

Public Entity Liability and Employment Practices Insurance Application

NOTICE: This Application is for a CLAIMS-MADE AND REPORTED COVERAGE FORM. The Coverage Form you are applying for is limited to liability for only those "claims" that are first made against you and reported to us during the policy period.

1.	Name of Organization:						
2.	Address:						
	City:		State:	Zip:			
3.	Web Site Address:						
4.	Contact person to receive all noti	ces on behalf of the Insure	ed:				
	Title:	Co	ntact's Phone Number:				
5.	When organized?						
6.	Type of Public Entity: Town, City, Village County, Parish State Special District Authority						
	Type of Authority: Water, S	•	•	g 🗌 Development			
	Other (please provide details)	: County Election Commis	ssion				
7.	Public Entity	Revenues/Budget	Full Time Employees	Part Time Employees			
	Election Commission						
8.	Are the Applicant's board, counc	il or commission members	elected or appointed?	☐ Elected ☐ Appointed			
9.			• •				
	a) Strike, slowdown or disruption	n by employees?		☐ Yes ☐ No			
	b) Protests or civil commotion re	lated to the Entity's operat	ions or activities?	☐ Yes ☐ No			
	c) Disputes involving integration	, segregation, discrimination	on, or violation of civil rights?	Yes ☐ No			
	d) Grand jury investigations, rec	all proceedings or indictme	ents of any official?	☐ Yes ☐ No			
10.	Does Applicant:						
	a) Have zoning provisions that re	equire public hearing from	zoning changes?	☐ Yes ☐ No			
	b) Have a disaster planning doc	•	tural disasters and terrorist a	acts?			
	c) Employ lawyers, accountants	, architects or engineers?		☐ Yes ☐ No			
Fina	ancial Information:						
11.	a) Has any State or Federal fund	ding (aid) been eliminated	in the past year?	☐ Yes ☐ No			
	b) Has the Public Entity been in default on principal or interest on any bond?						
	c) Does the Public Entity anticipa		at will substantially increase	or decrease			
	the budget in the next three y						
	Please indicate the Applicant's b	ond rating:	_ S&P Moody's	Fitch			
	ployment Practices:						
	Does the Applicant have a Huma			☐ Yes ☐ No			
	Has there been or is there an an	·	• • • • • • • • • • • • • • • • • • • •	- -			
15.	Does a lawyer review involuntary	/ employment terminations	prior to the termination of a	n employee? Yes No			

16.		plicant nave a clea r grievances?	ar procedure in place t	o report Sexual Haras	Silielii aliu olilei	∐ Yes ∐ No
17.	•	•	al written procedures fo	or hiring and firing emp	lovees?	☐ Yes ☐ No
			•	g employee conduct w	•	☐ Yes ☐ No
		•	distribute a uniform e	• • •	и по раниоо г	☐ Yes ☐ No
	• • • • • • • • • • • • • • • • • • • •	•		the employee handbo	ok:	
		ment At-will S	•		nt	line
	☐ FMLA Police		able Accommodation		☐ Retention of Comp	
20.	a) Within the made (inc Rights Bo any perso Volunteer	e last three (3) year cluding, but not limperds, Municipal, Son proposed for in- ter of the Applicant?	ars, has any inquiry, co nited to, Equal Employ State or Federal Regul surance in the capacit	omplaint, notice of hear ment Opportunity Com atory Authorities), agai y of Director, Officer, T	ring, claim, or suit been imission, State Human nst the Organization, or	
	Provide d	letails of each clai	m on a separate page			
	which may Employee	y result in a claimes, or Volunteers?	against the Applicant	re of any fact, circumst or any of its Directors,		☐ Yes ☐ No
21.	Has any simila	ar insurance on be		or entity(ies) now soug	ght to be insured been	☐ Yes ☐ No
00	0	0				
22.		ance Company:				
	Policy Period:	From:	5	To: le: \$		
	I imit.		I JACI ICTIN			
22	Limit: \$		Deductib	ie. Ф	Premium. \$	
23.	Limits of Insur	rance requested:				L ACAINST WHICH
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