

APPLICATION FOR PROFESSIONAL LIABILITY FOR SPECIFIED EMPLOYEES OF PUBLIC ENTITIES
CLAIMS MADE POLICY

This application is for a policy that states that the limit of liability can be exhausted by the payment of covered defense expenses or loss.

The deductible is the amount of each claim that the Insureds must pay prior to the Insurer making any payment. This deductible payment is required for either defense expenses or loss, whichever comes first.

The Insurer does not have any obligation or duty to defend any Insureds.

1. Name of Public Entity

2. Mailing Address

_____ City State Zip Code

3. Telephone No. _____

4. Name & Title of person designated to receive notices from the Insurer

5. Year Established

6. Population Served

7. Please specify the profession of employees to be insured (Check only one).
A separate application must be completed for each profession to be insured.

	Total Number of <u>Professionals</u>	Total Number of <u>Direct Staff</u>
<input type="checkbox"/> ACCOUNTANTS	_____	_____
<input type="checkbox"/> ARCHITECTS	_____	_____
<input type="checkbox"/> ATTORNEYS/COUNSEL	_____	_____
<input type="checkbox"/> ENGINEERS	_____	_____
<input type="checkbox"/> DISTRICT ATTORNEYS	_____	_____
<input type="checkbox"/> PROSECUTORS	_____	_____
<input type="checkbox"/> OTHER	_____	_____

8. Briefly specify the responsibilities, or the professional or specialized activities or services performed as employees of the Public Entity. _____

9. Briefly describe the 5 largest jobs or projects in the past two years including the name, the nature of the professional services or activities, and the cost or the revenue involved.

10. Average caseload or workload _____
[] Weekly [] Monthly [] Annually

11. If fees are charged for any service or activity, briefly describe the nature of the service or activity, and the standard fee or how it is calculated.

12. Please explain briefly immunities, if any, that apply to these employees

13. Is continuing education required? If yes, please explain briefly Yes No

14. Briefly explain any licensing or certification, or the reason why there is none

15. Briefly explain the procedures in place to assure quality control (checklists, monthly reports, Second inspections, etc.) _____

16. Are internal controls or reviews of employees in place to assure that various standards are met? Yes No
If yes, please explain _____

17. In the past 5 years, has there been, or is there now pending any claim against any person to be insured by this policy for bodily injury, personal injury or property damage resulting from or related to the practice of his or her profession on behalf of the Public Entity? Yes No
If yes, please explain _____

18. Are there any pending **complaints** involving any person to be insured by this policy? Yes No
 If yes, please explain _____

19. Is any person to be insured by this policy currently the subject of any disciplinary action or proceeding? Yes No
 If yes, please explain _____

20. In the past 5 years, has any person to be insured by this policy been the subject of investigation by any regional, state, or federal regulatory agency? Yes No
 If yes, please explain _____

21. Is public officials liability insurance now in force of the Public Entity? Yes No
 If yes, please provide
 Current Insurance company _____
 Policy Term _____ Limit \$ _____
 Deductible \$ _____ Premium \$ _____
22. Is General Liability insurance not in force for the Public Entity? Yes No
 If no, please explain _____

23. Does the General Liability insurance policy no in force exclude professional service, the profession specified, or employees in the profession specified? Yes No
 If yes, please explain _____

24. In the past 5 years, has public officials, general liability or similar liability insurance been declined, cancelled, nonrenewed, or rescinded? Yes No
 If yes, please explain _____

25. In the past 5 years, has any claim been made, or is any claim now pending against the Public Entity or any person to be insured by this policy? Yes No
 (If yes, please attach loss information including year of loss, brief description of loss, amount paid, defense expenses paid, and open reserve.)
26. Is the Public Entity or any person to be insured by this policy aware of or have any knowledge of any fact or circumstance which could lead to a claim under this policy? Yes No
 If yes, please explain _____

A job description for each position to be insured and the total number of employees in that position must be attached to this Application.

Signed

(Must be signed by the Chairman, Mayor, Presiding Official or Departmental Head
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 Insureds 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.

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.

To be completed by Producer:

Submitted By
Producer _____

Tax I.D. No. _____
(in states where required)

Surplus Lines License No. _____