

**PUBLIC ENTITY LIABILITY RETENTION APPLICATION
*This application may be attached to and become a part of the policy.***

**In addition to completing this application, the following additional information is required:**

1. Most recent audited financial statement;
2. Most current budget;
3. At least 5 years of ground-up & uncapped (not capped at the SIR) claims in excel format;
4. Current vehicle schedule in excel format (include values if Auto Physical Damage is requested);
5. A copy of your latest state inspection report for jail/detention facility, if applicable.

**General Applicant Information**

1. GENERAL INFORMATION
	1. Name of entity to be insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Effective date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Physical address: ­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Mailing address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. Contact Person:
		1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		3. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		4. E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. FEIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	7. Risk Manager: [ ]  Yes [ ]  No

If yes:

* + 1. [ ]  Full Time [ ]  Part Time [ ]  None
		2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		3. Phone: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		4. E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Entity to be insured operates as a:

[ ]  Municipality [ ]  County [ ]  Special Purpose District [ ]  Intergovernmental Pool [ ]  Public School District [ ]  Other

If “other”, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Year entity was organized or incorporated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Current and projected annual operating budget: Current: ­­­\_\_\_\_\_\_\_\_\_\_ Projected: \_\_\_\_\_\_\_\_\_\_

If a decrease is expected, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Population (if special purpose district, show service population; if school district, show average daily attendance): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Total projected payroll and historical payroll for the previous 4 years:

|  |  |
| --- | --- |
| Year | Total Payroll |
| Projected |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. INSURANCE INFORMATION
	1. Provide the following information for coverage currently in force.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Policy Type | Carrier | Expiration Date | Limits | SIR | Premium |
| General Liability |  |  |  |  |  |
| Auto Liability |  |  |  |  |  |
| Auto Physical Damage |  |  |  |  |  |
| POL / SBLL & EPL |  |  |  |  |  |
| Law Enforcement |  |  |  |  |  |
| Excess/Umbrella |  |  |  |  |  |
| Package, if applicable |  |  |  |  |  |

* + 1. Current Employee Benefits Liability Limits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. EBL Retroactive Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Has any liability coverage ever been denied, canceled or non-renewed? [ ]  Yes [ ]  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Provide the following information for desired coverage (check if same as expiring: [ ] ):

|  |  |  |  |
| --- | --- | --- | --- |
| Policy Type | Effective Date | Limits | SIR |
| General Liability |  |  |  |
| Auto Liability |  |  |  |
| Auto Physical Damage |  |  |  |
| POL / SBLL & EPL |  |  |  |
| Law Enforcement Liability |  |  |  |
| Excess/Umbrella |  |  |  |

1. RISK CONTROL
	1. Do you have a Safety/Loss Control Program in place? [ ]  Yes [ ]  No
	2. Do you have policies and procedures in place to prevent and report sexual harassment? [ ]  Yes [ ]  No
	3. **Schools Only:**
		1. Have there been any recent school mergers or closings? [ ]  Yes [ ]  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Are there any school openings planned in the next 12 months? [ ]  Yes [ ]  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Is there a written policy on corporal punishment? [ ]  Yes [ ]  No
		2. Is there a written policy for extracurricular activities? [ ]  Yes [ ]  No
		3. Is an accidental policy purchased for students? [ ]  Yes [ ]  No
1. ENTITY OPERATIONS
	1. Are any of the following exposures owned, operated, or subcontracted by the entity (***note: supplemental applications are required for any operation of the entity that is not separately insured)***?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Operation | Yes | No | Separately Insured? | Contracted Out? |
|  |  |  | Yes | No |  |
|  |  |  |  |  | Yes | No |
| Water Utility  |[ ] [ ] [ ]  [ ]  | [ ]  | [ ]  |  |
| Sewer Utility  |[ ]  [ ]  |[ ]  [ ]  | [ ]  | [ ]  |
| Electric Utility  |[ ] [ ] [ ]  [ ]  | [ ]  | [ ]  |
| Gas Utility  |[ ] [ ]  [ ]  | [ ]  | [ ]  | [ ]  |
| Port / Transportation / Airport Authorities |[ ] [ ]  [ ]  | [ ]  | [ ]  | [ ]  |
| Landfill / Dump / Refuse Site |[ ] [ ]  [ ]  | [ ]  | [ ]  | [ ]  |
| Housing Authority |[ ] [ ]  [ ]  | [ ]  | [ ]  | [ ]  |
| Schools |[ ] [ ]  [ ]  | [ ]  | [ ]  | [ ]  |
| Day Care / Day Camp / Nursery |[ ]  [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Medical / Health Care Facilities |[ ] [ ]  [ ]  | [ ]  | [ ]  | [ ]  |
| Swimming Pools |[ ] [ ]  [ ]  | [ ]  | [ ]  | [ ]  |
| Nuclear Facilities |[ ] [ ]  [ ]  | [ ]  | [ ]  | [ ]  |
| Dams / Reservoirs |[ ] [ ]  [ ]  | [ ]  | [ ]  | [ ]  |
| Civic Center / Arena > 10,000 capacity |[ ] [ ]  [ ]  | [ ]  | [ ]  | [ ]  |
| Stadiums / Bleachers > 10,000 capacity |[ ] [ ]  [ ]  | [ ]  | [ ]  | [ ]  |

1. FINANCIAL / BOND INFORMATION
	1. Please complete the following chart using budget figures for the past three years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Revenues | Expenditures | Surplus or (Deficit) | Accumulated Surplus or (deficit) |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

* 1. What is the amount of your outstanding bonds? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. What is your latest Moody’s, Fitch’s or S&P bond rating? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Has any bond issue been defeated within the past three years? [ ]  Yes [ ]  No

If yes, has the proposal been resubmitted, or is it expected to be resubmitted? [ ]  Yes [ ]  No

* 1. Has your public entity been in default on the principal or interest on any bond? [ ]  Yes [ ]  No
1. LOSS HISTORY
	1. Does any official or employee have any knowledge of any fact, circumstance or situation which might reasonably be expected to give rise to a claim that is not included in the loss information provided? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. CLAIMS ADMINISTRATION
	1. Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		1. Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL LIABILITY**

**Check if Coverage Not Desired:** [ ]

1. **Complete the following for PUBLIC SCHOOLS ONLY**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type of School | # of Schools | ADA | Enrollment | # Teachers | # Nurses | # Bus Drivers | # Other Employees |
| Preschool |  |  |  |  |  |  |  |
| K-5 |  |  |  |  |  |  |  |
| Middle / Jr. High |  |  |  |  |  |  |  |
| High School |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

1. INDEPENDENT CONTRACTOR OPERATIONS

Do you use Independent Contractors? [ ]  Yes [ ]  No

If yes:

* 1. Are Certificates of Insurance Obtained? [ ]  Yes [ ]  No
	2. Are you named as an Additional Insured? [ ]  Yes [ ]  No
	3. Are Hold Harmless Agreements used in all of the entity’s contracts? [ ]  Yes [ ]  No
	4. Do you have legal counsel review all contracts prior to execution? [ ]  Yes [ ]  No
1. STREETS, ROADS, HIGHWAYS, BRIDGES, DAMS
	1. # of miles paved streets/roads/highways: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. # of miles maintained for others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. # of bridges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. # of dams: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. EMERGENCY SERVICES
	1. # of Fire Department Personnel: Full Time \_\_\_\_\_\_\_ Part Time \_\_\_\_\_\_\_
	2. # of EMTs/Paramedics: Full Time \_\_\_\_\_\_\_ Part Time \_\_\_\_\_\_\_
	3. Are mutual aid agreements in place with neighboring communities?: [ ]  Yes [ ]  No
3. Does your entity generate power? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTO LIABILITY**

**Check if Coverage Not Desired:** [ ]

1. Complete the following table for licensed vehicles by type:

|  |  |
| --- | --- |
| Vehicle Type | # of Units |
| Private Passenger – Non Emergency |   |
| Private Passenger - Police |  |
| Private Passenger - Fire |  |
| Motorcycle |  |
| Vans, Pickup Trucks, Light Trucks |  |
| Medium Trucks |   |
| Heavy Trucks |   |
| Extra Heavy Trucks |  |
| Transit Buses |  |
| School Buses |  |
| Ambulances |  |
| Fire Trucks |  |
| Trailers |  |
| All Other |  |
| **Total** |  |

1. Other Coverages:
	1. UM/UIM Limits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. PIP Limits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Garagekeepers Limits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Hired and Non-Owned: [ ]  Yes [ ]  No
2. Does your entity have a written maintenance program in place? [ ]  Yes [ ]  No

If yes, how often are vehicles inspected? [ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Quarterly [ ]  Other: \_\_\_\_\_\_\_\_\_

* 1. Are employees allowed to use company vehicles for personal use? [ ]  Yes [ ]  No
	2. Does your entity have a formal written accident reporting procedure? [ ]  Yes [ ]  No
	3. Does your entity provide any type of transportation service? [ ]  Yes [ ]  No

If yes, indicate type: [ ]  Elderly

 [ ]  Transit

 [ ]  Paratransit

 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. For **PUBLIC SCHOOLS ONLY**:
		1. # of bus drivers:
			1. employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			2. contracted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Does your entity have the following?
			1. A contract in place for owning and maintaining buses? [ ]  Yes [ ]  No
			2. Bus drivers in compliance with State and DOT requirements? [ ]  Yes [ ]  No
			3. Pre-trip and post-trip inspects of buses with records maintained? [ ]  Yes [ ]  No
			4. Fleet maintenance program in place? [ ]  Yes [ ]  No
			5. Bus replacement program in place? [ ]  Yes [ ]  No
			6. Initial and annual Motor Vehicles Record check on all drivers? [ ]  Yes [ ]  No
	2. Distracted driving:
		1. Is there a policy on distracted driving? [ ]  Yes [ ]  No

If yes:

* + - 1. Is there training involved? [ ]  Yes [ ]  No

If yes:

* + - * 1. Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
				2. Is the training documented: [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. Is there follow-up on policy implementation to ensure adherence: [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. What is the disciplinary process for violation of the distracted driving policy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PUBLIC OFFICIALS / SCHOOL BOARD LEGAL / EMPLOYMENT PRACTICES LIABILITY**

**Check if Coverage Not Desired:** [ ]

1. Total number of employees:
	* 1. Full Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Part Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Total number of board members:
	* 1. Elected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Appointed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If appointed, by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. General Questions:
	1. Do you have a human resources coordinator? [ ]  Yes [ ]  No

If no, who is responsible for employment matters? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Who acts as general/legal counsel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Do you have a written employment manual including all personnel policies and procedures? [ ]  Yes [ ]  No

If yes:

* + 1. When was the manual last updated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Is this manual reviewed by counsel experienced in employment law? [ ]  Yes [ ]  No
		3. Is this manual distributed to all employees upon hiring? [ ]  Yes [ ]  No

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Do supervisors receive training in the proper implementation of your policies and procedures? [ ]  Yes [ ]  No
	2. Do officials receive training with respect to “open meetings” and hearing regulations? [ ]  Yes [ ]  No
	3. Do you have a written policy with respect to both sexual and non-sexual harassment? [ ]  Yes [ ]  No
	4. Do you follow a formal written procedure for employee disputes/complaints? [ ]  Yes [ ]  No
	5. Are all actions to dismiss or demote employees reviewed in advance by legal counsel? [ ]  Yes [ ]  No
	6. Do you require that due process be served and documented for all proceedings involving dismissal, demotion, or suspension? [ ]  Yes [ ]  No
	7. Are all probationary or disciplinary actions recorded in writing and signed by the employee? [ ]  Yes [ ]  No
	8. Are you an Equal Opportunity Employer? [ ]  Yes [ ]  No
	9. Has there been a layoff of employees or reductions in service in the last 5 years? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Do you anticipate a layoff of employees or reduction in service in the next 12 months? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Have you had a strike, slowdown, or other employee disruption in the last 5 years? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Have you had any disputes involving integration or segregation? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Have any complaints ben filed with the EEOC or similar agency in the last 5 years? [ ]  Yes [ ]  No
	2. Has any person, former employee, or job applicant filed a complaint or claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, or termination of employment in the last 5 years? [ ]  Yes [ ]  No
	3. Have all disputes, complaints, and claims been reported to your current or prior POL/EPL carrier(s)? [ ]  Yes [ ]  No
1. **For Municipal, County, Special Purpose District, or Intergovernmental Pool applicants only**:
	1. Do you have a zoning commission? [ ]  Yes [ ]  No
	2. Does legal counsel attend all meetings of the planning and zoning board? [ ]  Yes [ ]  No
	3. Do you have a written master plan for economic development? [ ]  Yes [ ]  No

If yes, since when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Do you have approved land use ordinances that have been reviewed by legal counsel? [ ]  Yes [ ]  No
	2. Do you have a formal procedure to file for a variance to land use statutes? [ ]  Yes [ ]  No

How many variances have been requested in the last 12 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many have been granted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Do you have a formal process for application and approval of permits and licenses? [ ]  Yes [ ]  No
	2. Do you have a formal written policy prohibiting officers and/or board members from sitting on decisions in which they may have a conflict of interest? [ ]  Yes [ ]  No
	3. Have you had any disputes or claims involving a wrongful “taking”, eminent domain, zoning variance or land use rights in the last 10 years? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Have you had any disputes or claims involving the approval of building permits, design, or code enforcement? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. What type of Public Officials / Employment Practices Liability Coverage do you currently have?

[ ]  Occurrence [ ]  Claims-Made

 If Claims-Made, what is the retroactive date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **For Public School District Applicants Only**:
	1. Please complete the following school information:

|  |  |  |
| --- | --- | --- |
| **Type of School** | **# of Schools** | **Average Daily Attendance** |
| Pre-School  |  |  |
| K-5 |  |  |
| Middle / Jr. High |  |  |
| High School |  |  |
| Other |  |  |
| **Total** |  |  |

* 1. Does your entity have their own law enforcement or security personnel? [ ]  Yes [ ]  No

If no, do you contract these services to an outside agency? [ ]  Yes [ ]  No

 If so, with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. What type of Educators’ Legal / Employment Practices Liability Coverage do you currently have?

[ ]  Occurrence [ ]  Claims-Made

 If Claims-Made, what is the retroactive date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAW ENFORCEMENT LIABILITY**

**Check if Coverage Not Desired:** [ ]

1. Are you a party to any Mutual Aid Agreements? [ ]  Yes [ ]  No

If yes, with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you provide contracted services for any other entities? [ ]  Yes [ ]  No

If yes, with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Hiring and Training:
	1. What are the minimum education requirements for Applicants?
		1. High School Diploma or equivalent? [ ]  Yes [ ]  No
		2. 30 or more hours of college? [ ]  Yes [ ]  No
		3. 60 or more hours of college? [ ]  Yes [ ]  No
		4. Bachelor’s Degree? [ ]  Yes [ ]  No
		5. Other? [ ]  Yes [ ]  No

If “Other”, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Which of the following are included in your selection process prior to employment?
		1. Written exam? [ ]  Yes [ ]  No
		2. Psychological exam? [ ]  Yes [ ]  No
		3. Professional psychological evaluation? [ ]  Yes [ ]  No
		4. Background and employment investigation? [ ]  Yes [ ]  No

Does this include investigation of conduct if hired from another agency? [ ]  Yes [ ]  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Do all law enforcement officers meet your state’s minimum standard for training and receive certification prior to assignment to regular street duty? [ ]  Yes [ ]  No

If yes, how many hours of training? ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Do you follow written policies regarding in-service training or continuing education? [ ]  Yes [ ]  No

If yes, how many hours per year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Is all employee training documented and kept on file? [ ]  Yes [ ]  No
	2. Does your agency have a Field Training Program for new employees? [ ]  Yes [ ]  No

If yes, how many weeks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Are officers required to complete training in the use of:
		1. No Baton / PR-24 / ASP? [ ]  YES [ ]  NO[ ]  NOT AUTHORIZED
		2. Stun gun or Taser? [ ]  YES [ ]  NO[ ]  NOT AUTHORIZED
		3. Chemical irritants? [ ]  YES [ ]  NO[ ]  NOT AUTHORIZED
		4. Carotid control hold? [ ]  YES [ ]  NO[ ]  NOT AUTHORIZED
	2. How often are officers certified for the following?
		1. Department issued handgun: [ ]  ANNUAL [ ]  BI-ANNUAL [ ]  OTHER
		2. Personal (off-duty) handgun: [ ]  ANNUAL [ ]  BI-ANNUAL [ ]  OTHER
		3. Shotgun: [ ]  ANNUAL [ ]  BI-ANNUAL [ ]  OTHER
		4. If “Other” for any of the above, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Are all officers required to complete a defensive driving program? [ ]  Yes [ ]  No
	4. Do all officers receive training in simulated or actual high speed pursuit? [ ]  Yes [ ]  No
	5. Do all officers receiving training in:
		1. First aid? [ ]  Yes [ ]  No
		2. CPR? [ ]  Yes [ ]  No
		3. Defibrillators? [ ]  Yes [ ]  No
	6. What training is required of reserve and auxiliary officers?
		1. Same as full-time officers? [ ]  Yes [ ]  No
		2. Less than full-time officers? [ ]  Yes [ ]  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Are officers required to complete training on intoxicated subjects? [ ]  Yes [ ]  No
	2. Are officers required to complete training on interacting with mentally ill subjects? [ ]  Yes [ ]  No
	3. Is your agency trained in de-escalation? [ ]  Yes [ ]  No
1. Are there expected budget cuts that will affect the number of sworn officers or adversely impact essential equipment and training for officers to perform their jobs safely in their daily job duties? [ ]  Yes [ ]  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your agency seeking or sustaining certification and credentialing (e.g. CALEA)? [ ]  Yes [ ]  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has qualified immunity been barred in the agency’s state? [ ]  Yes [ ]  No

If yes:

Are individual officers required to maintain Law Enforcement Liability insurance? [ ]  Yes [ ]  No

If yes, what are the minimum limits required? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe efforts and practices to recruit the most mentally fit and ethical officers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Describe how problem officers with conduct and policy violation issues are identified and disciplined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have formal written policies and procedures pertaining to the following?
	1. Deadly force: [ ]  Yes [ ]  No
	2. Non-deadly force: [ ]  Yes [ ]  No
	3. Stun guns / tasers: [ ]  Yes [ ]  No
	4. Chemical irritants: [ ]  Yes [ ]  No
	5. Choke hold: [ ]  Yes [ ]  No
	6. Carotid hold: [ ]  Yes [ ]  No
	7. Back suppression containment: [ ]  Yes [ ]  No
	8. 2nd officer intervention: [ ]  Yes [ ]  No
	9. Rendering aid after subject is incapacitated after use-of-force: [ ]  Yes [ ]  No
	10. Vehicle high-speed pursuit: [ ]  Yes [ ]  No
	11. Domestic violence: [ ]  Yes [ ]  No
	12. Search and seizure: [ ]  Yes [ ]  No
	13. “No-knock” search warrants: [ ]  Yes [ ]  No
	14. Intoxicated arrestees: [ ]  Yes [ ]  No
	15. Communicable diseases: [ ]  Yes [ ]  No
	16. Employee moonlighting: [ ]  Yes [ ]  No
	17. Lawful protests and unlawful protests / riots: [ ]  Yes [ ]  No
	18. Crowd control and dispersion methods: [ ]  Yes [ ]  No
	19. De-escalation: [ ]  Yes [ ]  No

When were these policies and procedures last updated? ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often are these policies and procedures reviewed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe your process for keeping your policies and procedures updated with adherence to current Federal, State and Local laws: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does your agency utilize recording devices? [ ]  Yes [ ]  No

If yes:

* 1. Please describe usage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Do you have policies on:
		1. Device usage: [ ]  Yes [ ]  No
		2. Devices not being turned off during use-of-force scenarios? [ ]  Yes [ ]  No
		3. Records retention? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any community policing efforts underway? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the agency use drones? [ ]  Yes [ ]  No

If yes, describe how they are used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Related operations:
	1. Does your agency handle your own dispatching? [ ]  Yes [ ]  No

If yes:

* + 1. Do you dispatch for any other entities? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Do your dispatchers also dispatch for emergency medical and firefighting services? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. How many hours of training do dispatchers receive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Are all incoming calls recorded? [ ]  Yes [ ]  No

If yes:

How long are records maintained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Do you participate in any internship or ride-along programs? [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Do you authorize moonlighting (off-duty employment)? [ ]  Yes [ ]  No

If yes, is there any moonlighting in bars or taverns? [ ]  Yes [ ]  No

1. Detention Facility
	1. Which of the following best describes your facility?
		1. ☐ Temporary holding cell (up to 24 hours)
		2. ☐ Jail (persons awaiting trial or transfer, or held for minor crimes)
		3. ☐ Prison/Correctional (persons convicted)
		4. ☐ No Detention facility
	2. When was your facility built? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. What was your facility last renovated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. What is the square footage of your facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. What is the state certified capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. What is the average daily inmate population? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	7. Does your facility house:
		1. Adult prisoners only? [ ]  Yes [ ]  No
		2. Males and females? [ ]  Yes [ ]  No
		3. Violent and non-violent prisoners? [ ]  Yes [ ]  No
		4. Juveniles? [ ]  Yes [ ]  No
	8. Does your facility maintain consistent separation between:
		1. Adults and juveniles? [ ]  Yes [ ]  No
		2. Males and females? [ ]  Yes [ ]  No
		3. Violent and non-violent prisoners? [ ]  Yes [ ]  No
	9. Is your facility equipped with surveillance systems to monitor the following:
		1. Individual detention cells? [ ]  Audio [ ]  Video [ ]  None
		2. Secured common areas? [ ]  Audio [ ]  Video [ ]  None
		3. Booking area? [ ]  Audio [ ]  Video [ ]  None
		4. Sally port? [ ]  Audio [ ]  Video [ ]  None
	10. When was your facility last inspected by the following:
		1. State Corrections Officials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Fire Inspectors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		3. Department of Health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	11. Do you have standard fire protection systems including smoke detectors, fire alarms, and sprinkler systems: [ ]  Yes [ ]  No
	12. Do you employ or contract with any of the following?
		1. Doctors: [ ]  Yes [ ]  No
		2. Nurses: [ ]  Yes [ ]  No
		3. Dentist: [ ]  Yes [ ]  No
		4. Psychologist: [ ]  Yes [ ]  No

If yes to any of the above, please describe (how many, employed, contracted, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes to any of the above, do each of the above maintain their own professional liability coverage? [ ]  Yes [ ]  No

* 1. How many attempted suicides have there been in the last 5 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many were successful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Do you have formal written policies and procedures for the following:
		1. Intake screening and classification? [ ]  Yes [ ]  No
		2. Medical screening? [ ]  Yes [ ]  No
		3. Suicide detection and prevention? [ ]  Yes [ ]  No
		4. Periodic walk-through of the facility? [ ]  Yes [ ]  No

If yes, how often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Administration and control of medication? [ ]  Yes [ ]  No
		2. Use of force? [ ]  Yes [ ]  No
		3. Emergency evacuation? [ ]  Yes [ ]  No
		4. Communicable diseases? [ ]  Yes [ ]  No
	1. When were your policies and procedures / manual last updated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Is your manual reviewed by legal counsel? [ ]  Yes [ ]  No
	3. Has your facility ever been subject to a court order or Consent Decree? [ ]  Yes [ ]  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Positions to be insured:

Please complete the following by accounting for each employee only once in their primary classification:

|  |  |
| --- | --- |
| **Law Enforcement Employee Classification** | **# of Employees in these positions** |
| * Full-time officer, including detectives, investigators, sergeants (including any chief, sheriff, or deputies), police dogs.
 |  |
| * Part-time, reserve, or auxiliary, court officers – armed or with arrest authority
* Full-time and part-time jailers
 |  |
| * Animal control personnel, dispatchers, jail medical personnel/coroners, school crossing guards,
* part-time, reserve, auxiliary, or court officers – unarmed without arrest authority
 |  |
| * Clerical, cooks, or other unarmed personnel not included elsewhere
 |  |

**WARRANTY AND ATTESTATION**

* ***Alabama:*** *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 or any combination thereof.*
* ***Arkansas****: 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.*
* ***Colorado****: 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.*
* ***District of Columbia****:* ***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.*
* ***Florida****: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.*
* ***Hawaii****: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.*
* ***Kentucky****: 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.*
* ***Louisiana****: 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.*
* ***Maine****: 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 denial of insurance benefits.*
* ***Maryland****: 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.*
* ***New Jersey****: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.*
* ***New Mexico****: 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.*
* ***New York****: 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.*
* ***Ohio****: 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.*
* ***Oklahoma: 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 false, incomplete or misleading information is guilty of a felony.*
* ***Oregon:*** *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 may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that: the misinformation is material to the content of the policy; we relied upon the misinformation; and, the information was either material to the risk assumed by us or provided fraudulently. For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.*
* ***Pennsylvania****: 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.*
* ***Rhode Island****: 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.*
* ***Tennessee****: 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 denial of insurance benefits.*
* ***Virginia****: 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, or denial of insurance benefits.*
* ***Washington****: 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, or denial of insurance benefits.*
* ***West Virginia****: 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.[WV ST §33-41]*

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 that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for, 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 applicant’s submission and Insurer’s receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

The signing of this Application does not bind the undersigned to purchase the insurance, nor does review of the Application bind the insurance company to issue a policy. ***The applicant does hereby agree that this policy, if issued, is issued in reliance upon the truth of this application, including all requested attachments, which may be incorporated into and made a part of this policy.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Authorized Signature Title Date**