



**PUBLIC OFFICIALS AND EMPLOYEES LIABILITY  
RENEWAL APPLICATION  
(CLAIMS MADE POLICY)**

1. Legal Name of Public Entity is: \_\_\_\_\_

2. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Public Entity operates as a \_\_\_\_\_  
City, State, District

4. Present Population \_\_\_\_\_  
(If the Public Entity is a Utility, Actual Number of Persons Served \_\_\_\_\_)

5. Names and Officials Titles of Governing Board Members:

| Name  | Title/Occupation | Elected | Appointed |
|-------|------------------|---------|-----------|
| _____ | _____            | _____   | _____     |
| _____ | _____            | _____   | _____     |
| _____ | _____            | _____   | _____     |

6. Total Number of Employees \_\_\_\_\_

It is warranted that the figures shown in Item 7 (below) include the budget of each board, commission, authority, or other unit herewith listed. If any of these Public Entities operate on separate budget, please indicate, list budget figures, and indicate whether any of them presently carry their own Public Officials Liability insurance. If no such units are in operation, so state:

\_\_\_\_\_

7. Fiscal Year ends on: \_\_\_\_\_

Budget Current Fiscal Year \$ \_\_\_\_\_ Estimated Surplus (or Deficit) \$ \_\_\_\_\_

| Year     | Actual Income<br>Prior 3 Years | Actual Expenditures<br>Prior 3 Years | Surplus or Deficits |
|----------|--------------------------------|--------------------------------------|---------------------|
| 19 _____ | \$ _____                       | \$ _____                             | \$ _____            |
| 19 _____ | \$ _____                       | \$ _____                             | \$ _____            |
| 19 _____ | \$ _____                       | \$ _____                             | \$ _____            |

Please explain any deficit(s) shown above: \_\_\_\_\_

\_\_\_\_\_

Does the Public Entity anticipate any special projects which will result in a substantial budget increase in the next year?  Yes  No

If so, what amount of revenue is allotted? \_\_\_\_\_

8. A. Total Amount of Outstanding Bonds \$ \_\_\_\_\_
- B. Latest Moody's and/or Standard and Poor's Bond Rating \_\_\_\_\_
- C. Have any bond proposals ever been defeated or has the municipality been in default on principal or interest of any bond?  Yes  No
- If so, for what reason? \_\_\_\_\_

9. The following boards, commissions, or units may be considered for coverage by endorsements to the policy upon request. Indicate if the authority of the governing board shown in Item 5 includes the operation and allocated budget of:

|  |  |       | <b>Current<br/>Total<br/>Revenues</b> | <b>Current<br/>Total<br/>Expenditures</b> | <b>Coverage<br/>Desired?</b>                             |
|--|--|-------|---------------------------------------|---|--|
| A. An Airport                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____                                 | _____                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. A water, gas, sewer or electric utility | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____                                 | _____                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. A hospital                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____                                 | _____                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. A transit authority                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____                                 | _____                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. A housing authority                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____                                 | _____                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If "Yes", indicate amount of Revenues and Expenditures included under Item 7 \_\_\_\_\_

*(for the above entities please submit separate financial statements along with application)*

10. Does the Public Entity operate a nuclear facility or participate in any Local, State or Federal nuclear power system?  Yes  No

If "Yes", explain: \_\_\_\_\_

11. Does the Public Entity own or operate any open or closed landfills (including hazardous waste landfills)?  Yes  No

If "Yes", explain: \_\_\_\_\_

12. Are the Entity's exclusive contracts awarded by competitive bidding practices?  Yes  No

If "No", explain and advise type (i.e., Cable TV, Sanitation, Utilities, etc.): \_\_\_\_\_

13. Does the Public Entity carry Primary General Liability insurance?  Yes  No

Company \_\_\_\_\_ Limits \_\_\_\_\_ Expiration Date \_\_\_\_\_

Does the coverage include discrimination?  Yes  No

Does the Public Entity carry Police Professional Liability?  Yes  No

Company \_\_\_\_\_ Limits \_\_\_\_\_ Expiration Date \_\_\_\_\_

14. The following official or employee of the Public Entity is authorized and designated to receive any notices from the Company or its authorized representative concerning this insurance (*please print*):

\_\_\_\_\_ (Official)

\_\_\_\_\_ (Title)

IT IS AGREED THAT THIS RENEWAL APPLICATION IS A SUPPLEMENT TO THE APPLICATION(S) ATTACHED TO THE CURRENT POLICY AND SAID APPLICATION(S) 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.

**NEW YORK APPLICANTS: PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, NEW YORK INSURANCE DEPARTMENT REGULATIONS REQUIRE THAT THIS SIGNED STATEMENT BE ATTACHED TO THE POLICY.**

The insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The insured hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

**Warning**  
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 act, which is a crime.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
*(Name of Agent)*