

**Governmental Alternative Solutions**  
**Law Enforcement Liability**

**General Information:**

Insured Name:
Mailing Address:
Primary Contact:
Phone Number and E-Mail Address:
Risk Manager:
Phone Number and E-Mail Address:
Provide Address for Main Office of Operations/Headquarters:
Please provide street addresses for all additional locations where police operations are conducted, headquartered, with any and all auxiliary locations:
a.
b.
c.
d.
e.

Current Coverage:	Carrier	Limits	Retention	Occurrence or Claims-Made	Retro Date for Claims-Made	Expiring Premium
Law Enforcement Professional Liability						

Desired Coverage:	Limits	Retention	Occurrence or Claims-Made	Retro Date for Claims-Made	Expiring Premium
Law Enforcement Professional Liability					

Provide current populations for all political subdivisions for which applicant provides services:	City/Town/Village:
	County/Counties:
	College/University:
	Other Political Subdivision:
	K-12 Schools/Resource Officer
Type of Law Enforcement Agency:	Police Department: <input type="checkbox"/>
	Sheriff's Department: <input type="checkbox"/>
	Special Jurisdictional/Service District: <input type="checkbox"/>
	Other:
Any seasonal increase(s) in population?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please indicate percent of increase in population and season:	% Season:
If yes, are there any borrowed officers during this season?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, are they trained on the Applicant's policies and procedures?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the entity contract law enforcement services to any outside public or private entity?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, describe:	
If yes, please attach a copy of the servicing contract(s).	
If yes, indicate name and location of such other entity(s):	
Describe the positions of any additional personnel retained by the Applicant for law enforcement activities:	
Does the entity belong to any multi-jurisdictional law enforcement organization such as a drug task force?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Describe entity's involvement:	
Does the Applicant require that it be named as an "Additional Insured" when providing law enforcement services to any other public or private entity pursuant to contract or for approved special events (i.e., concerts, parades, races)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the Applicant authorize moonlighting (off-duty) or extra duty employment by its law enforcement officers?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, indicate name and title of individual who authorizes:	
What percentage of the law enforcement staff performs moonlighting (off-duty), on average?	%
Is moonlighting (off-duty) in bars or taverns, or other establishments serving alcohol, authorized?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
What types of assignments do reserve or auxiliary officers typically perform?	

Do any of the reserve officers or auxiliary officers have arrest authority and/or carry a weapon?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, do they receive the same training as a full time officer would.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the law enforcement agency operate a shooting range?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, is it open to the public?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If open to the public, are strictly enforced procedures established for the shooting range?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do the procedures include participant safety gear requirements for the public using the shooting range?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

## Personnel

OFFICER TYPE	# FULL TIME	# PART TIME
Officers with Arrest Power:		
Officers without Arrest Power:		
Jailers/ Detention Guards:		
Reserve Officers:		
Auxiliary Officers:		
Volunteers:		
Police – Equine/K-9:		
Dispatchers:		
K-12 School Resource Officers:		

## Training, Selection, and Education

What is the minimum education requirement for hiring officers and/or jailers?	High School: <input type="checkbox"/>
	College: <input type="checkbox"/>
	Other:
Do all sworn officers receive police academy training prior to being hired?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If no, please explain:	
How many subsequent annual training hours are provided to each sworn officer?	
Are Officers trained and qualified before using the following:	
a. Baton:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Mace/Chemicals:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Tasers/Stun Guns:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
d. Control Holds:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

e. Canine Handling?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
How often must an officer requalify with:		
a. Service Weapon:		
b. Personal Weapon:		
c. Taser/Stun Gun:		
Does Firearm training include exercises at night or simulated night conditions?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Indicate where officers practice/qualify/train for use of their fire arms:		
Has the applicant implemented a community policing/relations program in their training?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
What background investigations are completed prior to hiring any officer?	Employment history:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Character references:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Academic records:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Residency history:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Criminal history:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Driving records:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Credit history:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Is psychological testing required before hiring any officer?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes above, are results reviewed by professional in the field?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is drug testing required before hiring any officer?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Does the Commission on Accreditation for Law Enforcement Agencies (CALEA) accredit the Entity?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do any other Law Enforcement Accrediting Agencies or Associations accredit the Entity?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please list the Agency/Association and the accreditation that they have:		

### Policies and Procedures:

Department Policies/Procedures in Place:	Firearms:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Use of Deadly Force:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Use of Non-Deadly Force:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Vehicle Pursuit/"hot pursuit":	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Handling persons under the influence:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Handling persons who are mentally disturbed:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

	Handling persons in physical distress:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	High-risk Detainees or Suspects:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Domestic Violence:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Use of Volunteers:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Armed while off duty:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Moonlighting:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are the policies and procedures distributed to all personnel?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are these policies and procedures reviewed as part of formal training with personnel?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If Yes, how often?		
Does legal counsel review these policies and procedures?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are all changes/updates to the policies and procedures reviewed by legal counsel?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
What was the date of the last revision?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
What is the original publication date of the policies & procedures?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>

### Educational Institutions – School Resource Officers (SRO)

Does the educational institution have School Resource Officers?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the educational institution employ the School Resource Officers?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If no, please provide the name of the entity to which the SRO reports:	
If contracted outside the educational institution, does the applicant require certificates of insurance with limits equal to the educational institution's limits?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the educational institution an additional insured on the contractor's policy?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Please describe the responsibilities of the SRO:	
Do the SRO's receive their training from the National Association of School Resource Officers (NASRO), Law Enforcement Innovation Center, Community Oriented Policing Services (COPS), the Strategies for Youth or a similar Safety Resource Officer training organization?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If no, please describe the training curriculum for the SRO's:	

## Jail/Lock-Up Facility

<b>JAIL OPERATIONS (Attach copy of most recent State Correctional Facility Inspection with recommendations, and confirmation of completion, if any).</b>	
Detention Center: <input type="checkbox"/> Holding Cell: <input type="checkbox"/> Jail: <input type="checkbox"/> Other: <input type="checkbox"/>	
Date constructed:	Date renovated/updated:
#of cells:	Square footage:
# of beds:	
Maximum state certified capacity:	Average # of inmates:
Average stay:	
Please describe the design of the jail, i.e., self-contained buildings, self-contained pods, overall layout, design, floor plans, etc.:	
Are there full-time jailers on duty twenty-four hours per day? Yes No	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Please attach the most recent inspection by the following:	State Corrections Department: <input type="checkbox"/>
	Fire Inspector: <input type="checkbox"/>
	Department of Health: <input type="checkbox"/>
Is the facility operating under court order or in violation of any local, state or federal codes or standards?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please explain:	
Does the facility house prisoners from outside the jurisdiction of the city or county?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please explain:	
Do other municipalities or counties house your prisoners?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please explain:	

Indicate the existence of the following procedures:							
Walk-through every 30 minutes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Intake screening & classification of inmates	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Written inmate grievance procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Suicide prevention measures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inmate monitoring systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Work release of halfway houses	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Separation of juveniles from adults	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Medical Facilities	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Strip search policies and procedures?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>						

Do the facilities have a "walk-through" schedule?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please state the time increments?	
Are random walk-throughs conducted on high risk inmates:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Does the jail have an internal medical facility and staff?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
If yes, describe the medical facilities and staff:				
a. Are the medical facility staff out-sourced?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
b. Who provides this service?				
c. Are certificates of insurance obtained?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
d. Is the law enforcement agency named as an additional insured on the healthcare contractor's policy?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Are there alarm systems installed & completely functional?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
If no, please explain:				
Are there video systems?	Exterior of building:			
	Sally Port:		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Booking Area		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Exercise Room(s)/ Yards		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Each Cell Unit:		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Does the facility have:		Smoke Detectors:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Sprinkler Systems:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do all jailers/correctional officers receive formal and/or state mandated training prior to assignment?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
How many hours of academy and/or initial training are provided to each officer?				
How many hours of subsequent training are provided to each officer annually?				
In the last 5 years, have there been any suicides or suicide attempts by inmates?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, please explain each incident & provide details of preventative measures taken:				
Are there full time jailers/correction officers on duty 24 hours per day?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Are there a policy and procedures manual covering all jail/detention center operations?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Are these policies and procedures reviewed as part of formal training with personnel?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If Yes, how often? Please explain:				
Does Counsel review these policies and procedures?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If Yes, how often?				
Does counsel review any updates and/or changes to the policies and procedures?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
What was the date of the last revision?				
What is the original publication date of the policies and procedures?				

## Dispatch & Communication:

Do the applicant provide dispatching services?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, which of the following do you provide?	Police dispatch	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Fire dispatch	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Emergency Medical dispatch	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	911/ All Emergencies dispatch	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant's 911 system an enhanced system?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
When was the system last updated?		
Is the dispatch system a pass through provider?	With "Pre-arrival Instructions"	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Without "Pre-arrival Instructions"	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are the applicant's dispatchers trained in the following situations?	Threatened suicide:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Crimes in process:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Medical emergencies:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Fire:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Chemical spills/Hazardous materials:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
What is the average number of calls received per month?		
What is the total population served?		
Are all incoming calls recorded?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, how long are the recordings retained/maintained?		
Does the applicant dispatch for other public entities or police units?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please list the other entities:		
Is there a separate policy and procedure manual for dispatch/communication operations?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are these policies and procedures reviewed periodically with personnel?	Bi-annual: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Annual: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Other:	

Are these policies and procedures, including all updates, reviewed by counsel?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Other: <input type="checkbox"/>
If yes, how often?	
What was the date of the last revision?	
Describe the training that dispatchers receive:	
Describe subsequent annual training and estimate the number of hours:	

## 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?	
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/No:	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.

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**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: \_\_\_\_\_

