

THE PUBLIC POLICY LIABILITY APPLICATION

I. GENERAL INFORMATION

Applicant Name – (As to be shown on policy): _____ Broker Name: _____

Risk Manager (or other Contact)/Title: _____ Contact/Title: _____

Street Address: _____ Street Address: _____

City: _____ County: _____ City: _____ County: _____

State: _____ Zip Code: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Website: _____ Email: _____

Proposed Effective Date: _____ Need Quote By: _____

1. Is a full-time risk manager employed? Yes: No:
2. What is the Bond Rating of the Entity? Moody's: _____ Standard & Poor's: _____
3. Has any insurance for the Entity been cancelled or non-renewed in the last 5 years? Yes: No:
If yes, please explain: _____
4. Please describe or attach information regarding risk management programs, training programs, or safety programs: _____
5. How will you handle claims? In House: Yes: * No:
Independent Administrator/Adjustor: Yes: No:
Insurance Company: Yes: No:

* If you answered Yes to In-House claim handling, attached Supplemental Application must be completed.

II. COVERAGES: List current and desired coverages below.

Current Coverages:	Carrier	Limits	Deductible/ SIR	Occurrence or Claims Made	Retro Date for Claims Made	Expiring Premium
General Liability		\$	\$			\$
Law Enforcement Liability		\$	\$			\$
Automobile Liability		\$	\$			\$
E&O / EPLI		\$	\$			\$
Excess Liability		\$	\$			\$

Desired Coverages:	Limits	Deductible/ SIR	Occurrence or Claims Made	Retro Date for Claims Made
General Liability	\$	\$		
Law Enforcement Liability	\$	\$		
Automobile Liability	\$	\$		
E&O / EPLI	\$	\$		
Excess Liability	\$	\$		

III. EXPOSURES

General Liability:

Population: _____ Miles of Streets/Roads: _____ Total Payroll: \$ _____

Please provide year-end financial information for the past five years:

Year	Total Revenue	Total Expenses	Accumulated Surplus or Deficit
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Please provide Net Operating Expenditures for the current fiscal year utilizing the following calculation:

1. Total Operating Expenditures \$ _____
2. Deductions:
 - a. Capital improvements (any purchase or improvement of any individual item of personal or real property which is bonded or financed): \$ _____
 - b. Expenditure for independent contractor operations (where contractor carries adequate insurance): \$ _____
 - c. Welfare benefits (not administrative costs): \$ _____
 - d. Expenditures on exposures which are separately rated below:

EMTs/Nurses/Paramedics:	\$ _____
Housing Projects:	\$ _____
Law Enforcement Liability:	\$ _____
Schools or Colleges:	\$ _____
Streets/Highways/Roads:	\$ _____
Utilities:	\$ _____
3. Total Net Operating Expenditures (subtract item 1 from total of items 2 a through 2 d): \$ _____

Law Enforcement:

Police Officers: Full-time/armed: _____ Full-time/non-armed: _____ Volunteers: _____
 Part-time/armed: _____ Part-time/non-armed: _____

1. Do all sworn officers receive police academy and firearms training prior to appointments? Yes: No:
 If No, please explain: _____
2. How many hours of academy and initial training are provided to each sworn officer? _____
1. How many hours of subsequent annual training is provided to each sworn officer?
 Departmental Policy/Procedure: _____ Firearms: _____
 Other (please indicate): _____
4. a. Do you have a policy & procedure manual covering all Law Enforcement operations? Yes: No:
 If Yes, does it include: hot pursuit, firearms, etc.? Please explain: _____

- b. Indicate the date the manual was most recently updated: _____
5. Is Law Enforcement Department CALEA certified? Yes: No:

Jails:

Facilities: Number penal:_____ Total Square footage:_____ Number holding cells:_____ Inmate/jailer ratio:_____
Maximum capacity: Male:_____ Female:_____ Current capacity: Male:_____ Female:_____
Staffing: Full-time jailers/correctional officers:_____ Part-time jailers/correctional officers:_____

- 1. Are all jailers/correctional officers trained in the suicide prevention program? Yes: [] No: []
Date of most current inspection by Department of Corrections:_____ (Attach copy of report)
2. Do all jailers/correctional officers receive formal or state-mandated training prior to appointment? Yes: [] No: []
3. How many hours of academy and initial training are provided to each officer? _____
2. How many hours of subsequent annual training is provided to each officer?
Departmental Policy/Procedure:_____ Firearms:_____
Other (please indicate):_____
5. a. Do you have a policy & procedure manual covering all jail/detention operations? Yes: [] No: []
b. Indicate the date the manual was most recently updated: _____
6. Do you have a written jail suicide prevention program? Yes: [] No: []
7. a. Does the jail contract with outside medical providers for inmate medical services? Yes: [] No: []
b. If Yes, please list provider's carrier and policy limits: _____

Additional Exposures:

Utilities: (Indicate payroll excluding clerical) Water: \$ _____ Sewage treatment plant: \$ _____
Electric: \$ _____ Gas: \$ _____

Housing Projects: Number of locations:_____ Number of units:_____
Swimming Pools: Number of pools:_____ Number of pools with lifeguards:_____ Number of water parks: _____
Stadiums (5,000+ capacity): Seating capacity:_____ Annual receipts: \$ _____
Exhibition/Convention Center: Capacity:_____ Square footage:_____

Principal uses:_____
Amusement parks: Yes: [] No: []
Ski facilities: Yes: [] No: []
Golf courses: Yes: [] No: [] If Yes, number of courses: _____
Watercraft: Yes: [] No: [] If Yes, please describe: _____
Lakes/Reservoirs Yes: [] No: [] If Yes, please describe: _____

Incidental Medical Malpractice:

- 1. Nurses: Full-time:_____ Part-time:_____ Volunteer:_____
2. Physicians: Full-time:_____ Part-time:_____ Volunteer:_____
3. EMTs/Paramedics: _____
4. Does physician, nurse or other healthcare provider carry E&O professional medical malpractice coverage: Yes: [] No: []
5. a. Number of medical clinics:_____
b. Are there operations performed other than outpatient services? Yes: [] No: []
If Yes, please describe specifically: _____
c. Does the Entity purchase separate insurance for these facilities? Yes: [] No: []
If Yes, please list carrier and limits: _____
If No, does the Entity contract out medical services for these facilities? Yes: [] No: []

Schools/Colleges:

Daycare Operations: Number of locations: _____ Number of children: _____
Ratio of children to care providers: _____ Age range of children: _____
Schools – Primary (Grades K-8): Number of students/ADA: _____ Number of teachers: _____
Schools – Secondary (Grades 9-12): Number of students/ADA: _____ Number of teachers: _____
Adult Education: Number of students: _____ Number of teachers: _____
Vocational or Trade Schools: Number of students: _____ Number of teachers: _____
Colleges: Yes: No: If Yes, supplemental application is required.

Landfills:

1. Number of landfills: _____
List location of each: _____
 2. Are landfills owned and operated by Entity? Yes: No:
If No, please explain: _____
 3. Are all landfills fenced? Yes: No:
If No, please explain: _____
 4. Are all landfills locked and guarded? Yes: No:
 5. Does the public have access? Yes: No:
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Dams:

1. Number of dams: _____
List location and hazard index of each: _____
 2. Downstream exposure: Residential: _____ Commercial: _____
Industrial: _____
 3. Are annual inspections conducted? (Attach latest inspection report) Yes: No:
 4. Are all dams owned and operated by Entity? Yes: No:
If No, please explain: _____
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Public Officials Liability:

1. Employees: Full-time: _____ Part-time: _____
2. Do you have a written human resources manual? Yes: No:
If Yes, what year was this manual updated? _____
Please indicate if the manual contains a policy/procedure for the following:
Written application for employment: Yes: No:
Legally-prohibited discrimination: Yes: No:
Employee disciplinary actions: Yes: No:
Terminations, layoffs, early retirements: Yes: No:
Employee appraisals/reviews: Yes: No:
Sexual molestation/sexual harassment: Yes: No:
3. Is there any employee training you provide as respects the above? Yes: No:
4. Do you have an employee handbook? Yes: No:
If Yes, is it distributed to all employees? Yes: No:
If Yes, is employee signature required? Yes: No:
5. Employee turnover for the last 3 years: Full-time employees hired: _____ Part-time employees hired: _____
Full-time employees terminated: _____ Part-time employees terminated: _____

6. What is the advance review procedure for employee termination? _____
 Is legal counsel consulted? Yes: No:
7. Are there any facts or circumstances that may result in employment-practice claims being made against you? Yes: No:
 If Yes, please provide a listing of each instance: _____

IV. LOSS HISTORY – Other than Automobile Liability

Please provide 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.

1. Does Insured reserve only to retention level? Yes: No:
 If Yes, excess claims information must be provided.
2. If losses are not broken out by General Liability, Law Enforcement Liability and Public Officials Liability, please confirm that these are all included in the information you have provided? Yes: No:
 If No, please explain: _____
3. Attach a list of all opened and closed claims excess of \$50,000. Include date of loss, description of claim/injury, total incurred and paid amounts.
4. Attach company loss runs.

General Liability:

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Law Enforcement Liability:

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Public Officials Liability:

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

If Automobile Liability is not being requested, please proceed to Section VII.

V. AUTOMOBILE LIABILITY

Please summarize your vehicle fleet:

Vehicles:	# Units
Police cars:	
Private passenger – all other:	
Vans (no passenger), light trucks & pickups (up to 10,000 lbs. GVW):	
Passenger vans (1-8 seats):	
Passenger vans (9-20 seats):	
Medium trucks (10,001 to 20,000 lbs. GVW):	
Heavy trucks (20,001 to 45,000 lbs. GVW):	
Extra heavy trucks (over 45,000 lbs. GVW):	
Heavy truck tractor (up to 45,000 lbs. GVW):	
Extra heavy truck tractor (over 45,000 lbs. GVW):	
Fire trucks:	
Ambulances:	

Buses:	# Municipal	# School
1-8 passengers		
9-20 passengers		
21-60 passengers		
61+ passengers		

Please provide vehicle count for the past 5 years:

Policy Term	# of Vehicles

- How often are vehicles inspected: Daily: Weekly: Monthly: Quarterly:
- Are safety inspection records maintained? Yes: No:
- Do you have a formal written accident reporting procedure? Yes: No:
- Do you have driver-hiring criteria in place? Yes: No:
 - MVRs checked on all drivers prior to hire? Yes: No:
 - MVRs checked at least annually thereafter? Yes: No:
 - Drug/alcohol testing at time of hire? Yes: No:
 - Reference checks? Yes: No:
 - Road test given prior to hire? Yes: No:
- Do you provide a driver training program? Yes: No:

If Yes, please describe: _____

Any other actions taken with regard to driver hiring or training: _____
- Do you provide safety incentive awards? Yes: No:

If Yes, please describe: _____
- Are employees, or families of employees, allowed to use company autos for non-business/personal use? Yes: No:

If Yes, please describe: _____

VI. LOSS HISTORY – Automobile Liability

Please provide 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.

- Does Insured reserve only to retention level? Yes: No:

If Yes, excess claims information must be provided.
- Attach a list of all opened and closed claims excess of \$50,000. Include date of loss, description of claim/injury, total incurred and paid amounts.
- Attach company loss runs.

Automobile Liability:

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

VII. Signature

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.

Completion of this questionnaire creates no obligation upon the applicant to accept insurance or upon Genesis Underwriting Management Company to offer insurance. However, in the event that any insurance offering is accepted by the applicant or is issued by Genesis Underwriting Management Company, this questionnaire will form the basis for the acceptance and insurance.

Signature: _____
Name: _____ Title: _____
Company: _____
Address: _____

City: _____ State: _____ Zip: _____

Please see Supplemental Claims Information page below.
Please also see Supplemental Application for Sexual Abuse and Molestation Coverage below.

The Public Policy

Supplemental Claims Information

1. Please provide name, address, phone number and key contact of the proposed claim handler:

Contact Name: _____ Telephone #: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Please list the names, experience levels and authority levels of the claims handling staff:

Name	Experience	Authority Level

3. Who is responsible for reporting claims to the excess carrier? _____

4. Are reserves established for each reported claim? Yes: No:

If No, please explain: _____

5. Describe method utilized in setting reserves: Case by case: Formula:

Please explain: _____

6. Who establishes the reserves? _____

7. Are you in compliance with GASB 10? Yes: No:

8. Describe your claim system: Manual: Automated:

If Automated, is software internally-programmed? Yes: No:

If Automated, is software vendor-programmed? Yes: No:

9. If vendor-programmed, please provide name of vendor: _____

10. How often are claim reports generated: _____

11. Do your claim reports include details on the current status of each claim, as well as the paid amount, incurred amount and description of loss? Yes: No:

12. How is litigation handled? Legal Staff: Yes: No:

Independent Counsel: Yes: No:

Both: Yes: No:

13. Are all claim files and reports centralized and coordinated by one individual? Yes: No:

The Public Policy

Supplemental Application for Sexual Abuse and Molestation Coverage

1. Are there rules or guidelines prohibiting closed door one-on-one meetings? Yes: No:
2. Are there written complaint procedures and are they displayed prominently? Yes: No:
3. Do you have an anonymous complaint reporting system in place? Yes: No:

If Yes, please describe: _____

4. Are all prospective employees checked with the child abuse register and with law enforcement agencies for criminal records? Yes: No:
5. Has any current employee refused to be fingerprinted or screened by law enforcement? Yes: No:
6. Have any employees been subject of a child abuse/neglect investigation? Yes: No:

If so, what was the result of the investigation? _____

7. Have there ever been any alleged or actual incidents regarding any abuse or molestation? Yes: No:
- Please describe: _____

8. If transportation is provided, please describe driver screening and controls: _____

9. Do you require background checks on third party contractors providing service to you? Yes: No:
- _____

