

*Denotes required field

GENERAL INFORMATION

*Type: New Renewal *Previous Application (Renewal only) _____

*Name of Insured	*Federal ID Number	*Phone	Fax	*Proposed Effective Date
*Address (Street, City, Zip Code)			*State	*County
*Type of Public Entity: City, Town, Township, State, Special District, County, Utility (describe), other special district/agency (describe)				*Current Population
Please describe utility or other special district/agency, public entity type				
*Entity Contact		Entity Web Address		*Phone
Financial / Accounting Contact				Phone

AGENCY AND AGENT INFORMATION

*Are you a surplus lines agent? Yes No

*Name of Agent/Broker Contact	*E-mail Address	St. Paul Agency No.
Name of Agency / Brokerage	Producer License No.	*Phone
Address (Street, City, State, Zip Code)		*Fax

CLAIM HISTORY

Please attach currently valued insurance company loss runs containing date of loss, paid loss and loss expense, reserved loss and loss expense and description of loss by line for the past 5 years.

COVERAGES

*1. Proposed Effective Date _____

2. Proposed Expiration Date _____

*3. Date Quote is Needed..... _____

*4. Bid Date _____

5. Are you requesting any deductible in excess of \$25,000 for any of the following lines of business:
Auto Liability, General Liability, Law Enforcement Liability, Public Entity Management Liability or Employment Practices Liability? Yes No

a. OR Is any aggregate deductible requested? Yes No

b. OR Will this account include a self-insured retention? Yes No

If yes to any of the above, complete the Large Account Supplement found under the Misc Forms.

Coverage	Check if Requested	Coverage	Check if Requested
Auto (Auto Liability, Auto Physical Damage, Limited Transit)	<input type="checkbox"/>	Inland Marine	<input type="checkbox"/>
Crime	<input type="checkbox"/>	Law Enforcement Liability	<input type="checkbox"/>
Employment Practices Liability	<input type="checkbox"/>	Property	<input type="checkbox"/>
Equipment Breakdown	<input type="checkbox"/>	Public Entity Management Liability	<input type="checkbox"/>
General Liability	<input type="checkbox"/>	Umbrella	<input type="checkbox"/>
		Other Coverage	<input type="checkbox"/>

AUTO

1. AUTOMOBILE LIABILITY

	Liability Limit (CSL)	PIP	Medical Payments Limit	UM/UIM Limit	Liability Deductible
Option 1	\$	\$	\$	\$	\$
Option 2	\$	\$	\$	\$	\$
	Select Covered Auto Symbols: 1, 2, 3, 4, 7, 8, 9	Select Covered Auto Symbols: 5, 7	Select Covered Auto Symbols: 2, 3, 4, 7, 8	Select Covered Auto Symbols: 2, 3, 4, 6, 7	

2. AUTOMOBILE PHYSICAL DAMAGE

	Comprehensive Deductible	Collision Deductible
Option 1	\$	\$
Option 2	\$	\$
	Select Covered Auto Symbols: 2, 3, 4, 7, 8	Select Covered Auto Symbols: 2, 3, 4, 7, 8

- a. Hired Car Physical Damage Yes No
- b. Cost of Hire \$ _____
- c. Comprehensive Deductible \$ _____
- d. Collision Deductible \$ _____

3. GARAGEKEEPERS LEGAL LIABILITY

Locations Covered *Each location must be listed separately:*

Location	# of Vehicles	Limit		Deductible	
		Comprehensive	Collision	Comprehensive Per Auto/Per Loss	Collision Per Auto
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Please attach a schedule of vehicles, including year, make, model, cost new, VIN #s and department. Also attach a schedule of drivers, including name, driver's license #, birthdate and identify emergency vehicle operators.

- 4. Do you check Motor Vehicle records (MVRs) prior to hire? Yes No
How often thereafter do you re-order MVRs?
- 5. Do you have criteria for MVR acceptability? Yes No
- 6. Do you provide driver training periodically for all drivers? Yes No
- 7. Are all accidents reviewed internally and corrective action taken? Yes No
- 8. Do you have a vehicle maintenance program? Yes No
- 9. Are drivers of 15-passenger vans specifically trained in the operation of these vehicles? NA Yes No

10. If law enforcement vehicles are included in the automobile schedule and Law Enforcement Liability is not being requested, do you have the following policies and procedure?
- a. Vehicular Pursuit..... Yes No
Date of last Revision..... _____
- b. Patrol Driving & Response Yes No
Date of last Revision..... _____
- c. Transportation of Prisoners Yes No
Date of last Revision..... _____

LIMITED TRANSIT

11. Type of transportation service:
 Light rail Scheduled bus route Demand response / Para transit / Dial-A-Ride
 Daycare / Day camp / Recreation programs Social Services
12. Are new drivers subject to an orientation program on basic vehicle operation prior to being allowed to operate that vehicle? Yes No
13. Are criminal record checks conducted on all transportation employees? Yes No
14. Is there a written program and driver training on handling handicapped passengers?..... Yes No
If yes, please indicate which of the following are included in the written program and driver training:
- a. Use of tie-downs Yes No
- b. Passenger restraint..... Yes No
- c. Loading and unloading of passengers..... Yes No
- d. Door-to-door service procedures..... Yes No
15. Do you operate any vehicles you do not own? Yes No
If yes, please provide contractual agreement.
16. Any contracted drivers? Yes No
If yes, please provide contractual agreement.
17. Are volunteers used for any transportation service? Yes No
If yes, describe: _____

CRIME

Please choose the applicable Insuring Agreement(s), limit(s) and deductible(s).

1. Insuring Agreement(s) Requested	Limit of Insurance	Deductible
Employee Theft Coverage - Per Loss Coverage*	\$	\$
Employee Theft Coverage - Per Employee Coverage*	\$	\$
Forgery or Alteration	\$	\$
Inside the Premises - Theft of Money and Securities	\$	\$
Inside the Premises - Robbery or Safe Burglary of Other Property	\$	\$
Outside the Premises	\$	\$
Computer Fraud	\$	\$
Funds Transfer Fraud	\$	\$
Money Orders and Counterfeit Paper Currency	\$	\$

*Is coverage extended to provide faithful performance of duty? Yes No

Indicate the following:

- 2. Number of officials/officers, not required by law to be individually bonded, who are authorized to manage, govern, or control the insured's employees: _____
- 3. Number of employees who handle, have custody of, or maintain records of, money, securities, or other property, including department and division heads and assistant department and division heads and peace officers (including patrolmen/women when Faithful Performance of Duty Coverage is being written): _____
- 4. Number of all other officials, trustees, officers, employees, administrators and managers (other than independent contractors) not included in the two questions above, who handle funds or other property of employee benefit plans: _____
- 5. One percent of all others (including patrolmen/women when Faithful Performance of Duty Coverage is not being written): _____

Audit Procedures:

- 6. Is an audit performed by an independent CPA or public accountant? Yes No
If yes, how often?
 - a. Quarterly Yes No
 - b. Semi-Annually Yes No*If no, is an internal audit performed?* Yes No
- 7. Is the audit made in accordance with generally accepted accounting standards? Yes No

Internal Controls:

- 8. Are all bank account statements reconciled at least monthly? Yes No
- 9. Is the reconciliation handled by one or more employees not authorized to sign checks, or make or record deposits/withdrawals? Yes No
- 10. Are at least two signatures required on checks? Yes No
If yes, over what threshold? _____
- 11. Are securities subject to joint control by two or more employees? Yes No
- 12. Are all applicants for employment verified by checking references and contacting former employers? Yes No

Inside/Outside the Premises Coverage Exposures: Check here if not applicable.

- 13. What is the type of safe or vault? _____
- 14. Is the burglar alarm connected to the safe or vault? Yes No
- 15. Is an armored car service employed by the insured to move money and/or securities? Yes No
- 16. Other protection (e.g., fences, floodlights, alarm, etc.): _____

Computer Fraud Controls: Check here if not applicable.

- 17. Is a software security system in place to detect fraudulent computer usage by employees, agents, or outsiders? Yes No
- 18. Are passwords and access codes changed at regular intervals and when users are terminated? Yes No
- 19. Are computer programmers permitted to use machines with their own programs? Yes No
- 20. Are computer check-writing functions separate from check authorizations? Yes No
- 21. Are EDP systems, programs and procedures, including changes thereto, authorized, documented and tested? Yes No
- 22. If Funds Transfer Fraud coverage is desired, please answer the following:
 What is the daily dollar volume of electronic funds transferred?
 - a. Average..... \$ _____
 - b. Maximum \$ _____
- 23. Are transfer verifications sent to an employee and/or department other than the one that initiated the transfer? Yes No

EMPLOYMENT PRACTICES LIABILITY - CLAIMS MADE

IMPORTANT NOTE: This is an application for a Claims Made coverage that includes defense expenses within the limits of coverage. Therefore, 100% of the limits of coverage, and any deductible that applies to defense expenses, may be used up with the payment of judgements, settlements, or defense expenses.

For purposes of this application only:

- the words we, us, our, and ours mean St. Paul Fire And Marine Insurance Company; and
- the words you, your, and yours mean the public entity applying for this employment practices liability coverage.

INSURANCE COVERAGE AND LIMITS

1. Each wrongful employment practice offense limit/Total limit:
 \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000
 Other \$ _____ / _____
2. Deductible/Retention: \$15,000 \$25,000 Other _____
3. Retroactive Date: _____
4. Do you currently carry Employment Practices Liability Insurance? Yes No
If yes, was prior coverage cancelled or non-renewed? Yes No
5. Prior coverage information:
 - a. Insurer: _____
 - b. Each wrongful employment practice offense limit/Total (Aggregate) limit: \$ _____ / \$ _____
 - c. Retroactive Date: _____ d. Deductible/Retention: \$ _____
 - e. Policy Period: _____ f. Premium: \$ _____

EMPLOYEE INFORMATION

6. Complete the following table:

	This Year			Prior Year		
	Total #	Total # Terminations Voluntary	Involuntary	Total #	Total # Terminations Voluntary	Involuntary
Full-time employees (work 32 or more hours per week)						
Part-time employees						
Temporary seasonal employees						
Leased workers						
*Independent contractors						
Volunteers - Firefighters						
Volunteers - Other						

**Independent contractor means any person who is not your employee, but who performs duties related to the conduct of your operations in the course of their independent employment in accordance with a contract between you and the independent contractor for specified services.*

7. What was your turnover rate for full-time employees (number of employees who left or were terminated divided by the total number of employees):
 - a. This year _____%
 - b. Prior Year _____%
8. What percentage of your workforce is unionized? _____%

9. Do you anticipate any of the following, including those resulting from any type of restructure or privatization of service, within the next 12 months?

		# Employees involved	Job categories involved
a. layoffs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. terminations	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. workforce reductions	<input type="checkbox"/> Yes <input type="checkbox"/> No		

HUMAN RESOURCES

10. Do you have a human resources department? Yes No
If no, is there an individual designated to handle all employment related incidents? Yes No
If no, please describe how human resource function is handled: _____

11. With the purchase of this EPL policy, you will receive free access to EPLResource™, an online risk management service specializing in employment practices. Please provide the following information for the person responsible for your human resources department or function, or responsible for employment-related policies, procedures, and training:

Name: _____ Title: _____
 Phone: _____ e-mail: _____

12. Are all involuntary terminations reviewed and approved by (check all that apply):

- Human resources manager
- Inside legal counsel
- Outside employment counsel

13. Are all prospective employees required to complete a standard employment application prior to hire? Yes No
If yes, does it contain:

- a. An employment at-will statement? Yes No
- b. An authorization to check references and criminal conviction records?..... Yes No
- c. The applicant's signature attesting that all representations are true? Yes No
- d. An equal opportunity statement?..... Yes No

14. Do you have written guidelines, policies or procedures that address the following:

		Last Revision Date	Do you have training for your managers/supervisors in the following areas (check all that apply)
a. Equal Employment Opportunity (EEO) policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
b. Discrimination (anti-discrimination) policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
c. Discipline/discharge/termination policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
d. Workplace harassment, including sexual harassment, policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
e. Hiring policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
f. Reporting, investigating and resolving employee complaints (grievance policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
g. Performance appraisal review	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
h. Salary administration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
i. Accommodating the disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>

15. Are the above policies and procedures contained in an employee handbook, or policies and procedures manual that is distributed to all employees? Yes No
- a. *If no, how are policies communicated to employees?* _____
- b. *If yes, are employees required to sign for the manual/handbook?* Yes No
16. Do you have have a training or education program that sensitizes all employees on issues of:
- a. discrimination Yes No
- b. workplace harassment Yes No

LOSS HISTORY

17. Are you currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? *If yes, please attach a copy.* Yes No
18. Has there been during the past five years, or is there now pending, any of the following items against you or any of your employees involving an employment matter (whether reported to an insurer or not):
- a. written demand for monetary damages Yes No
- b. civil or criminal proceeding Yes No
- c. an administrative or arbitration proceeding Yes No
- d. any complaint, charge, or investigative proceeding before the EEOC or similar state or local agency Yes No

If yes, please complete the following table. If additional space is required, attach a separate addendum.

Date	Claimant Name	Nature of action	Current Status

19. Do you or any of your employees have knowledge or information of any alleged violation of any law, internal complaint, or circumstance, related to employment which could reasonably give rise to a claim? Yes No
- If yes, attach details.*

20. By signing this application below, you agree that:
- the statements and representations made in this application, and in all materials submitted to us in connection with it, are accurate and complete;
 - we rely on these statements and representations and they are material to our acceptance of risks assumed under the coverage for which you have applied;
 - we're authorized to make any investigation in connection with this application;
 - this application, and all materials submitted to us in connection with it, are deemed to be attached to and incorporated into any policy issued based on this application for purposes of applying the Fraud And Misrepresentation section, or any similar section, in the General Rules form, or any similar form, that is part of such policy; and
 - if, between the date of your signature below and the effective date of any coverage issued based on this application, any of the information supplied in connection with this application becomes inaccurate or incomplete, or you learn that any of the information supplied in connection with this application is inaccurate or incomplete, you'll immediately notify us and provide us with the accurate and complete information, and we may withdraw or modify any outstanding quotation for such coverage or any agreement to issue such coverage.

Signing this application does not obligate us to issue the coverage for which you have applied, nor does it require you to accept such coverage.

Your Human Resources Manager or Authorized Representative	Date	Signed By
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IMPORTANT NOTE:
A signature from the public entity's Human Resources Manager or Other Authorized Representative is a requirement for EPL coverage! Please print the EPL application, obtain the required signature, and fax the entire signed EPL supplement to your Territory Manager or Underwriter.

EQUIPMENT BREAKDOWN

1. Current Insurance Carrier or Method (i.e. self insurance): _____

2. Current Limits: \$ _____
3. Current Deductible: \$ _____
4. Current Premium: \$ _____
5. Is coverage desired? Yes No
- If yes, quote will be provided per the values furnished on the property schedule unless otherwise indicated.*

GENERAL LIABILITY

	Option 1		Option 2	
	Limits	Deductible	Limits	Deductible
1. General Total (aggregate)	\$	\$	\$	\$
2. Each Event	\$	\$	\$	\$
3. Sewer Backup (sublimit)	\$	\$	\$	\$
4. Failure To Supply (sublimit)	\$	\$	\$	\$
5. Premises Damages (sublimit)	\$	\$	\$	\$
6. Medical Expenses (sublimit)	\$	\$	\$	\$

7. If expiring is claims-made, latest retro date: _____
8. Will expanded reporting period endorsement be purchased from expiring carrier? Yes No

Miscellaneous Liability	Limit	
9. Employee Benefits Prog. Admin. Liability-Claims Made	\$	# of Employees:
10. Liquor Liability	\$	
11. Cemetery Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	Included In General Liability
12. Stop Gap (Available in ND, OH, WA, WV, WY)	BI by Accident (Each Accident) \$	Attach work comp payroll schedule
	BI Disease Total \$	
	BI Disease Each Employee \$	

INLAND MARINE

Attach an itemized schedule of desired inland marine coverages by location, indicating the limit of coverage, deductible, and complete description of the property.

Coverage	Limit	Deductible
1. Computer		\$
a. Limit/Exposure	\$	
b. Transit Limit	\$	
c. Data & Media	\$	
d. Business Interruption	\$	
e. Worldwide Coverage Extension	\$	
2. Contractor's Equipment Limits	\$	\$
3. Difference in Conditions:		\$
a. Flood Sublimit	\$	
Flood Zones (A, B, C, D, V, X) _____		
b. Earthquake Sublimit	\$	
Earthquake Zones (1-12) _____		
4. Fine Arts		\$
5. Miscellaneous Property Floater (not contractor's equipment)		\$
6. Radio and Television Broadcasting Equipment		\$
7. Radio Towers		\$
a. Age _____ years		
b. Height _____ feet		
8. Valuable Papers		\$

LAW ENFORCEMENT LIABILITY

INSURANCE COVERAGE AND LIMITS

1. Coverage Type: Occurrence Claims Made 2. Retroactive Date: _____

3. Has there been continuous Claims Made coverage back to the requested Retroactive Date? Yes No

4.	Each Wrongful Act Limit	Total Limit (Aggregate)	Each Wrongful Act Deductible
Option 1	\$	\$	\$
Option 2	\$	\$	\$

GENERAL UNDERWRITING INFORMATION

- 5. Is department accredited by the Commission on Accreditation for Law Enforcement Agencies (CALEA)? Yes No
- 6. Do you contract law enforcement to any public or private entity? Yes No
- 7. Are you part of any mutual law enforcement assistance agreements between political subdivisions? Yes No
- 8. Complete the following for each task force in which you participate:

Task Force Type	No. of Officers Involved	Do you lead this task force?	Is task force a separate entity?	Is task force insured elsewhere?
Drug		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swat		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gang		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 9. Does the agency operate a shooting range? Yes No
If yes, is it used by:
 - a. outside law enforcement agencies? Yes No
 - b. The general public? Yes No
- 10. If yes, is an injury waiver required?..... Yes No

EMPLOYEE CLASSIFICATION

GROUP 1 EMPLOYEES	NO.	GROUP 2 EMPLOYEES	NO.	GROUP 3 EMPLOYEES	NO.	GROUP 4 EMPLOYEES	NO.
Full-time officers, detectives, investigators and sergeants (including the chief, sheriff and deputies)		Part-time/reserve/auxiliary/court officers armed, or with arrest authority		Animal Control Personnel		Other unarmed law enforcement personnel (includes clerical, cooks, and other unarmed personnel not included elsewhere)	
				Dispatchers			
				Jail Nurse			
				Jail Medical Personnel - Other			
Police Dogs		Full-time jailers					
		Part-time jailers		School Crossing Guards		Other unarmed jail personnel (includes clerical, cooks, and other unarmed jail personnel not included elsewhere)	
				Unarmed part-time/reserve/auxiliary officers without arrest authority			

DEPARTMENT POLICIES AND PROCEDURES

- 12. Does the agency have a policy and procedure manual? Yes No
- 13. Is the manual distributed to all personnel? Yes No
- 14. Are employees required to sign off? Yes No
- 15. Date of last overall revision of your policy and procedure manual: _____
- 16. How often is the manual reviewed with personnel?

17. a. Does the applicant have written policies governing the following:

	Policy Description	Date Written	Date of Last Revision
<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of force		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Firearms & Less than lethal weapons		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicular pursuits		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patrol driving and response		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Domestic violence response		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Service of warrant		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation of prisoners		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrests and investigatory stops		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Searches		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Motor vehicle stops & searches		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Canines		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual harassment		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of volunteers		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary employment & Off-duty powers (moonlighting)		

b. Have the policies and procedures been reviewed by legal counsel? Yes No

If yes, name of counsel: _____

EDUCATION AND TRAINING

18. Complete the following:

Training Requirements	Patrol and Auxiliary Officers	New Officer and Annual In-Service Training
Do all officers meet state certifying agency minimum training standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Firearms Training and Qualification Frequency of Qualification: _____ per year	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impact Weapon Training and Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Agent (Oleoresincapsium) Training and Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taser Training and Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Speed Pursuit Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Department Policy and Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Constitutional Use of Force	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legislative and Case Law	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Duties of reserve/auxiliary officers:

Traffic control Civil Disturbance Crowd Control Other: _____

EMERGENCY DISPATCH

20. Does your department handle your own dispatch? Yes No
21. Does your department handle dispatch for others? Yes No
22. Are incoming calls to dispatchers recorded? Yes No
- If yes, how long are tapes or digital files retained (i.e. # of years)? _____*

JAIL/HOLDING CELL OPERATIONS

23. How many, if any, of the following do you operate?

Facility	No. of Cells	Accredited by American Correctional Association?	Square Footage	Design Capacity	Average Inmate Population	Maximum Capacity in Past 12 months
Jail		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Holding Facility		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Juvenile Detention Center		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No				

24. Does the applicant have written policies governing the following?

	Policy Description	Date Written	Date of Last Revision	New Jailer and at least Annual Training?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of Force			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Restraints			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Inmate Classification			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Strip Searches			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Treatment			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Suicide Prevention			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Evacuation			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Key Control and Security			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Inmate Transportation			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Discipline and Grievance Procedures			<input type="checkbox"/> Yes <input type="checkbox"/> No

25. How frequently are cell checks conducted for each of the following?

- a. General Population: _____ b. Suicide: _____ c. Maximum Security Cells: _____

26. In the past three (3) years, have there been any suicides or attempted suicides in your jail or similar holding facilities? Yes No

- a. No. of suicides: _____ b. No. of attempts: _____

27. What type of surveillance system is installed in the jail? _____

JAIL FACILITIES

28. Complete the following:

	Date of last inspection	Inspection report enclosed
State Corrections		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Inspector		<input type="checkbox"/> Yes <input type="checkbox"/> No
Department of Health		<input type="checkbox"/> Yes <input type="checkbox"/> No

29. Are juveniles separated from adult criminals? Yes No

30. Are suspects of violent crimes separated from suspects of misdemeanor crimes? Yes No

31. Are strip searches conducted on all detainees regardless of the crime? Yes No

32. Are medical facilities available in the jail? Yes No

If yes, describe: _____

If no, how do inmates receive treatment? _____

33. Has the facility ever been subject to a Court Order or consent decree? Yes No

If yes, what is the status of the order? _____

34. Is the jail administrator a "Certified Jail Manager" per the American Jail Association (AJA)? Yes No

PROPERTY

Please attach a signed property schedule with location numbers, address (including zip code), protection class, private protection (i.e., sprinklered; smoke detection), square footage, construction, age and occupancy.

Coverage	Limits	Deductible	Coins %	Coverage Information (check all that apply)		
				<input type="checkbox"/> RC <input type="checkbox"/> ACV	<input type="checkbox"/> Blanket <input type="checkbox"/> Specific	<input type="checkbox"/> Agreed Amount
1. Building	\$	\$		<input type="checkbox"/> RC <input type="checkbox"/> ACV	<input type="checkbox"/> Blanket <input type="checkbox"/> Specific	<input type="checkbox"/> Agreed Amount
2. Business Contents	\$	\$		<input type="checkbox"/> RC <input type="checkbox"/> ACV	<input type="checkbox"/> Blanket <input type="checkbox"/> Specific	<input type="checkbox"/> Agreed Amount
3. Blanket Earnings & Expense						
4. Extra Expense				Location Nos.:		
5. Other:						

PUBLIC ENTITY MANAGEMENT LIABILITY

INSURANCE COVERAGE AND LIMITS

1. Retroactive Date: _____
2. Has there been continuous Claims Made coverage back to the requested Retroactive Date? Yes No

	Limits of Liability	Each Wrongful Act Limit	Total (Aggregate) Limit	Each Wrongful Act Deductible
Option 1	\$	\$	\$	\$
Option 2	\$	\$	\$	\$

PLANNING AND ZONING

3. Is your entity responsible for planning and zoning changes? Yes No
If yes, is there a separate planning and zoning board? Yes No
4. Do you have a comprehensive Land Use Plan?..... Yes No
5. Do all zoning changes require a public hearing? Yes No
If yes, describe process: _____
6. Does your entity have a written policy regarding the zoning appeal process? Yes No

OPERATIONS/SERVICES

7. Please provide information on the following operations/services:

Operation/Service	Do you control?	If no, who provides?	Is there a separate board or commission?*	Separately Insured
Airport			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electric Utility			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas Utility			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Facilities			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Authority			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Law Enforcement			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Port Authority			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Board			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transit Authority			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Note: There is no coverage for loss that results from the conduct of duties by or for such separate board or commission.

8. Are newly elected/appointed officials required to attend a formal training program? Yes No
9. Is there a procedure for handling citizen complaints? Yes No
If yes, does it include documentation of notice and action taken? Yes No
10. To your knowledge, does any official or employee have any knowledge of any act, error, or omission that might give rise to a claim against him/her? Yes No
If yes, please provide details: _____

UMBRELLA

Umbrella Excess	Excess Errors & Omissions
Limits of Liability:	Limits of Liability:
Option 1: \$	Option 1: \$
Option 2: \$	Option 2: \$
<input type="checkbox"/> General Liability	<input type="checkbox"/> Public Entity Management Liability - Claims Made
<input type="checkbox"/> Law Enforcement Liability <input type="checkbox"/> Claims-made Occurrence	<input type="checkbox"/> Employee Benefits Liability - Claims Made
<input type="checkbox"/> Auto	

OTHER COVERAGE

1. Insurance coverage description: _____

2. Current insurance carrier or method (i.e. self-insurance): _____

3. Current Limits: \$ _____
4. Current Deductible: \$ _____
5. Current Premium: \$ _____

Please read the statement applicable to your state. If your state and/or line of business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application

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 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.

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 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.

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 a denial of insurance benefits.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 (Non Auto): 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 any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

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 and 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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

FLORIDA: 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.

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.

CALIFORNIA FOR AUTO: IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

MASSACHUSETTS FOR AUTO: NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

NEW YORK FOR AUTO: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION. **FOR OTHER LOBS:** 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.

RHODE ISLAND: *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
 YES NO

TENNESSEE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

Signature

Date