---|-----------------------------|----------------------------------|--|
| (i) Law enforcement agencies, including security and related operations | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | N/A |
| (j) Fire fighting authorities | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$ _____ | N/A |

*** NOTE:** COVERAGE IS NOT PROVIDED FOR THE ABOVE UNLESS SPECIFICALLY INDICATED ON THE DECLARATIONS OR BY ENDORSEMENT TO THE POLICY. REQUESTING COVERAGE FOR THESE OPERATIONS DOES NOT NECESSARILY MEAN IT WILL BE GRANTED. NOTE ALSO THAT WHERE INDICATED ABOVE AS "N/A" THERE IS NO COVERAGE UNDER THE POLICY.

11. Have any of the following situations occurred within the Public Entity during the last five (5) years
- (a) Strike, slowdown or other disruption by employees? Yes No
 - (b) Disputes involving integration, segregation, discrimination or violation of civil rights? Yes No
 - (c) Grand jury investigations, recall proceedings or indictments of any elected or appointed officials? Yes No

If "yes," to any of the foregoing please attach full details on a separate sheet of paper.

IV. EMPLOYMENT PRACTICES

12. Staff Size
- (a) Total number of employees including elected and appointed board members: _____
 - (b) Number of law enforcement agency personnel, including security and related operations personnel currently employed: _____
 - (c) Number of fire fighting authority personnel currently employed: _____
 - (d) Number of jail or detention facility personnel currently employed: _____
 - (e) Number of hospital, clinic, nursing home or other health care operations personnel currently employed: _____
 - (f) Total number of volunteers: _____
13. Number of elected/appointed officials or employees who are:
- Attorneys _____ Accountants _____
- Architects _____ Engineers _____
- Is Professional Liability Insurance purchased for these individuals? Yes No

14. Does the Public Entity have a Human Resources Department?
 Yes Number of employees in the Human Resources Department: _____
 No Explain how this function is handled: _____
15. Does the Public Entity have a written human resources manual? Yes No
 If "no," please explain what guidelines are followed: _____

16. (a) Does the Public Entity anticipate any reduction in staff in the next twelve (12) months? Yes No
 (b) Has the Public Entity had any reduction in staff in the last twelve (12) months? Yes No
 If "yes," explain: _____
 (c) Has any employee of the Public Entity been suspended, demoted, dismissed, transferred or had a contract of
 employment non-renewed within the last twelve (12) months? Yes No
 If "yes," explain: _____
17. How many employees have resigned, been terminated (with or without cause) or retired?
 Current Year: Employees _____ Elected/Appointed Officials _____
 Prior Year: Employees _____ Elected/Appointed Officials _____
18. Has any employee or elected/appointed official of the Public Entity made allegations of unfair or improper
 treatment regarding hiring, remuneration, advancement or termination of employment? Yes No
 If "yes," explain: _____
19. Does the Public Entity:
- (a) Use an employment application for all of your applicants for hire? Yes No
 (b) Use any tests to screen applicants for employment or to promote employees? Yes No
 (c) Have a formal orientation program for all new employees? Yes No
 (d) Publish an employment handbook? Yes No
 If "yes," do you distribute to all employees? Yes No
 (e) Provide regular, written performance evaluations for all employees? Yes No
 (f) Have a formally implemented and adopted anti-sexual harassment policy? Yes No
 If "yes," is it distributed annually to all workers? Yes No
 (g) Have a written procedure for handling employee complaints of discrimination and sexual harassment? Yes No
 (h) Have a policy on AIDS or on assisting employees with life-threatening or communicable diseases? Yes No
 (i) Have a policy on accommodating the disabled as required by the Americans with Disabilities Act? Yes No
 (j) Comply with the Family Medical Leave Act? Yes No

20. Does the Public Entity require terminations to be reviewed by its:
 Human Resources department? Yes No
 Legal department? Yes No
 Outside counsel? Yes No
21. Does the Public Entity have a formal out-placement program which assists terminated or laid off employees in finding other jobs? Yes No
22. Does the Public Entity conduct exit interviews? Yes No

V. INSURANCE AND LOSS HISTORY

23. Does the Public Entity presently carry Public Officials Liability insurance or similar insurance? Yes No
 Name of Company _____ Expiration Date _____
 Limits _____ Deductible _____ Premium _____
24. Does the Public Entity presently carry Employment Practices Liability insurance? Yes No
 Name of Company _____ Expiration Date _____
 Limits _____ Deductible _____ Premium _____
25. Name of primary General Liability Insurance carrier _____
 Name of Law Enforcement/Police Professional Liability Insurance carrier _____
26. Has any similar Public Officials or Employment Practices Liability insurance ever been declined, cancelled or non-renewed
(MISSOURI APPLICANTS NEED NOT REPLY)? Yes No
 If "yes," please attach explanation.
27. List all Public Officials and Employment Practices Liability claims made against the Public Entity or any other proposed Insured(s) during the past five (5) years.

No claims made during the past five (5) years.

| <u>Date of Claim</u> | <u>Claimant</u> | <u>Nature of Claim</u> | <u>Defense Costs</u> | <u>Indemnity Amount.</u> | <u>Reserve, if open</u> | <u>Current Status</u> |
|----------------------|-----------------|------------------------|----------------------|--------------------------|-------------------------|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

28. Limit of Liability Requested (Aggregate) \$500,000 \$4,000,000
 \$1,000,000 \$5,000,000
 \$2,000,000
 \$3,000,000 Other _____

29. Deductible requested (Each Wrongful Act/Employment Practices Violations):
 \$5,000 \$50,000
 \$10,000 \$100,000
 \$25,000 Other _____

NOTE: A MINIMUM DEDUCTIBLE FOR EMPLOYMENT PRACTICES VIOLATION WRONGFUL ACTS MAY APPLY.

30. Does any prospective Insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim made against the Insured or the Public Entity? Yes No
 If "yes," please attach explanation.

VI. LEGAL NOTICE AND SIGNATURES

BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HER/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS APPLICATION OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD INSURER ISSUE A POLICY, APPLICANT AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE FRAUD DISCLOSURES:

NOTICE TO ARKANSAS AND 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 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 AUTHORITIES.

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 FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA 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 MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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 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 OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA 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.

The undersigned is a duly authorized representative of the Applicant and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Signed: _____
(Duly authorized representative, by and on behalf of the Applicant)

Date: _____

Title: _____
(must be signed by an authorized officer)

Attest: _____
(Duly authorized representative, by and on behalf of the Applicant)

Producer: _____

License Number: _____

Address: _____

