



**Professional  
Governmental  
Underwriters, Inc.**

**The Authority.**

**POLICE PROFESSIONAL LIABILITY  
INSURANCE APPLICATION**

THIS IS AN APPLICATION FOR A CLAIMS-MADE OR OCCURRENCE POLICY, AS SELECTED BY THE APPLICANT. UNLESS OTHERWISE ELECTED BY THE APPLICANT, DEFENSE EXPENSES SHALL BE PAID IN ADDITION TO THE LIMITS OF LIABILITY, BUT WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

**I. APPLICANT INFORMATION**

**A. GENERAL INFORMATION:**

1. Name of Applicant: \_\_\_\_\_

2. Main Address for Correspondence:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

3. Indicate street addresses of all locations where police operations are headquartered or located, and any auxiliary locations (other than the address shown in 2. above).

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

4. Department Administrator or Contact Person (Name and Title):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

5. Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

6. Type of Entity: ☐ Police Department  
☐ Sheriff's Department  
☐ Special Service District (SSD)  
☐ Other (specify): \_\_\_\_\_

7. Current population of city, town, county or other political subdivision which Applicant provides services to:

\_\_\_\_\_

8. Any seasonal increase in population? Yes ☐ No ☐  
If "Yes" to Question 8:

(a) Indicate percent of increase and season: \_\_\_\_\_ %

(b) Are there any borrowed officers during this season? Yes ☐ No ☐

(c) If "Yes," to (b), are they trained on the Applicant's policies and procedures? Yes ☐ No ☐

9. Jurisdiction of Applicant: ☐ City/Town ☐ County ☐ State  
Other: \_\_\_\_\_

10. What is the largest city and its population, within a twenty-five (25) mile radius of the Applicant's main headquarters?  
\_\_\_\_\_

11. Indicate the name, type and size of significant facilities within the Applicant's jurisdiction, (i.e., military institutions, colleges/universities, resorts, convention centers, sport arenas, nuclear power plants, amusement parks):  
\_\_\_\_\_

**B. SPECIAL SERVICES AND MOONLIGHTING:**

12. Does the Applicant contract its law enforcement services to any other public or private entity? Yes ☐ No ☐

*If "Yes," please attach a copy of the servicing contract(s).*

(a) If "Yes," indicate name and location of such other entity(ies):  
\_\_\_\_\_

(b) If "Yes," are any additional personnel retained by the Applicant for such purposes listed under Section VI.? Yes ☐ No ☐

(c) If "No" to (b), please explain: \_\_\_\_\_

13. Is the Applicant a party to any mutual aid, reciprocal, or regional task force agreements? Yes ☐ No ☐

*If "Yes," please attach a copy of such agreement(s).*

14. Does the Applicant require that it be named as an "Additional Insured" when providing law enforcement services to any other public or private entity pursuant to contract or for approved special events (i.e., concerts, parades, races)? Yes ☐ No ☐

15. Does the Applicant authorize moonlighting by its law enforcement officers? Yes ☐ No ☐

(a) If "Yes," indicate name and title of individual who authorizes:  
\_\_\_\_\_

(b) What percentage of the law enforcement staff moonlights, on average? \_\_\_\_\_ %

(c) Is moonlighting in bars or taverns, or other establishments serving alcohol, authorized? Yes ☐ No ☐

**II. POLICIES AND PROCEDURES**

1. Does the Applicant have a law enforcement policies and procedures manual? Yes ☐ No ☐

*If "Yes",*

(a) What is the original publication date? \_\_\_\_\_

(b) What is the date of last revision or update? \_\_\_\_\_

(c) Is the manual distributed to all personnel? Yes ☐ No ☐

(d) Is the manual reviewed with personnel periodically as part of their formal training? Yes ☐ No ☐

2. Does the Applicant have written policies and procedures relating to:

			<u>Date of Last Update</u>
(a) Use of Deadly Force	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
(b) Vehicle Hot Pursuit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
(c) Use of Non-Deadly Force	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
(d) Domestic Violence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
(e) AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
(f) Handling of Intoxicated Individuals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

*Please attach a copy of all such policies and procedures.*

3. Does the Applicant monitor compliance with its policies and procedures on a regular basis? Yes ☐ No ☐

4. Does the Applicant require "Use of Force" reports to be filed by its officers? Yes ☐ No ☐

If "Yes," are they followed up on by Applicant? Yes ☐ No ☐

### III. EDUCATION AND TRAINING REQUIREMENTS OF OFFICERS

1. What is the minimum education requirement for hiring an officer?

(a) High School Diploma/GED ☐

(b) Some College ☐

(c) College Graduate ☐

(d) Other (explain): \_\_\_\_\_

2. Is psychological testing required before hiring any officer? Yes ☐ No ☐

(a) If "Yes," are results reviewed by a person trained in this field? Yes ☐ No ☐

(b) Is officer interviewed by a psychologist or psychiatrist? Yes ☐ No ☐

3. What background investigations are completed prior to hiring any officer?

\_\_\_\_\_

4. If the Applicant has a lockdown facility, what training of correctional officers is required before assignment?

(a) Full-time jailers:  
Formal Academy? Yes ☐ No ☐ N/A ☐  
Number of hours: \_\_\_\_\_  
Other (explain): \_\_\_\_\_

(b) Part-time jailers: Yes ☐ No ☐ N/A ☐  
Formal Academy?  
Number of hours: \_\_\_\_\_  
Other (explain): \_\_\_\_\_

5. What law enforcement training is required of armed street officers? Yes ☐ No ☐  
Formal Academy?  
Number of hours: \_\_\_\_\_  
Other (explain): \_\_\_\_\_

6. Does the Applicant have a minimum in-service training update? Yes ☐ No ☐  
If "Yes," how often?  
☐ Monthly ☐ Annually ☐ Bi-Annually  
Other (explain): \_\_\_\_\_ Number of hours: \_\_\_\_\_

7. Is formal training required before an officer is armed and assigned street duty? Yes ☐ No ☐  
If "No," verify that officer is either: ☐ not armed; or  
☐ is armed, but is accompanied by a trained officer.

8. Are officers trained and qualified before using:

(a) A Baton?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Used <input type="checkbox"/>
(b) Mace/Chemicals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Used <input type="checkbox"/>
(c) Control Holds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Used <input type="checkbox"/>
(d) Stun Guns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Used <input type="checkbox"/>
(e) Canine Handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Used <input type="checkbox"/>

9. How often must an officer re-qualify with:

(a) Service Revolver? \_\_\_\_\_  
(b) Personal Weapon? \_\_\_\_\_  
(c) Other Weapon (please specify)? \_\_\_\_\_

10. Does firearm training include firing range exercises at night or simulated night conditions? Yes ☐ No ☐

11. What training do part-time or auxiliary officers, armed and with arrest authority, receive?

(a) Is training given before duty assignment? Yes ☐ No ☐

(b) If "No," verify that officer is either: ☐ not armed; or  
☐ is armed, but is accompanied by a trained officer.

(c) What type of assignments do auxiliary officers typically perform?  
\_\_\_\_\_

12. Are officers trained in emergency vehicle handling (i.e., "hot pursuit")? Yes ☐ No ☐

13. Has the Applicant received accreditation from the Commission on Accreditation for Law Enforcement Agencies, Inc.? Yes ☐ No ☐

#### IV. DISPATCHING

1. Does the Applicant handle its own police dispatch? Yes ☐ No ☐  
If "No," who handles for Applicant? \_\_\_\_\_
2. Does the Applicant dispatch for other public entities or police units? Yes ☐ No ☐  
(a) If "Yes," how many other entities or units? \_\_\_\_\_  
(b) What is the total population served? \_\_\_\_\_
3. Are incoming calls to dispatch recorded? Yes ☐ No ☐  
If "Yes," how long are recordings retained by Applicant? \_\_\_\_\_
4. Are the following services provided by Applicant?  
(a) Emergency Medical dispatch Yes ☐ No ☐  
(b) Fire dispatch Yes ☐ No ☐  
(c) Police dispatch Yes ☐ No ☐
5. What training do the dispatchers receive (please describe for each category of services provided)?

#### V. JAIL OR LOCK-UP FACILITIES

***IF NO LOCK UP FACILITY, PLEASE CHECK BELOW AND GO TO SECTION VI.***

☐ **No Lock Up Facility**

1. Does the Applicant operate any of the following? If so, indicate location.
- (a) Jail: \_\_\_\_\_ Yes ☐ No ☐
- (b) Holding Cell: \_\_\_\_\_ Yes ☐ No ☐
- (c) Detention Cell: \_\_\_\_\_ Yes ☐ No ☐

*For each Facility indicate the following, if applicable. Use a separate sheet if necessary.*

2. What is the state certified capacity of facility? \_\_\_\_\_
3. What is the average number of daily inmates? \_\_\_\_\_
4. What is the average length of stay? \_\_\_\_\_
5. Are there full-time jailers on duty twenty-four (24) hours per day? Yes ☐ No ☐

6. In the last five (5) years, have there been any suicides or suicide attempts by inmates? Yes ☐ No ☐

If "Yes," explain incident, and provide details of preventative measures taken:

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7. Are walk-throughs of the facility done every thirty (30) minutes? Yes ☐ No ☐

8. Does Applicant have smoke detectors in the facility? Yes ☐ No ☐

9. Does the Applicant have a procedures manual for the facility? Yes ☐ No ☐

(a) Date of original procedures manual for facility: \_\_\_\_\_

(b) Date of last revision/update of manual: \_\_\_\_\_

10. Are there audio or video surveillance systems in:

	Audio		Video	
(a) Booking Area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(b) Sally Port?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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(c) Each Cell Unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## VI. PERSONNEL

**LIST EACH PERSON ONLY ONCE UNDER HIS OR HER PRIMARY DUTIES.**

1. Sheriff/Chief: \_\_\_\_\_

2. Chief Deputy/Deputy Chief: \_\_\_\_\_

3. Personnel with rank of Sergeant or higher: \_\_\_\_\_

4. Full-time personnel with regular street duties including detectives, investigators and civil processors: (Do not include officers under Question 3. above.) \_\_\_\_\_

5. Armed part-time auxiliary reserve officers with arrest authority: \_\_\_\_\_

6. Unarmed part-time auxiliary reserve officers without arrest authority: \_\_\_\_\_

7. Communications and dispatch personnel: \_\_\_\_\_

8. Police Dogs (Please attach certificate of training for both dog and dog-handler.): \_\_\_\_\_

9. Jail Administrators: \_\_\_\_\_

10. Full-time Jailers/Matrons:

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11. Part-time Jailers/Matrons:

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12. Court Security Staff:

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13. Medical Personnel\*:

	Employed	Contracted	Professional Liability Limits
Nurses:			
Doctors:			
Coroners:			

\*If Medical Personnel are indicated above, provide insurance carrier, limits of liability and expiration date of medical malpractice or other professional liability coverage:

## VII. INSURANCE INFORMATION

1. Name of current law enforcement Professional Liability Insurer:

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(a) Expiration Date of Policy: \_\_\_\_\_

(b) Limits of Liability: \_\_\_\_\_

(c) Deductible: \_\_\_\_\_

(d) Premium: \_\_\_\_\_

(e) Coverage is: ☐ Occurrence ☐ Claims Made

2. Has insurance been cancelled, declined or non-renewed in the past five (5) years? Yes ☐ No ☐

**MISSOURI APPLICANTS DO NOT ANSWER QUESTION.**

3. Name of General Liability (GL) insurer: \_\_\_\_\_

(a) Expiration Date of GL Policy: \_\_\_\_\_

(b) Limits of Liability: \_\_\_\_\_

(c) Does GL Policy cover jail or other lock-up facility premises? Yes ☐ No ☐

### VIII. CLAIMS HISTORY

Include insured and uninsured losses. *If No Losses from Claims, check here:*

☐ NO LOSSES

1. Summary of Claims for the Last Five (5) Years:

Year	Dollars of Premium	No. of Losses	Paid Losses	Paid Expenses	Loss Incurred	Expenses Incurred	Total Incurred

2. Detail of Claims summarized above. (Attach a separate narrative for each Loss incurred during the last five (5) years.)

Loss Date	Description	Officer Involved	Claimant Name	Total Incurred	Is Case Open or Closed?	Suit Filed
					Open <input type="checkbox"/> Closed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Open <input type="checkbox"/> Closed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Open <input type="checkbox"/> Closed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Open <input type="checkbox"/> Closed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Open <input type="checkbox"/> Closed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. **ONLY if Applicant has requested CLAIMS-MADE Coverage, complete the following:**

Is the Applicant, or any proposed insured, aware of any fact, situation, incident or circumstance which he or she has reason to believe might result in a Claim under the coverage being sought by the Applicant?

Yes ☐ No ☐

(a) If "Yes," please provide by attachment a detailed description of each matter.

(b) If "Yes," have these matters been reported to your current or any previous insurance carrier?

Yes ☐ No ☐

PLEASE NOTE, WITHOUT PREJUDICE TO ANY OTHER RIGHTS OF THE INSURER, IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM OR RELATED CLAIM THAT ARISES OUT OF ANY CLAIM, SUIT, FACT, SITUATION, INCIDENT, CIRCUMSTANCE, INVESTIGATION OR PROCEEDING, THAT IS OR REASONABLY SHOULD HAVE BEEN DISCLOSED IN RESPONSE TO THE ABOVE QUESTION VIII.3. IS EXCLUDED FROM THE PROPOSED COVERAGE.



## **IX. IMPORTANT NOTICES; STATE FRAUD NOTICES:**

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.

### **APPLICANT FRAUD WARNINGS**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**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 OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ALL OTHER STATES:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

**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 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 such violation.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**X. AUTHORIZED REPRESENTATIVE; APPLICANT'S SIGNATURE:**

1. Provide the name and title of the individual designated to receive any and all notices from the insurer concerning any policy issued as a result of this application (please type or print).

Name: \_\_\_\_\_

Title: \_\_\_\_\_

2. Entities Attestation: The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signing of this application does not bind the signer to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.

\_\_\_\_\_  
Authorized Signatory of Entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Phone Number

## **XI. AGENCY INFORMATION**

Agency Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Will you make surplus lines filings if necessary? Yes ☐ No ☐

Provide your surplus lines license number: \_\_\_\_\_

## **XII. PLEASE ATTACH:**

- **Carrier Loss Runs**
- **Current Budget**
- **Current Year End Financial Statement**
- **Copies of contracts or agreements referenced herein**
- **Contract and agreements for questions 12 and 13 under Section I**
- **Policies and procedures for questions 2 under Section II**
- **Facility information for questions under Section V**
- **Loss information for question 2 under Section VIII**