



LIABILITY APPLICATION

GENERAL INFORMATION:

Named Insured: _____ Population: _____

Mailing Address: _____

Date of Application: _____ Current Policies Expiration: _____ Bid Date: _____

Insurance Contact: _____ Title: _____ Phone: _____

Application is: City _____ Town _____ Utility _____ Other _____

Limits Requested: _____ Deductible Requested: CGL _____ LAW _____ POL _____

Retro dates: CGL _____ LAW _____ POL _____

APPLICANT STATEMENT

No fact, circumstance or situation indicating the probability of a claim or action is known to any Public Official or employee; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, it will be excluded from coverage under the policy for which this application is being made.

The official designated to receive any and all notices from the company or their authorized representative concerning this coverage is _____
Whose title is: _____

The undersigned being authorized by, and acting on behalf of the applicant and all persons or concerns seeking coverage, has read and understands the Application or Proposal, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy, which may render inaccurate, untrue or incomplete any statement made herein acknowledges and agrees that the submission and the Company's receipt of such written report to the inception of the policy, is a condition precedent to coverage.

The signing of the application or proposal does not bind the undersigned to purchase the coverage, nor does review of the application or proposal bind the Company to issue a policy. It is agreed that this application or proposal shall be the basis of the coverage should a policy be issued.

IMPORTANT: ATTACH A COPY OF LATEST BUDGET AND BID SPECIFICATIONS (IF ANY)

APPLICATION MUST BE SIGNED

SIGNED: _____

(City Official)

Date: _____

Exposure Checklist

Indicate the exposure existence with an "x"

Exposure	Yes	No	Subcontracted
Airport (EXCLUDED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amusement Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal pound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto or Motor vehicle Racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blasting Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carnivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concession Stands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dams, Levees or Dikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Care, Day Camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Power Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT, Paramedics or Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibition & Convention Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireworks (EXCLUDED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage or Refuse Collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Distribution System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf Courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Project (EXCLUDED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice or Roller Rink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Contractor Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lakes, Reservoirs, Waterfront	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landfills/Dumps/Refuse Sites/Incinerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Amusement Devises (Excluded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Care Facilities (EXCLUDED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks and Playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penal Institutions, Jails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piers/Marinas/Wharves/Docks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racetracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rifle Ranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodeos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools or Colleges (EXCLUDED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewer System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skate Board Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stadiums, Bleachers, Grandstands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streets/Roads/Highways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacant Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Distribution System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Craft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you have any fairs, festivals, parades, exhibitions, or other special events occurring on municipal property, whether sponsored by you or outside group? Yes No

Arts & Crafts _____ Founders Day _____ Christmas _____
Memorial Day _____ Veterans Day _____ Labor Day _____
4th of July _____ Thanksgiving _____ Homecoming _____
Other _____

Expected attendance _____ Grandstand Capacity _____

Is Security Provided by your Police Department? Yes No

If not, who provides? _____

7. Are there fireworks exhibitions on municipal property? Yes No

Are they sponsored by the municipality? Yes No

If yes, who will set off the fireworks? _____

8. Is alcohol allowed on any city premises? Yes No

Does the municipality provide liquor? Yes No

9. How many miles of streets/roads are owned or maintained? _____

Is there an inspection and repair schedule? Yes No

Are log books maintained for inspection and maintenance? Yes No

10. Describe all work or activities performed for you by independent contractors:

Building Maintenance	_____	Garbage/Refuse Collection	_____
Landfill operation	_____	Ambulance/Rescue Squad	_____
Recreation Facilities	_____	Grass Cutting	_____
Auto Impounding	_____	Fixed base airport operation	_____
Swimming Pool	_____	Legal	_____
Accounting	_____	Mass Transit	_____
Dial-A-Ride	_____	Other:	_____

11. Do you have any written agreements that require you to indemnify others, or hold them harmless?

Yes No

If yes, describe and **attach a copy**.

12. Do you perform any services for any other public entities? Yes No

If yes, describe and attach a copy of any agreement _____

13. Do you operate a clinic, hospital or health program? Yes No

Is overnight bed care provided? Yes No

14. Do you own or operate a daycare facility? Yes No

What type of facility is operated? _____

Days and hours of operation? _____

Average daily attendance? _____ Ratio of children to adults? _____

Are field trips conducted? _____ What transportation is provided? _____

Are parental permission/waiver forms required? Yes No
If yes, attach a copy of form.

Do employees use their own vehicles to transport children? Yes No

Is the facility licensed? Yes No

15. Do you own or operate a landfill? Yes No

Is the landfill fenced? Yes No

Has any open or closed landfills ever accepted hazardous waste? Yes No

NOTE: THE AMIC POLICY ABSOLUTELY EXCLUDES POLLUTION LIABILITY

16. Do you own a school? Yes No If yes, indicate its budget _____
Do you own a hospital? Yes No If yes, indicate its budget _____

Is it a separate legal entity or corporation? Yes No

Is it a board? Yes No

Is it a department? Yes No

17. Do you have a safety director? Yes No

Individual's name: _____

Duties: _____

18. List any additional insureds: (Name, address, why included, type coverage):

19. Indicate all separately incorporated boards and commissions to be included as named insureds:

<u>Name of Board or Commission</u>	<u>Corporation/Legal Entity (Y/N)</u>
_____	_____
_____	_____
_____	_____
_____	_____

20. Is any special form of coverage required i.e. Airport liability, Pollution Liability etc.? Yes No
Describe: _____

Public Officials Errors & Omissions

- 1. Do you adopt a budget or have an annual state required financial audit?
 Yes No
If yes, explain any budget deficits _____
- 2. Explain any bonding or financial repayment problems? _____
- 3. How many members of governing board are there? _____
- 4. Number of employees: Full time: _____ Part time / Seasonal _____
- 5. How many licensed or certified employees are there? : Attorneys _____
Accountants _____ Architects _____ Engineers _____
Building Inspectors _____ Others _____
(Example: Utility Operators, Inspectors, Teachers, or Instructors.)

AMIC EXCLUDES PERSONNEL UNDER RETAINER OR CONTRACT.

- 5. Has any claim been presented to the current or past carriers for Public Officials Liability?
 Yes No
Carrier: _____
Coverage form: (A.) Claims-Made _____ Retro Date: _____ Occurrence _____
- 6. Have you been in default on principal or interest of any bond? Yes No
If yes, explain: _____

- 7. Have any of the following situations occurred in the last five years?
 - A. Strike, Slowdown or other disruption by your employees Yes No
 - B. Layoff of employees or reduction in services Yes No
- 8. Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement or termination of employment?
 Yes No Explain any "Yes" answers: _____

- 9. Has any claim been made or now pending against any person in his/her capacity as an official or your Employee?
 Yes No If yes, explain: _____
- 10. Do you presently self-insure any major activities? Yes No
If yes, describe: _____
- 11. Do you have a written personnel policy? Yes No
If yes, attach a copy
- 12. Do you have a personnel Board? Yes No
If yes, list its' members and there duties _____

- 13. Do you have a zoning ordinance? Yes No If yes, attach a copy

14. Do you own or operate a daycare facility? Yes No
 What type of facility is operated? _____
 Days and hours of operation? _____
 Average daily attendance? _____ Ratio of children to adults? _____
 Are field trips conducted? _____ What transportation is provided? _____
 Are parental permission/waiver forms required? Yes No
 If yes, attach a copy of form.
 Do employees use their own vehicles to transport children?
 Is the facility licensed? Yes No

15. Do you own or a landfill? Yes No
 Is the landfill fenced? Yes No
 Has any open or closed landfills ever accepted hazardous waste? Yes No

NOTE: THE AMIC POLICY ABSOLUTELY EXCLUDES POLLUTION LIABILITY

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 Is it a separate legal entity or corporation? Yes No
 Is it a board? Yes No
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 Individual's name: _____
 Duties: _____

18. List any additional insureds: (Name, address, why included, type coverage):

19. Indicate all separately incorporated boards and commissions to be included as named insureds:

<u>Name of Board or Commission</u>	<u>Corporation/Legal Entity (Y/N)</u>
_____	_____
_____	_____
_____	_____
_____	_____

20. Is any special form of coverage required i.e., Airport liability, Pollution Liability etc.? Yes No
 Describe: _____

Law Enforcement Liability

1. Does your municipality have a Police Department? Yes No

Police personnel

Class A. Number of full time personnel with unaccompanied arrest authority _____

Class B. Number of part time personnel with unaccompanied arrest authority _____

Class C. Number of full time personnel with no arrest authority _____

Class D. Number of part time, volunteer, jailers/matrons, clerical or dispatch _____

Number of volunteers for Co-Volunteer liability _____

2. Do you have a "ride along" program? Yes No

If yes, describe: _____

3. Is there a horse mounted patrol? Yes No

If yes, do you want mortality coverage for the horse? Yes No

4. Do you have police Dogs? Yes No

If yes, do you want mortality coverage for the dogs? Yes No

NOTE - THE AMIC POLICY DOES NOT COVER ANIMAL MORTALITY

5. Describe the education, training, & **APOST certification** required of all personnel: _____

6. Describe the extent of background check before hiring: _____

7. Is a medical exam required? Yes No

8. Is a psychological exam required? Yes No

9. Are there continuing education / training programs? Yes No

If yes, how many hours for: LETN _____ State Programs _____ Other _____

10. Do you have a "Procedures Manual"? Yes No

If yes, is it current? Yes No

How often is it updated? _____

By whom? _____

Is it distributed to all personnel? Yes No

How often is it reviewed by personnel? _____

Does it have written rules on use of deadly force? Yes No

Does it have a written high speed pursuit policy? Yes No

11. Describe weapons qualification requirements: _____

12. Are sworn officers required to carry a weapon off duty? Yes No

13. Do you allow any "Moonlighting" in uniform by your officers? Yes No

If yes, what occupations _____

14. Do you operate a firing range? Yes No

If no, where do the officers practice? _____

15. Do you participate in a multi jurisdictional law enforcement organization? Yes No

If yes, provide the name, how you are involved and how it is financed _____

Jail Operations

Do you have a jail? Yes No

Is it a holding facility only (72 hours or less) ? Yes No

Average length of incarceration _____

Maximum length of incarceration permitted _____

Annual number of arrests _____

Average number of inmates _____

Do cells have bars? Yes No

Location of cells _____

Number of cells _____

Age of jail? _____

Construction of jail? _____

Smoke detectors in jail cells? Yes No

Other security or monitoring devices ? Yes No

If yes ,describe: _____

Jailers on duty 24 hours a day? Yes No

How often are inmates checked? _____

By who? _____

Are maintenance inspections conducted on a regular basis? Yes No

Are jail premises inspected regularly by fire inspectors? Yes No

Department of health? Yes No

Department of corrections? Yes No

Juvenile facilities maintained? Yes No

If yes, describe facility, capacity and supervision provided _____

Any jail suicides or attempted suicides in last five years? Yes No

If yes, describe: _____

Do you practice in a work release program? Yes No

If yes, what type work? _____

How Supervised? _____

How transported? _____

Describe police procedures for handling personal property of prisoners: _____

Do you use your county jail to house your prisoners? Yes No

Is there a written agreement signed? Yes No

If yes, attach a copy.

Property

1. Do you own any of the following types of property you wish to insure? Yes No

<u>Type</u>	<u>Location/Address</u>	<u>Estimated Value</u>
Towers	_____	\$ _____
Transmitting equipment	_____	\$ _____
Antennae	_____	\$ _____
Bridges	_____	\$ _____
Piers, wharves,	_____	\$ _____
Fences and gates	_____	\$ _____

2. Do you own buildings that you do not occupy? Yes No

Location Address and occupancy

3. Do you rent property to others? Yes No

Name and address of lessee: _____
 Do you have a certificate of insurance from the lessee naming you as additional insured?
 Yes _____ No _____ **If yes, please attach a copy.**

4. Do you occupy buildings owned by others? Yes No

If yes, what is the replacement value of the building? _____
 Do you have a contract requiring you to insure the building? _____
If yes, please attach a copy of the contract.

5. Do you have an inventory of contents of each building you own or occupy (lease)? _____

6. Do you own any buildings which are vacant or unoccupied? Yes No

If yes, list the address, construction and area of the building _____

NOTE AMIC PROPERTY INSURANCE REDUCES COVERAGE FOR VACANT OR UNOCCUPIED BUILDINGS

7. Do you have any of the following?

- Meeting Hall Civic Center Sr. Citizens Center Recreation Center
 Exhibition Center Convention Center Amphitheater Sports Arena Zoo

Describe activities and frequency of use of each: _____

8. How many of the following does the Utility own?

A. Objects over 200 hp, 1,000 KW/KV/Amps or Boilers over 5,000 square feet of heating surface

B. Objects over 350 hp, 2,500 KW/KVA/Amps or Boilers over 10,000 square feet of heating surface

C. Objects over 750 hp, 10,000 KW/KVA/Amps or Boilers over 75,000 square feet of heating surface

D. Objects over 25,000 hp, 25,000 KW/KVA/Amps or Boilers over 250,000 square feet of heating surface

Fire Department

1. Do you have a Fire department? Yes No

If yes, complete the following; # EMT's _____ # paramedics _____ # volunteer firefighters _____

Is fire department a separate entity? Yes No

Separate insurance? Yes No

2. Do you have a separate rescue squad? Yes No

3. Do you operate an ambulance service? Yes No

If yes, # ambulances maintained _____ Radius _____

Automobile

1. Do you impound vehicles? Yes No

If yes, list the maximum number and total value _____

2. Are any vehicles not titled to you? _____

3. Do you check Motor Vehicle Reports? Yes No

If yes, please explain _____

Utilities

1. Do you operate an electric power distribution system? Yes No
If yes, is it a separate corporation? Yes No
(Separate application must be completed)
Annual payroll \$ _____

2. Do you operate a natural gas distribution system? Yes No
If yes, is it a separate corporation? Yes No
(Separate application must be completed)
**(Attach a copy of the last leak survey, DOT Report,
and Public Service Commission Report)**
Annual payroll \$ _____

3. Do you have a sewage treatment operation? Yes No
If yes, is it a separate corporation? Yes No
Annual Payroll \$ _____
Type of treatment _____
Where is waste water returned to? _____
Total miles of storm or sanitary sewers _____

4. Do you have a water treatment of distribution system? Yes No
If yes, is it a separate corporation? Yes No
If yes, what is the source of supply? _____
Is water treated? Yes No
Is water tested? Yes No
Annual Payroll \$ _____