



**Professional  
Governmental  
Underwriters, LLC**  
**The Authority.**

**CLAIMS MADE PUBLIC OFFICIALS AND  
EMPLOYMENT PRACTICES LIABILITY  
INSURANCE RENEWAL 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**

1. Legal Name of Entity: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Current Population: \_\_\_\_\_  
 FEIN Number: \_\_\_\_\_  
 Human Resource Contact: (Name): \_\_\_\_\_  
 (Email): \_\_\_\_\_  
 (Phone Number): \_\_\_\_\_

2. Within the last twelve (12) months, 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: \_\_\_\_\_

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

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

4. Current bond rating (Standard & Poor's or Moody's): \_\_\_\_\_

**II. CLAIMS HISTORY**

1. Check here if there have been no claims made against the public entity during the twelve(12) months

2. 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

3. a. Check the boxes which generally describe the types of complaints/disputes the public entity has received during the last twelve (12) months.

- |  |                                      |  |
|--|--------------------------------------|--|
| <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 |  |

b. Have such complaints/disputes been reported to us? Yes  No

**III. PUBLIC OFFICIALS INFORMATION.**

Check the boxes with services provided or activities performed by the public entity.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Police Department   | <input type="checkbox"/> License Issuance  | <input type="checkbox"/> Gas Utility               |
| <input type="checkbox"/> Transit Authority   | <input type="checkbox"/> Zoning            | <input type="checkbox"/> Tax Assessment Collection |
| <input type="checkbox"/> Port Authority      | <input type="checkbox"/> Landfill          | <input type="checkbox"/> Building Inspection       |
| <input type="checkbox"/> Water/Sewer Utility | <input type="checkbox"/> Airport Authority | <input type="checkbox"/> Hospital/Nursing Home     |
| <input type="checkbox"/> Permits Issuance    | <input type="checkbox"/> Electric Utility  | <input type="checkbox"/> Housing Authority         |
| <input type="checkbox"/> Daycare             |  |  |

*Any new services provided or activities performed during the last twelve (12) months which were not declared on the application of the expiring policy require completion of applicable portions pages 2-3 of the main Application Form PGU POL APP 0417.*

**IV. EMPLOYMENT PRACTICES INFORMATION.**

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

2. Have any of the following taken place during the last twelve (12) months?

- |  |                              |                             |                        |       |
|--|------------------------------|-----------------------------|------------------------|-------|
| A. Strike, slowdown or other disruption? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| B. Layoff or reduction in staff?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| C. Employee suspensions?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| D. Employee transfers?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| E. Non-renewal of employment contracts?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| F. Employee terminations/dismissals?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| G. Administrative appeals?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| H. Formal Grievances?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |

Provide explanation on a separate sheet of paper for any "yes" response to questions 2. A-H.

3. Personnel policies and procedures have been reviewed by legal counsel within the last twelve (12) months? Yes  No

4. Have supervisors and/or employees received employment practices training during the last twelve (12) months? Yes  No

**V. 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 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 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.

**VI. 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

**VII. 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: \_\_\_\_\_