

Governmental Alternative Solutions
Public Officials Liability / Employment Practices Liability

General Information:

Insured Name:		
Mailing Address:		
Primary Contact:	Phone Number:	E-Mail Address:
Risk Manager:	Phone Number:	E-Mail Address:
Human Resource Contact:	Phone Number:	E-Mail Address:
Legal name of entity:		
Street Address:		
City:	State:	Zip Code:
County:		
Year entity established:		
Has any insurance for the applicant been cancelled or non-renewed in the last 5 years?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Current Coverage:	Carrier	Limits	Retention	Occurrence or Claims-Made	Retro Date for Claims-Made	Expiring Premium
Public Officials Liability						
Employment Practices Liability						

Desired Coverage:	Limits	Retention	Occurrence or Claims-Made	Retro Date for Claims-Made	Expiring Premium
Public Officials Liability					
Employment Practices Liability					

Public Officials Liability

Year	Total Revenue	Total Gross Expenses	Accumulated Surplus or Deficit
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

What is the Bond Rating of the Entity?	Fitch:	Moody's:	Standard & Poor's:
Please provide a complete list of the Entity's Boards, Commissions, Committees, and Other Affiliated Organizations:			
Current Population of Entity:			
Please provide a current Comprehensive Annual Financial Report (CAFR) and a current budget for the applicant.			

Policies and Procedures

Does the entity have a written Policies and Procedures Manual for all its Activities?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the entity have legal counsel regularly review the manual?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant distribute the manual to all officials, managers and employees?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant provide training on the manual for all new officials and managers?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do all officials and managers receive training when changes are made to the Manual?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does entity have policies and procedures for the following operational functions:	Adopting an Annual Budget:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Powers of the board/council/commission:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Duties and Powers of the Mayor/Executive:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Open Meetings:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Closed Session:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Ordinances & Resolutions:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Appointment Process for Boards/Commissions:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Policies and Procedures (continued)

Does entity have policies and procedures for the following operational functions:	Provisions for Attorney & His Role:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Newly Elected Officials:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Special Districts:	N/A: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Is the Procedure Manual reviewed by Counsel?	Bi-annually: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Closed Session:	Annually: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Are all updates and changes reviewed by counsel?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Planning / Zoning

Does the entity have formal written zoning procedures and a zoning appeal process?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do planning and zoning officials receive training regarding "open meeting" and hearing regulations?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the entity have a written master plan for development?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Disputes / Claims

Within last 5 years have any of the following occurred:	Any formal investigations of the activities of any official or employee?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes, please provide details:	
	Any Grand Jury investigations into activities of any official or employee?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes, please provide details:	
	Indictment of any official or employee:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes, please provide details:	
	Any disputes or claims involving appropriation or condemnation of property?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes, please provide details:	
	Any disputes or claims alleging wrongful granting or refusal to grant zoning changes, or similar requests or allowances?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes, please provide details:	
	Any disputes or claims alleging wrongful granting or refusal to grant permits issued by the entity?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes, please provide details:	
	Any disputes or claims alleging wrongful approval or refusal to grant building designs, or specifications?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes, please provide details:	
	Any disputes involving integration, segregation, discrimination of Civil Rights:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please provide details:		

EMPLOYMENT PRACTICES LIABILITY

Employee Information

Please provide the number of employees:	Full Time:	Part Time:	Seasonal:
What was the annual employee turnover rate for the last three years?	Current Year:		%
	1st Prior Year:		%
	2nd Prior Year:		%
How many involuntary employment terminations have occurred in the past three years?	Current Year:		%
	1st Prior Year:		%
	2nd Prior Year:		%

Disputes/Claims information

Have any of the following occurred within the last three years?	Disputes or claims involving integration, segregation, discrimination or violation of civil rights?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes, please describe:	
	Disputes or claims alleging wrongful treatment in employee hiring, employment conditions, remuneration, advancement of employment or termination of employment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes, please describe:	

Policies and Procedures

Does the entity provide training for all new supervisors and managers on the above?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the Employee Handbook distributed to all employees?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does legal counsel review the Employment Handbook?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
When did legal counsel last review the Employment Handbook?	
Does legal counsel review all changes or updates to the Employment Handbook?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is training provided to supervisors and managers when changes to the Employee Handbook are made?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the entity require advance review of all terminations by legal counsel in addition to its Human Resources department?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is legal counsel consulted as part of the termination process?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are all prospective employees required to complete an employment application prior to hire?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the entity have policies and procedure to prevent and report Sexual Harassment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are the Sexual Harassment policies and procedures reviewed with supervisors and managers as a part of their training?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Policies and Procedures (continued)

Do the Sexual Harassment policies and procedures contain the following:	Statement of zero tolerance:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Definition of sexual harassment:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Reporting procedures:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	No retaliation policy:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the entity have a written human resources manual/employee handbook?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please answer the following:		
What year was this manual last updated:		
Does the manual contain policies/procedures for the following:	Written application for employment:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Hiring:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Legally prohibited discrimination:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Terminations, Layoffs, Early Retirement:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Employee disciplinary actions:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Employee disciplinary actions:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Employee appraisals/reviews:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Employee grievance	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Sexual Molestation:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Americans with Disabilities Act:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Family Medical Leave Act:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Drugs & Alcohol Policy	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Drug Testing:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Personnel Records Maintained and Secured	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Posted Anti-discrimination policy:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Employment "At Will" Statement:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Contagious/Life Threatening Illnesses	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Safety Policy	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Workplace Bullying	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Employment verification & references	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Whistleblower	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Are there any facts or circumstances that may result in employment-practice claims being made against you?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please provide a listing of each instance:		

Loss History

Please provide minimum 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.

Does Applicant reserve only to retention level?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, excess claims information must be provided.	
If No, please explain:	
Attach a listing of all opened and closed claims excess of 50% of the SIR; include date of loss, description of claim/injury, total incurred and paid amounts.	
Attach company loss runs.	

Please provide minimum 6 years prior loss history with the following detail:
Listing of all open and closed claims from first dollar.
Date of Loss
Description of claim/injury
Total paid
Total reserved
Total incurred

Claims Handling:

Self-administration	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
TPA	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Company	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Name/ address of Third Party Administrator:		
For self-administration or TPA, please provide name, address, phone number and key contact of the proposed claim handler:		
Contact Name:	Telephone #:	
Address:		
City:	State:	Zip:

Please list the names, experience levels and authority levels of the claims handling staff:

Name	Experience	Authority Level
Who is responsible for reporting claims to the excess carrier?		
Are reserves established for each reported claim?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If no, please explain:		
Describe method utilized in setting reserves:	Case by case:	Formula:
Please explain:		
Who establishes the reserves?		

Claims Handling:

Are you in compliance with GASB 10?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Describe your claim system: Manual: <input type="checkbox"/> Automated: <input type="checkbox"/>	
a. If automated, is software internally programmed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. If automated, is software vendor-programmed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If vendor-programmed, please provide name of vendor:	
How often are claim reports generated?	
Do your claim reports include details on the status of each claim, as well as the paid amount, incurred amount and description of loss?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
How is litigation handled?	
a. Legal Staff	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Independent Counsel:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Both	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are all claim files and reports centralized and coordinated by one individual?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tracking of claims:	
a. If tracked in electronic format please list name of claims system:	
b. Please provide Claims Procedures/Claims Handling Guidelines:	
c. Please describe Claims Reserving Procedures/Guidelines:	
d. Does TPA or claims self-administration have capability to track Annual Aggregate Deductibles?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
e. Does TPA or claims self-administration have capability to track Stop Loss Aggregates?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

FRAUD WARNING

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.

NOTICE TO APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, 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 ANY MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND WEST VIRGINIA 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMING 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 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 OF 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 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 CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, 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 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 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.

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 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.

Entities Attestation: The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity, official, or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signed of this application does not bind the signer to purchase the insurance. However, it is agreed this form shall be the basis of the contract and any policy which might be issued.

Completion of this questionnaire creates no obligation upon the applicant to accept insurance or upon Euclid Public Sector Underwriters to offer insurance. However, in the event that any insurance offering is accepted by the applicant or is issued by Euclid Public Sector this questionnaire will form the basis for the acceptance and insurance.

Signature:		
Name:		Title:
Company:		Address:
City:	State:	Zip: