



## Public Entity Renewal Application

Submission Date: \_\_\_\_\_

Insured: \_\_\_\_\_

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

City: \_\_\_\_\_

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

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

<b><u>Coverage Expiring</u></b>	<b>Yes</b>	<b>No</b>
Property / Inland Marine & Equipment Breakdown	<input type="checkbox"/>	<input type="checkbox"/>
General Liability / Employee Benefits Liability	<input type="checkbox"/>	<input type="checkbox"/>
Auto Liability	<input type="checkbox"/>	<input type="checkbox"/>
Auto Physical Damage	<input type="checkbox"/>	<input type="checkbox"/>
Crime	<input type="checkbox"/>	<input type="checkbox"/>
Public Officials Liability	<input type="checkbox"/>	<input type="checkbox"/>
Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement Liability	<input type="checkbox"/>	<input type="checkbox"/>
Excess Liability	<input type="checkbox"/>	<input type="checkbox"/>
<b>TRIA Coverage (if premium indicated, coverage accepted)</b>	<input type="checkbox"/>	<input type="checkbox"/>

**ALL COVERAGE, LIMITS, DEDUCTIBLES, FORMS AND ENDORSEMENTS WILL BE QUOTED PER EXPIRING UNLESS CHANGES ARE REQUESTED IN THIS RENEWAL APPLICATION.**

**GENERAL LIABILITY**

Please review your policy for expiring coverage information.

**EXPOSURES – Please enter in boxes in blue**

Camps	Person	
Day Care	Person	
Electric Utility	Payroll	
EMT's	Number	
Exhibition Bldg	Area	
Paid Fire Dept.	Member	
Vol. Fire Dept.	Member	
Golf Course	Sales	
Irrigation-construction	Cost	
Irrigation-payroll	Payroll	
Nurses	Number	
Paramedics	Number	
Penal Institution	Area	
Sewer-miles	Miles	
Sewer-payroll	Payroll	
Stadiums	Sales	
Streets & Roads – Maintenance	Miles	
Water Co's	Payroll	

**COVERAGE CHANGES**

Coverage:

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Limits:

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Deductibles:

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Other:

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**EXCESS LIABILITY**

Please review your policy for expiring coverage information.

**COVERAGE CHANGES**

Coverage:

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Limits:

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Deductibles:

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Other:

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## **PROPERTY & EQUIPMENT BREAKDOWN**

See policy for expiring coverage information.

### **Required Information:**

- Complete updated property schedule with construction, occupancy, limits, square footage and protection class

### **COVERAGE CHANGES**

Coverage:

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Limits: \_\_\_\_\_

Deductibles: \_\_\_\_\_

Other:

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## **INLAND MARINE**

See policy for expiring coverage information.

### **COVERAGE CHANGES**

Coverage:

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Limits: \_\_\_\_\_

Deductibles: \_\_\_\_\_

Other:

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## **CRIME**

See policy for expiring coverage information.

### **COVERAGE CHANGES**

Coverage:

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Limits:

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Deductibles:

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Other:

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## **AUTO LIABILITY & AUTO PHYSICAL DAMAGE**

See policy for expiring coverage information.

### **Required Information:**

- Please provide complete updated auto schedule with cost new, VIN, class code or use

### **COVERAGE CHANGES**

Coverage:

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Limits:

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Deductibles:

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Other:

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## **PUBLIC OFFICIALS & EMPLOYMENT PRACTICES LIABILITY**

Please review policy for expiring coverage information.

### **COVERAGE CHANGES**

Coverage:

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Limits:

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Deductibles:

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Other:

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1. Current Population: \_\_\_\_\_

2. Check box if you operate any of the following:

Gas Utility  Electric Utility  Port Auth.  Airport  Transit Auth.  Housing Auth.

Number of Residential users? \_\_\_\_\_ Number of Commercial Users? \_\_\_\_\_

If any of the above are checked, a supplemental application may be required

Water & Sewer operation?  Yes  No

1. Revenues for each: Water \_\_\_\_\_ Sewer \_\_\_\_\_
2. Is it EPA approved  Yes  No
3. If no, does it follow EPA standards approved by a state agency similar to EPA?  Yes  No
4. Does the authority comply with all EPA guidelines?  Yes  No
5. Has the authority ever been fined by an agency such as the EPA?  Yes  No
6. Does the Authority deal with any hazardous waste?  Yes  No
7. Does the Authority take industrial waste?  Yes  No If yes, is it prescreened for hazardous waste?  Yes  No
8. What level authority is the Sewer?  Primary  Secondary  Tertiary
9. Has there ever been a water shortage problem in this area?  Yes  No
10. If yes, please explain: \_\_\_\_\_
11. Has there ever been any water rights disputes between this authority and other utility districts they deal with?  Yes  No
12. Does the Authority operate any dams or reservoirs?  Yes  No

**EMPLOYMENT PRACTICES LIABILITY SECTION**

Total number of employees: \_\_\_\_\_

Do you have policies & procedures on the following:

	Yes	No	In Writing?
Hiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grievance Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ZONING SECTION**

1. Do you have zoning authority in your municipality?  Yes  No
2. Do you have a planning and zoning board?  Yes  No
3. Does your municipal attorney attend all meetings of your planning and zoning board?  Yes  No
4. Advise estimated number of building permits granted in the past year? \_\_\_\_\_
5. Advise the estimated number of building permits denied in the past year? \_\_\_\_\_
6. Do you have a policy which prohibits zoning board members with an investment in a business from voting on a zoning action which may affect that business?
7. Do you have a policy prohibiting zoning board members who are directors, officers or partners of a business from voting on a zoning action which may affect that business?

8. Do you have a procedure which requires zoning board members to disclose to you all investments or controlling positions in any business which may be affected by the zoning board actions?

**CURRENT GENERAL LIABILITY CARRIER AND LIMITS IF NOT APEXIC?**

Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_

**FINANCIAL INFORMATION SECTION**

1. Budget revenues: \_\_\_\_\_ Budget expenditures: \_\_\_\_\_
2. Has state or federal aid been reduced or eliminated in the past year?  Yes  No
3. What is the amount of outstanding bonds? \_\_\_\_\_
4. What is the current bond rating? \_\_\_\_\_
5. Has any bond been defeated the past year?  Yes  No If yes, what was it for?
6. Has your public entity been in default on principal or interest on any bond?  Yes  No
7. If yes, explain \_\_\_\_\_

**OPERATIONS SECTION**

1. Have there been any strikes, slowdowns or disruptions in the past year?  Yes  No
2. Have there been any layoffs or reductions in services in the past year?  Yes  No
3. Do you have an emergency procedure for natural or terrorist catastrophe in place?  Yes  No
4. If not, why? \_\_\_\_\_
5. Does this procedure include containment and/or evacuation in case of any aforementioned catastrophe?  Yes  No If no, explain: \_\_\_\_\_

**CLAIMS EXPERIENCE**

1. Is the entity operating under court orders?  Yes  No
2. If yes, why: \_\_\_\_\_
3. Has any claim been made in the past year or is now pending against any person in their capacity as an official or employee of the public entity?  Yes  No
4. Does any board member, employee or volunteer have nay knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim?  Yes  No
5. Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment in the past year?  Yes  No
6. Have there been any sexual harassment or civil rights incidents in the past year?  Yes  No
7. If yes to any of these questions, please explain \_\_\_\_\_

If no losses this box: NO LOSSES THE PAST YEAR

**LAW ENFORCEMENT LIABILITY**

1. Do you authorize employee moonlighting?  Yes  No
2. Is it authorized in bars or taverns?  Yes  No
3. What percentage of class moonlight? \_\_\_\_\_ %
4. Does the department perform administrative work for any other police department?  Yes  No

**POLICIES & PROCEDURES**

Do you have written policies & procedures addressing the following areas?

	Yes	No	Year of last update
Deadly Force	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vehicle Hot Pursuit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-Deadly Force	<input type="checkbox"/>	<input type="checkbox"/>	_____
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communicable disease? (AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Handling of Intoxicated Persons	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please provide copy of any updates since last year.

**EDUCATION & TRAINING**

1. Is formal training required before armed and assigned street duty?  Yes  No
2. Has the department provided any additional training for officer after September 11, 2001 regarding racial profiling prevention?  Yes  No If no, explain \_\_\_\_\_
3. Do any officers have automatic defibrillators?  Yes  No
4. If yes, are they trained before using?  Yes  No
5. Is there a physician on call for officer questions?  Yes  No

**DISPATCHING & 911 SERVICES**

1. Does the department handle its own dispatch?  Yes  No
  2. Does the department dispatch for other entities?  Yes  No
    - a. How many entities? \_\_\_\_\_
    - b. Population served? \_\_\_\_\_
- Does the department handle 911 services?  Yes  No
- a. How many entities? \_\_\_\_\_
  - b. Population served? \_\_\_\_\_
3. Are all incoming calls to dispatchers and 911 operators recorded?  Yes  No
    - a. How long are the tapes maintained? \_\_\_\_\_
  4. What services are provided by dispatch or 911?

**JAIL & HOLDING CELL OPERATIONS CHECK IF NONE**

1. Jail  Minimum Security  Maximum Security  Yes  No
2. Holding Cell  Yes  No
3. Detention Home  Yes  No
4. What is state certified capacity of the facility? \_\_\_\_\_
5. What is the average length of stay? \_\_\_\_\_

6. Are jailers on duty 24 hours per day?  Yes  No
7. Have there been any suicides the past 5 years?  Yes  No  
If yes, explain \_\_\_\_\_
8. Any suicide attempts? If yes, explain and provide details of preventative measures  Yes  No  
\_\_\_\_\_
9. Are walk through inspections of the facility done every 30 minutes?  Yes  No  
a. Are they documented in writing?  Yes  No
10. Date of last inspection by state corrections officials? \_\_\_\_\_
11. Date of last inspection by fire inspectors \_\_\_\_\_
12. Are there smoke alarms in jails?  Yes  No
13. Are there audio / video systems in the following?
- Booking Area  Audio  Video  None
- Sally Port  Audio  Video  None
- Cell Area  Audio  Video  None
14. If no audio / video in cell area, are inmates under constant surveillance by a jailer/officer?  Yes  No
15. Does the department maintain written jail or holding cell operations manual containing the following?
- Intake screening & classification  Yes  No
- Strip Searches  Yes  No
- Jail Evacuation  Yes  No    Medical Treatment  Yes  No
- Suicide ID Guidelines  Yes  No

### PERSONNEL RATING INFORMATION

Full Time Officers, Detectives, Investigators, Sergeants		Animal Control	
Full Time Chief, Sheriff, Deputies		Dispatchers	
Police Dogs		Jail Medical / Coroner	
Full & Part-Time Jailers		Other unarmed personnel	
Part-time reserve/auxiliary/court officers with arrest powers		Other unarmed Jail Personnel	
		School Crossing Guards	
		Unarmed Part-time reserve/auxiliary/court officers without arrest powers	
Total Group A		Total Group B	



**CLAIMS THE PAST YEAR**

1. Does any official, employee or volunteer have any knowledge of any action, error, omission or breach of duty which may be expected to give rise to a claim or lawsuit?  Yes  No

If yes, explain \_\_\_\_\_

2. Has any lawsuit been made or is now pending against any person in his/her official capacity as an employee or volunteer for the department?  Yes  No

3. If coverage not with APEX, provide loss history. If no losses, check NO LOSSES

**ENTITY ATTESTATION FOR PUBLIC OFFICIALS, EMPLOYMENT PRACTICES & LAW ENFORCEMENT**

The authorized signer of this application attests to the best of his/her knowledge that statement set forth herein are true; that no fact, circumstances or situation indicating the probability of a claim or action now known to any public 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 signing of this application does not bind the signer to purchase the insurance, but 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.

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.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

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

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