



**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 notices on behalf of the Insured: _____
Title: _____ Contact's Phone Number: _____

5. When organized? _____
6. Type of Public Entity: Town, City, Village County, Parish State Special District Authority
Type of Authority: Water, Sewer, Utility Transit Port, Airport Housing Development
 Other (please provide details): County Election Commission

7.	Public Entity	Revenues/Budget	Full Time Employees	Part Time Employees
	Election Commission			

8. Are the Applicant's board, council or commission members elected or appointed? Elected Appointed
9. In the past five (5) years has any of the following occurred:
 - a) Strike, slowdown or disruption by employees? Yes No
 - b) Protests or civil commotion related to the Entity's operations or activities? Yes No
 - c) Disputes involving integration, segregation, discrimination, or violation of civil rights? Yes No
 - d) Grand jury investigations, recall proceedings or indictments of any official? Yes No
10. Does Applicant:
 - a) Have zoning provisions that require public hearing from zoning changes? Yes No
 - b) Have a disaster planning document in place for both natural disasters and terrorist acts? Yes No
 - c) Employ lawyers, accountants, architects or engineers? Yes No

Financial Information:

11. a) Has any State or Federal funding (aid) been eliminated in the past year? Yes No
- b) Has the Public Entity been in default on principal or interest on any bond? Yes No
- c) Does the Public Entity anticipate any special projects that will substantially increase or decrease the budget in the next three years? Yes No
12. Please indicate the Applicant's bond rating: _____ S&P Moody's Fitch

Employment Practices:

13. Does the Applicant have a Human Resources or Personnel Department? Yes No
14. Has there been or is there an anticipated reduction of employees in the past/next (12) months? Yes No
15. Does a lawyer review involuntary employment terminations prior to the termination of an employee? Yes No

- 16. Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints or grievances? Yes No
- 17. Does the Applicant have formal written procedures for hiring and firing employees? Yes No
- 18. Does the Applicant have policies/procedures outlining employee conduct with third parties? Yes No
- 19. Does the Applicant publish and distribute a uniform employee handbook? Yes No

Please indicate the policies adopted and published in the employee handbook:

- EEO Statement At-will Statement Sexual Harassment Progressive Discipline
- FMLA Policy Reasonable Accommodation E-Mail Use Retention of Computer Data/E-Mails

- 20. a) Within the last three (3) years, has any inquiry, complaint, notice of hearing, claim, or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of Director, Officer, Trustee, Employee, or Volunteer of the Applicant? Yes No

Provide details of each claim on a separate page.

- b) Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? Yes No

Provide details of each claim on a separate page.

- 21. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, cancelled or refused? If yes, provide details: Yes No

22. Current Insurance Company: _____

Policy Period: From: _____ To: _____
 Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

23. Limits of Insurance requested: _____

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that 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 issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

Signed: _____
(Must be signed by Officer of the Applicant)

Title: _____ Date: _____