

James Stafford Insurance Agency
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Public Officials Liability Insurance Application for a Claims Made Policy

Your Specialty Insurance Professionals

Email: webmaster@insurance-online-texas.com

www.insurance-online-texas.com

- New application
 Renewal of policy # _____

I. Applicant Information

- Legal name of Public Entity _____

- Address _____

- City _____ County _____
 State _____ Zip _____
- What is the largest city within a 25 mile radius of your entity?

- Public entity created in _____ (year) operating as a
 city county state district
 commission authority other _____
- Number of board members _____
 Elected or Appointed
 If elected, are they elected via: single member districts
 at large combination of both
- Current population of entity _____
- Population of last census _____
- Any seasonal increase in population? Yes No
 If yes, % increase _____
- Are you a member of ICMA? Yes No
- Do you have a Risk Manager on staff? Yes No
 If yes, does each department submit a list of activities or
 projects for review each year? Yes No
- Total number of employees: _____
 Number of governing board members or employees who hold
 professional licenses:
 _____ attorneys _____ engineers
 _____ accountants _____ other
 _____ architects
 Is professional liability insurance purchased for these
 individuals? Yes No Limits? _____
- Name of public entity's attorney _____
 Name of public entity's engineer _____
 Name of public entity's accountant _____
- Is your attorney an employee of the entity?
 or on retainer?
- Does the public entity maintain a law enforcement/police
 department agency? Yes No
 If no, who provides service? _____
*Please attach a copy of any contract or agreement for the
 provision to the service.*
- Do you administer any of these facilities?
Note: Coverage may not be available.
 Facility Yes No
 If "yes", give budget and # of users.
 A. Gas Utility _____
 Residential # _____ Commercial # _____ Industrial # _____
 B. Electric Utility _____
 Residential # _____ Commercial # _____ Industrial # _____

- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
- Water/Sewer Utility _____
 Residential # _____ Commercial # _____ Industrial # _____
 - Port Authority _____
 River _____ Ocean _____ Lake # of employees _____
 - Airport _____
 If "yes", is airport owned operated leased
 Number of aviation shows or exhibitions _____
 Number of commercial passenger flights per day _____
 - Transit Authority _____
 Number of employees _____
 Type of vehicle _____
 - Housing Authority _____
 Number of housing units _____
 Tallest bldg. (# of stories) _____
 - Hospital _____
 If "yes", is hospital: owned operated leased
 Number of beds _____
 - Does your entity franchise TV services? Yes No
 If "no", are you anticipating to franchise cable within the next
 12 months? Yes No
 - Do you have tension lines passing through your municipality?
 Yes No
 Does it run through a residential area? Yes No
 Are your electro-magnetic levels monitored near high tension
 lines? Yes No
 - If you own or operate a housing authority, are buildings
 tested for lead paint? Yes No
 If lead paint is present, do you have a remediation plan to
 handle the problem? Yes No
 - Does this entity operate daycare facilities or services for
 children or adults? Yes No
 Detail of services _____
 - For which of the following services does the entity use
 subcontractors: (Check all that apply)
 Transportation Medical
 Accounting/Financial Secretarial/Administrative
 Custodial Legal
 Other _____
 Describe in detail _____
 - Do you require all subcontractors or independent consultants
 to carry liability insurance? Yes No
 Do you require to be added as an additional insured?
 Yes No
 - Do you own or operate any open or closed landfills?
 Yes No
 - Do you own or operate any hazardous waste
 landfills? Yes No
 - Is entity operating under any court orders? Yes No
 If yes, provide details: _____

II. Personnel Policies and Procedures

1. Do you have a written personnel manual? Yes No
2. Date of last revision/update _____
3. Is the manual distributed to all personnel? Yes No
4. Is the manual reviewed with them as part of their employment orientation? Yes No
5. Do you have written policies and procedures on the following:

	Yes	No	Last Update
A. Hiring	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Termination	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Background checks	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Suspension	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Promotion	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Transfer	<input type="checkbox"/>	<input type="checkbox"/>	_____
G. Demotion	<input type="checkbox"/>	<input type="checkbox"/>	_____
H. Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	_____
I. Medical leave	<input type="checkbox"/>	<input type="checkbox"/>	_____
J. Unpaid leave	<input type="checkbox"/>	<input type="checkbox"/>	_____
K. Grievance procedure for employee disputes/complaints	<input type="checkbox"/>	<input type="checkbox"/>	_____
L. Training of employees on various communicable diseases faced in public entity (i.e., TB, AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	_____
M. Reimbursement for continuing education	<input type="checkbox"/>	<input type="checkbox"/>	_____
N. Formal training program	<input type="checkbox"/>	<input type="checkbox"/>	_____
O. Have all your policies and procedures been reviewed by counsel?	<input type="checkbox"/>	<input type="checkbox"/>	_____
P. Are formal written job descriptions in place for all positions?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please attach an explanation for all NO answers.

6. Do you conduct pre-hire investigations or background checks of any or all applicants for employment? Yes No
If "yes", please explain your policy: _____
7. Do you have policies and procedures for drug testing employees? Yes No
If "yes", do your policies and procedures allow for mandatory random drug testing of employees? Yes No
8. Did any of the following take place in the past 3 years? Explain all "yes" answers on an attached sheet.

	Yes	No
A. Strike slowdown or other disruption?	<input type="checkbox"/>	<input type="checkbox"/>
B. Lay-off of staff or reduction in service?	<input type="checkbox"/>	<input type="checkbox"/>
C. Disputes involving integration, segregation, discrimination or violations of civil rights?	<input type="checkbox"/>	<input type="checkbox"/>
D. Has any employee been suspended, dismissed, demoted, transferred or contract non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>
E. Have all employment applications and procedures been reviewed by legal counsel and found in compliance with EEOC regulations (including ADA)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do your written guidelines provide for administrative hearings and appeals? Yes No
A. How many hearings/appeals have taken place in the last 12 months? _____
In what areas? _____
10. Does your attorney regularly participate in all grievance or administrative hearings?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
11. Do you expect a reduction in staff in the next 18 months? Yes No
If "yes", has your attorney reviewed your staff reduction plan? Yes No
12. How many staff members were terminated in each of the past three years?
199 _____
199 _____
199 _____

Attach a copy of the log of all Equal Opportunity Employment Commission claims or complaints filed against the entity in the past five years.

III. Operations Information

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you had any sexual harassment or assault and battery claims made against the municipality or its officials? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding employee hiring, or remuneration, advancement or termination of employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any disputes involving integration, segregation, discrimination or violation of civil rights? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had any improper or alleged wrongful granting of variances, building permits or similar grants or zoning disputes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had any wrongful or alleged wrongful approval of building plans, designs or specifications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you had any wrongful or alleged wrongful approvals of building construction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a written master plan for economic development? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. Approximate number of zoning variances granted during the preceding 12 months: _____
Number of permits approved last 12 months: _____ | | |
| 9. Do you have a policy which prohibits zoning board members with an investment in a business from voting on a zoning action which may directly or indirectly affect that business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In writing? | | |
| 10. Do you have a policy prohibiting zoning board members who are directors, officers or partners of a business from voting on a zoning action which may directly or indirectly affect that business? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In writing? | | |
| 11. Do you have a procedure which requires zoning board members to disclose to you all investments or controlling positions in any business which may be affected by the zoning board's actions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In writing? | | |
| 12. Does your municipal attorney attend all meetings of your planning and zoning board? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Explain all "yes" answers. Attach a separate narrative as necessary. Give details including nature of claim, settlement and legal costs.

IV. Financial/Bond Information

1. Budget (last three years) – please provide actual amounts from all sources.

2. Fiscal year ends on	Year	Actual Revenues	Actual Expenditures	Surplus (+) Deficit (-)	Accumulated Surplus

- A. If surplus/deficit exists indicate use of surplus or cause of deficit and how it will be eliminated: _____
3. How much of the operating budget is State aid? _____ Federal aid? _____
From what agencies? _____
4. Do you expect a budget reduction in the next year? Yes No Please give amount and impact of shortfall _____
What actions do you plan to take to adjust to this? _____
5. A. Does the entity have the authority to issue bonds? Yes No
B. If yes, dollar amount of bonds outstanding is \$ _____ (enter 0 if none outstanding)
C. What is the entity's bond rating? Current _____ Previous _____ S&P Moodys Other Not rated
D. Is bond rating guaranteed? Yes No
E. Has entity been in default of principal or interest on any bond? Yes No If yes, explain: _____
6. Has any bond been defeated in past three years? Yes No If yes, explain: _____

V. Policy/Claims History – Incidents – Current and Prior Four Years (including insured and uninsured losses). If no losses, check here

1. Please attach copy of current insurance company loss runs.

Year	Policy Number	Premium	Company	No. of Losses	Dollars of Paid Loss	Paid Expenses	Dollars Open Loss Reserve	Dollars Open Expense Reserve	Total Dollars Paid & Open Loss & Expenses
Total									

2. A. Has any claim been made/presented to your current or prior insurers? Yes No
B. Has any claim been made against the entity that was not covered by insurance? Yes No
C. Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding hiring, salary, advancement, demotion, suspension or termination? Yes No
D. Has any claim been made or is one now pending against any person in his/her official capacity as an official employee or volunteer of the entity? Yes No
E. Does any board member, employee or volunteer 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
F. Is the applicant aware of any claims, acts, omissions, incidents or circumstances which might reasonably be expected to be the basis of a claim or suit? Yes No
G. 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

Disclosure to the Company is required of any such acts which become known to the applicant between the date of application and the date when coverage becomes effective. These acts shall include EEOC notice.

Section V "yes" answers must be explained fully, giving date of incident, complainant's name, cause of action, damages claimed, amount of settlement and legal cost paid and current status of each open incident/claim including open loss reserve, open loss adjustment/defense cost reserve and paid defense costs to date.

VI. Current Insurance Coverage Information (Please answer for all coverages now in force.)

1. A. Has any such insurance been declined, canceled or not renewed? Yes No (Question not applicable to Missouri residents.)
B. If yes, please explain _____
2. A. Has the entity maintained continuous POL (public officials liability) coverage for the last five years at the limits requested?
 Yes No If no, since when? _____
B. What is the retroactive date on your current POL coverage? (If none, indicate here) _____
C. Is current POL coverage occurrence or claims made

Policy Type	Policy Number	Company Name	Expiration Date	Limits	Deductible	\$ Premium
1. General Liability						
2. Personal Injury						
3. Public Officials						
4. Law Enforcement						

Does your current coverage under 1, 2 & 3 above cover allegations of:
 sexual abuse/molestation? Yes No discrimination? Yes No employment practice? Yes No

VII. Coverage Requested

- Limits of liability each claim and policy year aggregate: _____
- Dollar deductible each claim: _____

VIII. Authorized Entity Representative

- The official designated to receive any and all notices from the insurer to the entity concerning any policy issued as a result of this application shall be (please type or print).

Name _____

Title _____

- 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 signing of this application does not bind the signer to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.**

STATE NOTICES

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 containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

FRAUD WARNING – APPLICABLE IN KENTUCKY, MINNESOTA, OHIO AND 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.

NEW JERSEY FRAUD WARNING – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Authorized signatory of entity

Date

Title

Phone Number

IX. Agency Information

Agency Name James Stafford Insurance Agency

Contact _____

Address _____

City/State _____ Zip _____

Telephone Number _____

Fax Number _____

Will you make the surplus lines filings for this policy?

Yes No

Your surplus lines license number _____

X. Please attach:

Carrier Loss Runs for last 3-5 years.

Current Year End Audited Financial Statement with Notes.

Personnel Policies and Procedures for question 5 A-K under Section II.

List of all complaints filed with EEOC over the last 5 years.

Agency No. STAJ09