



GROUP INC. Public Officials Liability Application

1. INSURED NAME _____
2. ADDRESS _____

3. CONTACT NAME _____ 4. E-MAIL _____
5. TELEPHONE _____ 6. FAX NUMBER _____
7. POLICY TERM _____ TO _____
8. DATE ORGANIZED OR INCORPORATED _____
9. SCOPE OF OPERATIONS _____
10. AFFILIATED ENTITIES _____
11. POPULATION ACCORDING TO LATEST CENSUS _____
ARE THERE ANY SEASONAL INCREASES? _____
IF SO, IDENTIFY THE APPROXIMATE HIGH POPULATION AND THE DATES TO WHICH IT APPLIES. _____
12. IF A UTILITY, IDENTIFY THE NUMBER OF USERS.
[] COMMERCIAL [] RESIDENTIAL [] INDUSTRIAL
13. WHAT IS THE LARGEST MUNICIPALITY WITHIN A 25 MILE RADIUS?

14. IDENTIFY THE ACTUAL YEAR-END FINANCIALS FOR THE LAST THREE YEARS.

YEAR	TOTAL REVENUE	TOTAL EXPENSES	SURPLUS/(DEFICIT)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
- ARE THE FINANCIAL REPORTS AUDITED? [] YES [] NO
15. HAS STATE OR FEDERAL AID BEEN ELIMINATED OR REDUCED? [] YES [] NO
IF SO, PLEASE DESCRIBE. _____

16. DESCRIBE ANY CAPITAL IMPROVEMENT PROJECTS PLANNED FOR THE UPCOMING YEAR. _____

17. NUMBER OF MEMBERS COMPRISING THE GOVERNING BOARD ? _____
NUMBER OF EMPLOYEES: [] FULL TIME [] PART TIME [] VOLUNTEERS
NUMBER OF LICENSED OR CERTIFIED POSITIONS:
[] ATTORNEYS [] ARCHITECTS [] ENGINEERS [] OTHER (DESCRIBE)

18. ARE ANY STAFF REDUCTIONS ANTICIPATED DURING THE NEXT 12 MONTHS ?
 _____ (If yes, explain on supplement)

19. HOW MANY EMPLOYEES HAVE BEEN TERMINATED WITHIN THE LAST 24 MONTHS?
 With cause: _____ Without cause: _____

20. DOES THE PUBLIC ENTITY OWN AND OPERATE ANY OF THE FOLLOWING UNITS?

	NO	YES	BUDGET
GAS/ELECTRIC UTILITY	_____	_____	_____
SEWER AUTHORITY	_____	_____	_____
WATER AUTHORITY	_____	_____	_____
SCHOOLS	_____	_____	_____
AIRPORT	_____	_____	_____
MARINA/DOCKS	_____	_____	_____
HOSPITAL/CLINIC	_____	_____	_____
NURSING HOME	_____	_____	_____
HOUSING	_____	_____	_____
TRANSIT AUTHORITY	_____	_____	_____

21. TOTAL AMOUNT OF OUTSTANDING BONDS. \$ _____
 CURRENT BOND RATING _____

22. HAS ANY BOND PROPOSAL OR BUDGET BEEN REJECTED BY VOTERS WITHIN
 THE LAST THREE YEARS ? _____

IF YES, HAS THE PROPOSAL BEEN RESUBMITTED? [] YES [] NO

HAS THE PUBLIC ENTITY BEEN IN DEFAULT ON PRINCIPAL OR INTEREST OF ANY
 BOND? [] YES [] NO

23. DOES THE PUBLIC ENTITY INVEST FUNDS ON BEHALF OF ANY OTHER ENTITY?
 [] YES [] NO (If yes, explain on the supplement.)

24. IDENTIFY THE ENTITY'S INSURANCE COVERAGE:

	Insurer	Limits	Expiration	Deductible	Premium
GL	_____	_____	_____	_____	_____
Personal					
Injury	_____	_____	_____	_____	_____
Other					
Professional	_____	_____	_____	_____	_____

25. IDENTIFY ANY CURRENT INSURER, LIMITS AND DEDUCTIBLE OR RETENTION OF
 PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES LIABILITY INSURANCE, OR SIMILAR
 INSURANCE, FOR WHICH APPLICATION IS BEING MADE. _____

HAVE THE INSURERS OF SUCH SIMILAR INSURANCE BEEN GIVEN NOTICE OF ANY CLAIM OR POTENTIAL CLAIM ? _____ (If yes, explain on supplement)

HAVE ANY OTHER INSURERS OF PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES LIABILITY BEEN GIVEN NOTICE OF ANY CLAIM OR POTENTIAL CLAIM WITHIN THE LAST FIVE YEARS? _____ (If yes, explain on supplement.)

26. HAVE ANY OF THE FOLLOWING SITUATIONS OCCURRED WITHIN THE PAST 3 YEARS ?

	Yes	No
Strike, slowdown or other disruption by employees	[]	[]
Delays in negotiating union contracts	[]	[]
Layoff of employees or reduction in services	[]	[]
Any person, former employees or job applicant alleged unfair or improper treatment, regarding hiring, remuneration, advancement, treatment or termination of employment	[]	[]
Disputes involving integration, segregation, discrimination or similar violation of civil rights	[]	[]
Allegations of sexual harassment	[]	[]
Any person, former employee or job applicant filed a complaint with the EEOC, Human Rights Commission or any similar state or federal agency	[]	[]
Any claim been made or is now pending against the Entity or any person in his/her capacity as an official or employee of the Entity	[]	[]
Any official or employee have any knowledge of any fact, circumstance or situation which which might reasonably be expected to give rise to a claim against them or against the Entity	[]	[]

27. IDENTIFY THE FOLLOWING EMPLOYMENT HIRING AND MANAGEMENT PRACTICES

Do you have the following in current use and practice:

a) Job applications used for all employees?	Yes ___	No ___
b) A standard job "offer" letter?	Yes ___	No ___
c) A posted Equal Opportunity Commission Notice?	Yes ___	No ___
d) An Affirmative Action Plan?	Yes ___	No ___
e) An orientation program for all new employees that addresses work place conduct and grievance procedures?	Yes ___	No ___
f) An employee handbook which is distributed to all new employees, with revisions distributed to all current employees?	Yes ___	No ___
g) Written job descriptions for all positions?	Yes ___	No ___
h) A standardized performance evaluation and review system?	Yes ___	No ___
I) A training program for all administrative personnel in the district's performance evaluation review policies?	Yes ___	No ___
j) A written program addressing the prevention of:		
Age discrimination	Yes ___	No ___
Sexual harassment	Yes ___	No ___
Discrimination based on disabilities	Yes ___	No ___
k) A training program for all management personnel in the company's program to prevent discrimination and harassment?	Yes ___	No ___
l) Tests to screen applicants for employment?	Yes ___	No ___
m) A policy on assisting employees with AIDS or other life-threatening or communicable diseases?	Yes ___	No ___

- n) A policy which complies with the Family Medical Leave Act? Yes ___ No ___
- o) A policy of disclosing only dates and position of employment to current and/or prospective employers of former employees? Yes ___ No ___
- p) If yes, is that policy published in the employee handbook? Yes ___ No ___
- q) A written statement which sets forth your ownership rights of computer generated information, E-mail, voice mail, access codes and keys, or harassing statements? Yes ___ No ___
- r) Are all employees' health records kept separate from personal files with access restricted to a "need to know" basis? Yes ___ No ___
- s) A written statement which sets forth prohibition of using E-mail, voice mail and other forms of communication in disseminating offensive humor or harassing statements? Yes ___ No ___

28. IDENTIFY THE FOLLOWING TERMINATION OF EMPLOYMENT OR REDUCTIONS IN FORCE, MANAGEMENT PRACTICES.

Do you have the following in current use and practice:

- a) A standardized program for the termination of employment "for cause"? Yes ___ No ___
- b) A standardized (non-discriminatory) program for the termination of employment for "economic reasons"? Yes ___ No ___
- c) A standardized severance program for the termination of employment due to "economic reasons"? Yes ___ No ___
- d) A standardized exit interview procedure using exit questionnaires that determine the reason for leaving employment? Yes ___ No ___
- e) A review of all termination of employment by the Human Resources Department and Legal Counsel? Yes ___ No ___

29. IDENTIFY THE FOLLOWING CLAIMS AND ALTERNATIVE DISPUTE RESOLUTION PROCEDURES

Do you have the following in current use and practice:

- a) A standardized procedure for the hearing and disposition of employee grievances and claims? Yes ___ No ___
- b) A program that allows multiple channels for the bringing of employee grievances and claims (of which at least one channel does not involve the employee's supervisor)? Yes ___ No ___
- c) Are employee grievances and claims subject to binding authority? Yes ___ No ___
- d) Do the employment contracts which you have entered into contain binding arbitration provisions? Yes ___ No ___
- e) If yes to (c) and (d) above, has your agreement to binding arbitration been reviewed by Legal Counsel? Yes ___ No ___
- f) Where permissible, are all settlement of employment related claims subject to non-disclosure by both parties? Yes ___ No ___

IT IS AGREED THAT IF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION LISTED OR NOT LISTED IN THIS APPLICATION EXISTS, AND HAS NOT PREVIOUSLY BEEN REPORTED TO N.I.F. GOVERNMENTAL SERVICES, THEN ANY CLAIM BASED UPON, ARISING OUT OF OR ATTRIBUTABLE THERETO IS EXCLUDED FROM THE POLICY FOR WHICH APPLICATION IS BEING MADE.

THE UNDERSIGNED BEING AUTHORIZED BY, AND ACTING ON BEHALF OF, THE APPLICANT AND ALL PERSONS OR CONCERNS SEEKING INSURANCE, HAS READ AND UNDERSTANDS THIS APPLICATION, AND DECLARES ALL STATEMENTS HEREIN TO BE TRUE, COMPLETE AND ACCURATE. THE UNDERSIGNED FURTHER DECLARES AND REPRESENTS THAT ANY OCCURRENCE OR EVENT TAKING PLACE PRIOR TO THE INCEPTION OF THE POLICY FOR WHICH APPLICATION IS MADE, WHICH MAY RENDER INACCURATE, UNTRUE OR INCOMPLETE ANY STATEMENT MADE HEREIN WILL IMMEDIATELY BE REPORTED IN WRITING TO THE INSURER. THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT THE SUBMISSION AND THE INSURER'S RECEIPT OF SUCH WRITTEN REPORT, PRIOR TO THE INCEPTION OF THE POLICY, IS A CONDITION PRECEDENT TO COVERAGE.

IF THIS IS A RENEWAL APPLICATION, IT SHALL BE A SUPPLEMENT TO THE APPLICATION(S) ATTACHED TO THE CURRENT POLICY AND SAID APPLICATIONS TOGETHER WITH THIS RENEWAL APPLICATION CONSTITUTE THE COMPLETE APPLICATION WHICH SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

Signed: _____
(Must be signed by board president, superintendent, chairman or business manager)

Title : _____ Date : _____

Supplemental information: