



**Professional  
Governmental  
Underwriters, LLC**

**The Authority.**



**NORTH CAROLINA CLAIMS MADE PUBLIC OFFICIALS AND  
EMPLOYMENT PRACTICES LIABILITY  
INSURANCE APPLICATION**

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

**I. GENERAL INFORMATION**

Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Legal Name of Entity: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Population: \_\_\_\_\_  
 Seasonal Increase: \_\_\_\_\_ FEIN Number: \_\_\_\_\_  
 Year Entity Established: \_\_\_\_\_ Largest City Within 25 Miles: \_\_\_\_\_  
 Human Resource Contact: (Name): \_\_\_\_\_  
 (Email): \_\_\_\_\_  
 (Phone Number): \_\_\_\_\_
  
2. Make up of economic base of the entity:  
 Agricultural \_\_\_\_\_% Industrial \_\_\_\_\_% Commercial \_\_\_\_\_% Residential \_\_\_\_\_%
  
3. Do you have a risk manager? Yes  No
  
4. Do you have a manager/administrator? Yes  No   
 If "yes", provide years of experience in such a position. \_\_\_\_\_
  
5. Within the last five (5) years, have any of the following taken place?
  - a. Grand Jury investigations into activities of any official or employee. Yes  No   
 If "yes", provide details: \_\_\_\_\_
  
  - b. Indictment of any official or employee: Yes  No   
 If "yes", provide details: \_\_\_\_\_

6. Provide revenues and expenditures. *Provide an explanation for any deficit or large surplus.*

FISCAL YEAR	REVENUES	EXPENDITURES	SURPLUS (+) / DEFICIT (-)	ACCUMULATED SURPLUS/DEFICIT

7. a. Latest bond rating (Standard & Poor's or Moody's): \_\_\_\_\_ Previous Rating: \_\_\_\_\_
- b. Has the entity ever been in default on principal or interest of any bond? Yes  No   
 If "yes", provide details: \_\_\_\_\_

**II. CLAIMS HISTORY**

Provide currently valued company issued loss runs for the last four (4) policy years.

1. Check here if there have been no claims made against the public entity during the last four (4) policy periods.
2. Complete the following table for all claims made during the last four (4) policy periods. Attach a separate sheet of paper if more space is needed.

CLAIM	POLICY YEAR	OPEN/ CLOSED	LOSS INCURRED	DEFENSE INCURRED	TOTAL INCURRED	DESCRIPTION OF ALLEGATIONS
1.						
2.						
3.						
4.						
<b>TOTALS</b>						

3. Does any official or employee have knowledge of acts, errors, and/or omissions that might reasonably give rise to a claim or suit? Yes  No
4. Have all known acts, errors, and/or omissions that might reasonably give rise to a claim been reported to the current insurer? Yes  No
5. Check the boxes which generally describe the types of claims made against the public entity during the last four (4) policy years.

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Zoning            | <input type="checkbox"/> Termination | <input type="checkbox"/> Discrimination    |
| <input type="checkbox"/> Permits Insurance | <input type="checkbox"/> Equal Pay   | <input type="checkbox"/> Land Use          |
| <input type="checkbox"/> Sex Harassment    | <input type="checkbox"/> Suspension  | <input type="checkbox"/> License Insurance |
| <input type="checkbox"/> Variances         | <input type="checkbox"/> Promotion   | <input type="checkbox"/> Demotion          |
| <input type="checkbox"/> Hiring            | <input type="checkbox"/> Segregation |  |

**III. PUBLIC OFFICIALS INFORMATION**

Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Does the public entity administer any of the following operations?  
For "yes" responses, complete the applicable questions.

A. Police Department Yes  No   
If no, who provides service?  
\_\_\_\_\_

B. Zoning Yes  No

1. Approximate number of zoning variations granted during the preceding twelve (12) months:  
\_\_\_\_\_

2. Is there a formal procedure in place for granting of variances? Yes  No

3. Is there a policy which prohibits zoning board members from voting on zoning action which might affect a business which they own, invest in, or be employed or retained by? Yes  No

4. Is there a policy which requires persons to disclose such relationships? Yes  No

5. Does the public entity's attorney attend all zoning board meetings? Yes  No

6. Do you have a master plan for economic development? Yes  No

C. Building Inspection Yes  No

1. Do you have a formal process for application and approval of permits? Yes  No

2. Any permit denials issued which have unusual circumstances? Yes  No   
If "yes", provide details:  
\_\_\_\_\_

D. Permit Issuance Yes  No

1. Do you have a formal process for application and approval of permits? Yes  No

2. Any permit denials issued which have unusual circumstances? Yes  No   
If "yes", provide details:  
\_\_\_\_\_

E. License Issuance Yes  No

1. Do you have a formal process for application and approval of licenses? Yes  No

2. Any permit denials issued which have unusual circumstances? Yes  No   
If "yes", provide details:  
\_\_\_\_\_

F. Tax Assessment / Collection Yes  No

1. Do you reassess real property on a regular basis? Yes  No

2. If so, how often?  
\_\_\_\_\_

3. If not, when was the last reassessment of all real property in entity's jurisdiction?  
\_\_\_\_\_

G. Water / Sewer Utility Yes  No

Provide number of users: \_\_\_\_\_  
Annual Revenues: \$ \_\_\_\_\_  
Residential: \_\_\_\_\_  
Commercial: \_\_\_\_\_  
Industrial: \_\_\_\_\_

H. Electric Utility Yes  No

Provide number of users: \_\_\_\_\_  
Annual Revenues: \$ \_\_\_\_\_  
Residential: \_\_\_\_\_  
Commercial: \_\_\_\_\_  
Industrial: \_\_\_\_\_

1. Does utility own or maintain distribution lines? Yes  No

2. Are distribution lines buried? Yes  No

3. Does the utility monitor electromagnetic fields? Yes  No

4. Does the utility generate electricity? Yes  No

I. Gas Utility Yes  No

Provide number of users: \_\_\_\_\_  
Annual Revenues: \$ \_\_\_\_\_  
Residential: \_\_\_\_\_  
Commercial: \_\_\_\_\_  
Industrial: \_\_\_\_\_

J. Port Authority Yes  No

Number of employees \_\_\_\_\_  River  Ocean  Lake

K. Airport Authority Yes  No

1. Is Airport:  Owned  Operated  Leased

2. Provide number of:  
Aviation Shows or Exhibitions: \_\_\_\_\_

Commercial Flights per day: \_\_\_\_\_

3. Provide certificate of insurance as evidence that airport liability coverage is in force.

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4. Is management of the airport contracted to a third party? Yes  No

5. Have flight patterns changed in the last 180 days? Yes  No

L. Housing Authority Yes  No

1. Provide number of housing units operated: \_\_\_\_\_  
Number of stories of tallest building: \_\_\_\_\_

2. Are buildings tested for lead paint? Yes  No

3. If lead paint is present, do you have a remediation plan to correct the situation? Yes  No

4. Is there a policy to house senior citizens and disabled persons on lower floors? Yes  No

5. Is there a policy regarding fair housing opportunities? Yes  No

6. Are monthly inspections of all locations performed? Yes  No

M. Transit Authority Yes  No

1. Provide number employees: \_\_\_\_\_

2. Type of vehicles operated: \_\_\_\_\_

N. Landfill Yes  No

1. Is landfill:  Open  Closed  Hazardous Waste

2. Any sites designated as superfund sites? Yes  No

O. Hospital/Nursing Home Yes  No

1. Is Hospital:  Owned  Operated  Leased

2. Number of beds? \_\_\_\_\_

P. Daycare Yes  No

1. Are services for:  Children  Adults

2. Provide details of services:  
\_\_\_\_\_

2. Which, if any, of the above operations are contracted?

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**IV. EMPLOYMENT PRACTICES INFORMATION**

Respond to the following inquiries. Use a separate sheet of paper for details that require further explanation.

1. Total number of employees: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Seasonal: \_\_\_\_\_

2. Number of employees in each category:

General Office	_____	Police	_____	Fire/Rescue	_____
Road/Utilities	_____	Attorneys	_____	Architects	_____
Engineers	_____	Accountants	_____	Other	_____

3. Provide names of persons in the following positions:

Attorney:	_____	Employee	<input type="checkbox"/>	Contracted	<input type="checkbox"/>
Engineer:	_____	Employee	<input type="checkbox"/>	Contracted	<input type="checkbox"/>
Accountant:	_____	Employee	<input type="checkbox"/>	Contracted	<input type="checkbox"/>

4. Do you have a written personnel manual? Yes  No

5. Date of latest update or revision. \_\_\_\_\_

6. Have employment applications and policies and procedures been reviewed by legal counsel? Yes  No

7. Is the manual distributed to all personnel? Yes  No

8. Is the manual reviewed with new employees as a part of employment orientation? Yes  No

9. Does the personnel manual include policies and procedures for the following: Yes  No

Provide an explanation for all "no" responses.

A. Hiring	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
B. Promotion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
C. Demotion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
D. Termination	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
E. Pre hire background checks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
F. Suspension	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
G. Transfer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
H. Sexual Harassment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
I. Medical Leave	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
J. Unpaid Leave	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
K. Employee Grievance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
L. Education and Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
M. Drug Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
N. Administrative Hearings/Appeals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

10. Have managers/department heads received training in all policies and procedures? Yes  No

11. Are all employees provided with job descriptions? Yes  No

12. Are all mandatory posters from EEOC and the state equivalent posted in a conspicuous place? Yes  No

13. Have any of the following taken place during the last five (5) years?

- A. Strike, slowdown or other disruption? Yes  No  Provide # of Incidents \_\_\_\_\_
- B. Layoff or reduction in staff? Yes  No  Provide # of Incidents \_\_\_\_\_
- C. Employee suspensions? Yes  No  Provide # of Incidents \_\_\_\_\_
- D. Employee transfers? Yes  No  Provide # of Incidents \_\_\_\_\_
- E. Non-renewal of employment contracts? Yes  No  Provide # of Incidents \_\_\_\_\_
- F. Employee terminations/dismissals? Yes  No  Provide # of Incidents \_\_\_\_\_
- G. Administrative appeals? Yes  No  Provide # of Incidents \_\_\_\_\_
- H. Formal Grievances? Yes  No  Provide # of Incidents \_\_\_\_\_

**V. CURRENT INSURANCE INFORMATION**

1. Please complete the table below.

COVERAGE	INSURER	EXPIRATION DATE	LIMITS	DEDUCTIBLE	PREMIUM
General Liability					
Automobile					
Public Officials					
Police Professional					

2. Does your current Public Official coverage include the features listed below?

- A. Personal Injury for employment practices claims? Yes  No
- B. Coverage for specific award of back wages? Yes  No  Sublimit \_\_\_\_\_
- C. Defense of non-monetary employment claims? Yes  No  Sublimit \_\_\_\_\_
- D. Retroactive date? Yes  No  Retroactive Date \_\_\_\_\_

*If "yes" provide a copy of the declarations or endorsement which shows the retroactive date.*

**VI. LIMITS AND DEDUCTIBLE REQUESTED**

- 1. Per claim limit and annual aggregate limit: \$ \_\_\_\_\_ Per claim \$ \_\_\_\_\_ Annual aggregate
- 2. Deductible per claim: \$ \_\_\_\_\_

**VII. IMPORTANT NOTICES; AUTHORIZED ENTITY REPRESENTATIVE**

**This application is for Claims-Made coverage. Upon receipt read the policy carefully.**

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 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 CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 that 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.

**VIII. 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. 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. However, it is agreed that this Application shall be the basis of the contract and any policy which might be issued.

_____	_____
Authorized Signatory of Entity	Date
_____	_____
Print Name and Title	Phone Number

**IX. 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: \_\_\_\_\_