

## RENEWAL APPLICATION

### PUBLIC OFFICIALS LIABILITY

#### I. INSTRUCTIONS

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
2. If a question does not apply, write "N/A".

#### II. GENERAL INFORMATION

1. Legal Name of Entity: \_\_\_\_\_
2. Current Richmond National policy number: \_\_\_\_\_
3. Human Resource Contact:   Name \_\_\_\_\_  
  Email \_\_\_\_\_  
  Phone Number \_\_\_\_\_
4. Address: \_\_\_\_\_  
City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_                      Largest City Within 25 Miles: \_\_\_\_\_  
Entity's website: www. \_\_\_\_\_
5. Current Population: \_\_\_\_\_
6. Within the last five (5) years, have any of the following taken place?
  - a. Grand jury investigation into activities of any official or employee.  Yes  No  
**If yes,** please provide details: \_\_\_\_\_
  - b. Indictment of any official or employee.  Yes  No  
**If yes,** please provide details: \_\_\_\_\_

#### III. PUBLIC OFFICIALS INFORMATION

1. Please indicate the services and activities performed by the public entity:
 

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Police Department    | <input type="checkbox"/> License Issuance  | <input type="checkbox"/> Gas Utility               |
| <input type="checkbox"/> Transit Authority    | <input type="checkbox"/> Zoning            | <input type="checkbox"/> Tax Assessment Collection |
| <input type="checkbox"/> Port Authority       | <input type="checkbox"/> Landfill          | <input type="checkbox"/> Building Inspection       |
| <input type="checkbox"/> Water/ Sewer Utility | <input type="checkbox"/> Airport Authority | <input type="checkbox"/> Hospital/ Nursing Home    |
| <input type="checkbox"/> Permits Issuance     | <input type="checkbox"/> Electric Utility  | <input type="checkbox"/> Housing Authority         |
| <input type="checkbox"/> Daycare              |  |  |

**If the entity is offering any new services or activities performed during the last twelve (12) months which were not declared on the application of the expiring policy, the entity will need to complete the applicable service under SECTION III. OPERATIONAL ADMINISTRATIVE INFORMATION of Application Form RN APP PE 002 1021 Public Officials Liability Application.**

**IV. EMPLOYEE INFORMATION**

1. Total number of employees:  
 Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Seasonal: \_\_\_\_\_
2. Have personnel policies and procedures been reviewed by legal counsel within the last twelve (12) months?  Yes  No
3. Have supervisors and/or employees received employment practices training during the last twelve (12) months?  Yes  No
4. Have any of the following taken place during the last twelve (12) months?

|    |                                      |  |                         |
|----|--------------------------------------|--|-------------------------|
| A. | Strike, slowdown or other disruption | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents: |
| B. | Layoff or reduction in staff         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents: |
| C. | Employee suspensions                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents: |
| D. | Employee transfers                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents: |
| E. | Non-renewal of employment contracts  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents: |
| F. | Employee terminations/dismissals     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents: |
| G. | Administrative appeals               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents: |
| H. | Formal Grievances                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provide # of Incidents: |

**Provide a detailed explanation for all "no responses" above on a separate attachment.**

**V. FINANCIAL INFORMATION**

1. Provide budget figures for the past three years:

| YEAR | REVENUE | EXPENDITURES |
|------|---------|--------------|
|      |         |              |
|      |         |              |
|      |         |              |

Provide an explanation for any budget deficits: \_\_\_\_\_  
 \_\_\_\_\_

2. Has state or federal aid been reduced or eliminated in the past year?  Yes  No
3. Do you expect a budget reduction in the next year?  Yes  No
  - a. If yes, how much? \$ \_\_\_\_\_
  - b. What programs will be affected?  Programs  Personnel  Other: \_\_\_\_\_
4. What is the amount of outstanding bonds? \_\_\_\_\_

5. What is your latest bond rating (Moody's or Standards & Poor's) \_\_\_\_\_
6. Has any bond been defeated in the past 12 months?  Yes  
 No  
 If yes, what was bond for? \_\_\_\_\_
7. Has your public entity been in default on principal or interest of any bond?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**VI. INSURANCE AND LOSS HISTORY**

1. Current general liability carrier: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Limits: \_\_\_\_\_
2. Check here if there have been no claims made against the public entity during the last twelve months:
3. Does any official or employee have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim?  Yes  No
4. Have any of the claims, acts, omissions, incidents, or circumstances identified in response to the preceding question been reported to an insurance carrier?  Yes  No
5. Check the boxes which generally describe the types of complaints/disputes the public entity has received during the last twelve (12) months:
- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Zoning            | <input type="checkbox"/> Termination | <input type="checkbox"/> Discrimination    |
| <input type="checkbox"/> Permits Issuance  | <input type="checkbox"/> Equal Pay   | <input type="checkbox"/> Land Use          |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Suspension  | <input type="checkbox"/> License Insurance |
| <input type="checkbox"/> Variances         | <input type="checkbox"/> Promotion   | <input type="checkbox"/> Demotion          |
| <input type="checkbox"/> Hiring            | <input type="checkbox"/> Segregation |  |
- For any boxes checked above, have all related complaints/ disputes been reported to us?**  Yes  No

**VII. FRAUD WARNINGS**

**General Fraud Warning:** 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.

**Applicable Notice to Applicants in:**

|                              |   |
|------------------------------|---|
| <b>Alabama</b>               | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.   |
| <b>Alaska</b>                | Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.   |
| <b>Arizona</b>               | For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.  |
| <b>Arkansas</b>              | 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.  |
| <b>California</b>            | For your protection California law requires the following to appear on this form:<br>Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.   |
| <b>Colorado</b>              | It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. |
| <b>Delaware</b>              | Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.   |
| <b>District of Columbia:</b> | 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.   |
| <b>Florida</b>               | 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.   |
| <b>Idaho</b>                 | Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.   |
| <b>Indiana</b>               | A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.   |
| <b>Kentucky</b>              | Any person who knowingly and with intent to defraud any insurance company or other person files a 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.  |
| <b>Louisiana</b>             | 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.  |
| <b>Maine</b>                 | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.  |
| <b>Maryland</b>              | Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.  |
| <b>Minnesota</b>             | A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.  |
| <b>New Hampshire</b>         | Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.  |
| <b>New Jersey</b>            | Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.<br>Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.   |
| <b>New Mexico</b>            | 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.   |
| <b>New York</b>              | 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.   |
| <b>Ohio</b>          | 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.   |
| <b>Oklahoma</b>      | 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.   |
| <b>Oregon</b>        | Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.   |
| <b>Pennsylvania</b>  | 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. |
| <b>Rhode Island</b>  | 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.  |
| <b>Tennessee</b>     | 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.   |
| <b>Texas</b>         | Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.   |
| <b>Virginia</b>      | 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.   |
| <b>Washington</b>    | 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.   |
| <b>West Virginia</b> | 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.  |

#### VIII. NOTICE TO APPLICANT

NOTICE: THE INSURANCE COVERAGE FOR WHICH THE APPLICANT IS APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE AND REPORTED DURING THE **POLICY PERIOD** AS STATED IN THE DECLARATIONS, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY **DAMAGES** WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** MAY BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT, IF APPLICABLE. IN NO EVENT WILL WE BE LIABLE FOR **DAMAGES** OR **CLAIM EXPENSES** IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO POTENTIALLY COVER SUCH CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS. WE WILL NOT PROVIDE COVERAGE, AND COVERAGE IS EXPRESSLY EXCLUDED, FOR CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS OF WHICH THE APPLICANT HAS KNOWLEDGE AND/OR IS AWARE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, IF OFFERED AND ACCEPTED. PLEASE READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

#### IX. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All

written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

|  |  |              |
|--|--|--------------|
| <b>Name of Applicant:</b>  |  |              |
| <b>Signature of person authorized to execute on behalf of the applicant:</b> |  | <b>Date:</b> |
| <b>Print name and title of person authorized on behalf of the applicant:</b> |  |              |
| <b>Agent/Broker Name:</b>  |  |              |