



**PUBLIC OFFICIALS LIABILITY AND
EMPLOYMENT PRACTICES LIABILITY
INSURANCE APPLICATION**

Rockwood Programs, Inc.
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I. GENERAL INFORMATION

1. Name of entity to be insured: _____
2. Physical address: _____
City: _____ State: _____ ZIP: _____
Mailing address (if different): _____
3. Contact Name: _____ Title: _____ Phone: _____
4. Does the applicant have a full-time HR/Risk Manager? Yes No; Name: _____
5. Applicant operates as a:

City	Township	County
District	Authority	Commission
Other: _____		
6. Date of Organization/Incorporation: _____
7. Population (if district or authority, show service population): _____
8. Does the applicant have a seasonal change in population of more than 25% during the year? Yes No
9. What is the largest city within 25 miles? _____
10. Total number of employees: _____ Full Time: _____ Part Time: _____
11. Total number of board members: Elected: _____ Appointed: _____
If appointed, who appoints? _____
12. How many employees hold professional designations? _____ If applicable, please answer the following:

Profession	Direct Employee?		Contracted?		Covered By Professional Liability Insurance?	
Accountants	Yes	No	Yes	No	Yes	No
Architects	Yes	No	Yes	No	Yes	No
Attorneys	Yes	No	Yes	No	Yes	No
Engineers	Yes	No	Yes	No	Yes	No

13. Name of applicant's General Counsel: _____

II. FINANCIAL / BOND INFORMATION

1. Please complete the following chart using budget figures for the previous three years:

Year	Revenue	Expenditures	Surplus/Deficit	Accumulated (+/-)

2. What is the amount of your outstanding bonds? _____
3. What is your latest bond rating? (Moody's or Standard Poor's) _____ No Current Rating
4. What was your previous bond rating? _____
5. 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
6. Has the applicant been in default on the principal or interest on any bond?..... Yes No
7. If yes to any of questions 4, 5 or 6, please give details: _____

III. UTILITIES & AUTHORITIES

Which of the following operations do you own, operate or administer?

Operation	Yes	No	Annual Budget	# of Employees		Residential	# of Users		Industrial
				Full-Time	Part-Time		Commercial		
1 Water Utility									
What is your source of water?									
2 Sewer Utility									
Gas Utility									
3			Do you produce gas?		Do you own or operate any gas wellheads or pipelines?		Yes	No	
			Do you buy or resell?		Does your GL carriers cover explosions, collapse and leakage?		Yes	No	
4 Electric Utility									
Do you generate power?									
If yes, what is your source?									
5 Airport Authority									
Do you operate the airport?									
Who insures the airport's Premises Liability? _____									
Do you lease to a third party?									
If leased, to whom?									
Is the airport FAA controlled?									
What is your FAA airspace rating? _____									
Are there any air shows? (If yes please attach detailed narrative)									
Average # of commercial flights/week? _____									
Average # of private flights/week? _____									
Are expansions of service, operations or runways expected?									
If yes, please explain:									
6 Housing Authority									
Number of conventional units: _____									
How many Section 8 and 23 units? _____									
Do you have any buildings constructed prior to 1978?									
If yes, have they been tested for lead? Yes No									
Are they compliant with Housing and Community Dev. Act? Yes No									
Any buildings over 4 stories?									
Number of buildings and stories:									
Are they fire protected?									
Please describe:									
7 Transit Authority									
Type of vehicles: Trains Buses Other, describe:									
Number of passengers served annually:									
8 Port Authority									
Please check: River Ocean Lake Railroad Other									
9 *Other									

IV. LAND USE AND PLANNING

- | | | |
|--|-----|----|
| 1. Does the applicant have a zoning commission?..... | Yes | No |
| 2. Does the applicant's legal counsel attend all meetings of the planning & zoning board?..... | Yes | No |
| 3. Does the applicant have a written master plan for economic development?..... | Yes | No |
| 3. When was the master plan last updated? _____ | | |
| 4. Does the applicant have formally approved land use ordinances that have been reviewed by legal counsel?..... | Yes | No |
| 5. Does the applicant have a formal procedure to file for variance to land development statutes?... | Yes | No |
| 6. Do officials receive training with respect to "open meetings" and hearing regulations?..... | Yes | No |
| 7. Has the applicant had any disputes or claims involving a wrongful "taking," zoning variance or land use right?..... | Yes | No |
| 8. Are there any disputes or claims involving the approval of building permits, design or code enforcement?..... | Yes | No |
| 9. Do you own or operate and open or closed landfills?..... | Yes | No |

V. EMPLOYMENT PRACTICES AND PROCEDURES

1. Does the applicant have a full-time human resources coordinator?..... Yes No
If so, what is his/her name? _____
2. Does the applicant have a written employment manual including all policies and procedures?..... Yes No
3. Do all the applicant's management/supervisory employees maintain a copy?..... Yes No
4. Is the employment manual distributed to/reviewed with/signed by all employees at time of hiring?..... Yes No
5. Does the applicant periodically review updates with all employees?..... Yes No
6. When was this manual last updated? _____
7. Is this manual reviewed by counsel experienced and qualified in employment law?..... Yes No
8. Does the applicant have a written policy with respect to both sexual and non-sexual harassment?..... Yes No
9. Does the applicant follow a formal written procedure for employee disputes/complaints?..... Yes No
10. Are all actions to dismiss or demote employees reviewed in advance by legal counsel?..... Yes No
11. Are all probationary or disciplinary actions recorded in writing and signed by the employee?..... Yes No
12. Does the applicant require that due process be served and documented for all proceedings involving dismissal, demotion or suspension?..... Yes No
13. Has there been a layoff of employees or reductions in service in the last three years?..... Yes No
14. Has the applicant had a strike, slowdown, or other employee disruption in the last three years?..... Yes No
15. 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?..... Yes No
16. Has the applicant had any disputes involving integration, segregation, discrimination or violation of civil rights?..... Yes No
17. Have any complaints been filed with the EEOC within the last three years?..... Yes No
18. Have all disputes, complaints, and claims been reported to the applicant's current or prior Public Officials carriers?..... Yes No

VI. LOSS HISTORY

1. Has any claim been made against the entity, or any person in their capacity as an official or employee of the entity, in the last four years?..... Yes No
If yes, please attach a narrative summary with details and status.
2. 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?..... Yes No
If yes, please attach a narrative summary with details.
3. With respect to your Educators Legal Liability coverage, please complete the following table using the total dollars expended for both the settlements of claims and the expenses associated with defending those claims. "Reserves" refers to the estimated future expenses to resolve or dispose of the claims and includes both settlement and defense expenses.

POLICY YEAR	PREMIUM	TOTAL LOSSES AND RESERVES	CLAIM EXPENSES	NUMBER OF CLAIMS

VII. INSURANCE INFORMATION

1. Please complete the following based on coverage currently in force. Please indicate where coverage is not in force.

	Policy Type	Company Name	Expiration	Limits	Deductible	Premium
a.	Public Officials					
b.	Employment Practices					
c.	Policy Liability					
d.	General Liability					
e.	Workers Compensation					

6. What is the Retroactive Date of your current Public Officials Legal Liability policy? _____

7. Have you ever been denied coverage for Public Officials Legal Liability?..... Yes No

VIII. SUPPLEMENTAL UNDERWRITING INFORMATION

In order to fully underwrite and properly determine the premium, please attach the following additional information:

- 1. The most recent Comprehensive Audited Financial Report (CAFR)*
- 2. The most recent current (within the past 3 months) loss runs from all insurers for the past 5 years.*
- 3. A copy of the applicant's current employment manual including policies and procedures pertaining to sexual harassment, discrimination and employee grievances.*
- 4. A copy of the applicant's current EEOC log or a statement verifying no EEOC complaints in the past two years.*
- 5. Any additional insured requests to be considered or any additional explanations to questions.*

IX. SIGNATURE AND ATTESTATION

Signed

(Must be signed by the Chairman, President, Superintendent or Presiding Official on behalf of all Insureds)

Title

Date

The signer of this application, authorized and acting on behalf of all Insureds, declares that all statements and information provided by the Insured is true, complete and accurate. It is agreed that this application is the basis of and becomes a part of the policy, should a policy be issued.

The signing of this application does not require the signer to purchase insurance, nor does the review of this application require the Insurer to issue a policy.

If a quotation is provided by the Insurer, the terms and conditions may not meet bid specifications.

ANTIFRAUD WARNING NOTICE TO ALL APPLICANTS: Any person who knowingly 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 also punishable by civil penalties in certain jurisdictions.

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 or 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

X. PRODUCER INFORMATION

1. Producer's Name: _____
2. Agency: _____
3. Mailing Address: _____
4. City: _____ State: _____ Zip: _____
5. Phone Number: _____ Fax Number: _____
6. Are you the incumbent agent? Yes No
7. Are you a licensed Surplus Lines Agent? Yes No License Number: _____
8. State Tax ID Number: _____