



## Intact Public Entities

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### NEW BUSINESS APPLICATION

*Please complete PART A and other PARTS as applicable.*

- |               |  |
|---------------|--|
| <b>PART A</b> | <b>GENERAL INFORMATION (PAGE 2)</b>  |
| <b>PART B</b> | <b>PROPERTY (PAGE 4)</b><br>➤ <i>Attach Statement of Values (Excel format preferred)</i>               |
| <b>PART C</b> | <b>INLAND MARINE (PAGE 7)</b><br>➤ <i>Attach Statement of Values (Excel format preferred)</i>          |
| <b>PART D</b> | <b>CRIME (PAGE 8)</b>  |
| <b>PART E</b> | <b>AUTOMOBILE (PAGE 9)</b><br>➤ <i>Attach Schedule of Covered Automobiles (Excel format preferred)</i> |
| <b>PART F</b> | <b>GENERAL LIABILITY (PAGE 11)</b>   |
| <b>PART G</b> | <b>DAM, RESERVOIR OR LEVEE SUPPLEMENT (PAGE 15)</b>  |
| <b>PART H</b> | <b>PUBLIC OFFICIALS ERRORS AND OMISSIONS LIABILITY (PAGE 17)</b>                                       |
| <b>PART I</b> | <b>LAW ENFORCEMENT LIABILITY (PAGE 19)</b>   |
| <b>PART J</b> | <b>EXCESS LIABILITY (PAGE 21)</b>  |

Legal Named Insured:

Proposed Effective Date:

**PART A – GENERAL INFORMATION**

Part A, Page 1 of 2

**1. Entity**

Application Date:

Proposal Due Date:

Mailing Address:

Street Address:

County:

City, State, Zip:

Population:

FEIN:

Website:

Primary Insured Contact:

E-Mail:

Phone:

Risk Control Contact:

E-Mail:

Phone:

**2. Submitting Agency**

Agency:

Mailing Address:

Producer:

E-Mail:

Phone:

Fax:

**3. Coverage Requested**

|                          |   |                          |                                |
|--------------------------|---|--------------------------|--------------------------------|
| <input type="checkbox"/> | General Liability                               | <input type="checkbox"/> | Property / Equipment Breakdown |
| <input type="checkbox"/> | Public Officials Errors and Omissions Liability | <input type="checkbox"/> | Equipment / Inland Marine      |
| <input type="checkbox"/> | Law Enforcement Liability                       | <input type="checkbox"/> | Crime                          |
| <input type="checkbox"/> | Automobile Liability                            | <input type="checkbox"/> | Flood                          |
| <input type="checkbox"/> | Automobile Physical Damage                      | <input type="checkbox"/> | Earthquake                     |
| <input type="checkbox"/> | Excess Liability                                | <input type="checkbox"/> | Other: _____                   |

**4. Expiring Information**

| Line of Coverage                    | Carrier | Limit | Occurrence / Claims Made | Retro Date | Ded or SIR  | Ded/SIR | Premium |
|-------------------------------------|---------|-------|--------------------------|------------|---|---------|---------|
| General Liability                   |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |
| Public Officials Liability          |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |
| Employment Practices Administration |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |
| Employee Benefits Administration    |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |
| Law Enforcement Liability           |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |
| Automobile Liability                |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |
| Automobile Physical Damage          |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |
| Excess Liability                    |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |
| Property                            |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |
| Equipment/Inland Marine             |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |
| Crime                               |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |
| Flood                               |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |
| Earthquake                          |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |
| Other: _____                        |         |       |                          |            | <input type="checkbox"/> <input type="checkbox"/> | \$      | \$      |

**PART A – GENERAL INFORMATION**

Part A, Page 2 of 2

**5. Loss History & Large Loss Detail**

*Loss history for each insurance coverage requested must be verified through submission of loss experience reports. Reports must be currently valued and include the current expiring policy term plus three (3) preceding policy terms. Provide details for individual losses exceeding \$25,000.*

**6. Prior Acts**

☐ Y ☐ N Does the applicant have any knowledge of any incident(s), accident (s) or occurrence(s) which may result in a claim? If **Yes**, explain:

☐ Y ☐ N Have any of these events been reported to a current or previous carrier? If **Yes**, explain:

**7. Operating Controls**

☐ Y ☐ N Are certificates of insurance required from your subcontractors? If **Yes**, explain:

☐ Y ☐ N Are you named as an additional insured on your subcontractors' liability policies?

☐ Y ☐ N Does the entity have a formalized risk management procedure or program?

**Do the formal procedures include the following?**

☐ Y ☐ N Written Safety or Loss Prevention Manual

☐ Y ☐ N Employee Training Meeting

☐ Y ☐ N Property or Equipment Inspection and Maintenance Logs

☐ Y ☐ N Procedures to prevent & report Sexual Harassment

☐ Y ☐ N Accident Investigation Program

**Describe any other formal or informal operating controls:**

**PART B – PROPERTY SUPPLEMENTAL APPLICATION**

Part B, Page 1 of 3

Intact Public Entities provides property coverage to eligible public entities using the Intact @Vantage Property form. Property coverage may be tailored to meet individual account needs. Equipment Breakdown, Business Income and Crime Coverage are included.

| @VANTAGE FOR PROPERTY   |  |
|---|--|
| Coverage  |  |
| <b>Building</b>   |  |
| **Ordinance or Law A  | Included in Location Limit                           |
| **Ordinance or Law – Coverages B & C combined   | \$500,000  |
| Fungus, Wet Rot, Dry Rot, Bacteria (Mold)   | \$15,000 aggregate                                   |
| Newly Acquired Buildings  | \$2,000,000 - 180 Days                               |
| Pollutant Cleanup and Removal   | \$100,000  |
| Debris Removal  | \$250,000  |
| <b>Business Personal Property</b>   |  |
| Newly Acquired Business Personal Property   | \$1,000,000 - 180 Days                               |
| Business Personal Property at Other Locations   | \$50,000   |
| <b>Business Personal Property coverage includes:</b><br><i>Accounts Receivable; Electronic Hardware &amp; Media; Fine Arts; Improvements &amp; Betterments; Installation Tools &amp; Equipment; Patterns, Dies &amp; Molds; Personal Effects; Personal Property of Others; Scientific &amp; Professional Equipment; Valuable Information Property</i> |  |
| <b>Bucket Limit</b>   | <b>\$500,000 per occurrence</b>                      |
| Accounts Receivable   | Included in Bucket                                   |
| Consequential Loss or Damage to Stock   | Included in Bucket                                   |
| PP - Sold by you, Conditional Sale  | Included in Bucket                                   |
| Fine Arts Coverage  | Included; however, a \$10,000-per-item limit applies |
| Outdoor Property – Trees, Shrubs & Plants   | Included in Bucket                                   |
| Personal Effects of Officers, Partners & Employees  | Included in Bucket                                   |
| Outdoor Property – Other<br><i>includes fences, radio /TV antennas &amp; satellite dishes</i>   | Included in Bucket                                   |
| **Valuable Papers and Records Coverage  | Included in Bucket                                   |
| Tenants Improvements or Betterments   | Included in Bucket                                   |
| Electronic Equipment & Hardware – PD  | Included in Bucket                                   |
| Fire Protection Equipment Recharge Costs  | Included in Bucket                                   |
| Fire Department Service Charge  | Included in Bucket                                   |
| <b>Business Income</b>  |  |
| Extended Period of Indemnity  | 90 Days  |
| Business Income Extra Expense – Utility Services  | \$25,000   |
| Business Income from Dependent Properties   | \$100,000  |
| <b>CyberVandalism</b>   |  |
| **Electronic Data – Cyber Risk/Vandalism – Employees  | PD: \$50,000 aggregate      TE: \$50,000 aggregate   |
| **Electronic Data – Cyber Risk/Vandalism – Non-Employees  | PD: \$10,000 aggregate      TE: \$10,000 aggregate   |
| Electronic Data – Denial of Service   | \$10,000 aggregate                                   |
| <b>Transit</b>  |  |
| Property in Transit   | \$50,000   |
| Free On-Board Extension and   | Included in Transit Limit                            |
| **Property at Exhibitions, Trade Shows, Fairs, Etc  | Included in Transit Limit                            |
| <b>Equipment Breakdown</b>  |  |
| <b>Follows Policy Limits</b>  |  |
| Expediting Expenses   | \$100,000  |
| Hazardous Substance   | \$100,000  |
| Perishable Goods  | \$100,000  |
| CFC Refrigerants  | \$100,000  |

Legal Named Insured:

Proposed Effective Date:

**PART B – PROPERTY SUPPLEMENTAL APPLICATION (Cont'd)**

Part B, Page 2 of 3

**Crime** **\$25,000 Bucket Limit**

|  |                         |
|--|-------------------------|
| Employee Theft                               | Included                |
| Forgery & Alteration                         | Included                |
| Money & Securities – Inside/Outside Premises | Included                |
| **Robbery or Safe Burglary                   | Included                |
| Money Orders & Counterfeit Paper Currency    | Included                |
| ERISA  | \$25,000 per occurrence |

**Additional Coverages**

|   |                     |
|---|---------------------|
| Arson or Theft Reward                       | \$50,000            |
| Contract Penalties                          | \$50,000            |
| Backup of Sewers & Drains (Excluding Flood) | \$100,000           |
| Lock Replacement                            | \$10,000            |
| Expediting Expense                          | \$50,000            |
| Soft Costs                                  | \$25,000            |
| Temporary Relocation of Property            | \$100,000 – 90 days |

**Available Valuation Options include:** Actual Cash Value; Functional Replacement Cost; Agreed Amount; Replacement Cost; Coinsurance Stated Value

\*\* denotes new changes in 2010

Legal Named Insured:

Proposed Effective Date:

**PART B – PROPERTY SUPPLEMENTAL APPLICATION (Cont'd)**

Part B, Page 3 of 3

|     |   |  |                                  |                                  |                                 |
|-----|---|--|----------------------------------|----------------------------------|---------------------------------|
| 1.  | Property Deductible Requested?                        | <input type="checkbox"/> \$1,000   | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> Other: |
| 2.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Do you require additional Property coverage? If <b>Yes</b> , how much?<br>Limits requested?  |                                  |                                  |                                 |
| 2.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Is Blanket Coverage Requested? (90% or greater value required)   |                                  |                                  |                                 |
| 3.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Statement of values is 100% of property values   |                                  |                                  |                                 |
| 4.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Any items on the property schedule to be insured as fine arts?<br>Identify items on schedule and limits required:  |                                  |                                  |                                 |
| 5.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Any items on the property schedule to be insured as Electronic Hardware & Media?<br>Identify limits and location:  |                                  |                                  |                                 |
| 6.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Any loss payees or additional insured interests applicable to any properties?<br>If <b>Yes</b> , please list item # and interest:  |                                  |                                  |                                 |
| 7.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Any vacant property locations?   |                                  |                                  |                                 |
| 8.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Any locations over 30 years old?<br>If <b>Yes</b> , list location(s), renovations, and date completed:   |                                  |                                  |                                 |
| 9.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Do any pumps or motors exceed 1,000 HP?  |                                  |                                  |                                 |
| 10. | <input type="checkbox"/> Y <input type="checkbox"/> N | Do any individual specialized equipment items exceed \$100,000 in value? Specialized equipment items include fuel cells, micro turbines, rotating biological contactors and submersible pumps. |                                  |                                  |                                 |
| 11. | <input type="checkbox"/> Y <input type="checkbox"/> N | Do you currently have any property in the "course of construction" or do you plan to have any new additions, renovations, or expansions?<br>If <b>Yes</b> , describe:<br>Cost of construction: |                                  |                                  |                                 |
| 12. | <input type="checkbox"/> Y <input type="checkbox"/> N | Do you have any hydro-electric equipment?  |                                  |                                  |                                 |
| 13. | <input type="checkbox"/> Y <input type="checkbox"/> N | Is optional Flood Coverage requested?<br>If <b>Yes</b> , list Location(s), Limit and Deductible:   |                                  |                                  |                                 |
| 14. | <input type="checkbox"/> Y <input type="checkbox"/> N | Is optional Earthquake Coverage requested?<br>If <b>Yes</b> , list Location(s), Limit and Deductible:  |                                  |                                  |                                 |

Legal Named Insured:

Proposed Effective Date:

**PART C – INLAND MARINE SUPPLEMENTAL APPLICATION**

Part C, Page 1 of 1

Intact Public Entities provides inland marine type property coverage to eligible public entities using the Intact @Vantage Property form. Contractor's Equipment, Miscellaneous Tools and Equipment, and Employee Tools are covered through property coverage form endorsements. Inland Marine included in the Intact property form may be tailored to meet individual account needs.

1. What types of inland marine equipment are to be insured?

- ☐ Contractor's Equipment  
☐ Miscellaneous Tools and Equipment  
☐ Employee Tools  
☐ Leased, Rented or Borrowed Equipment  
☐ Other :

Please provide all values to be insured in an Excel attachment.

2. Please indicate the deductible to be applied to the following:

|                                   | \$1,000                  | \$2,500                  | \$5,000                  | Other (Please list)      |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Contractor's Type Equipment       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Miscellaneous Tools and Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Tools                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leased, Rented or Borrowed        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. ☐ Y ☐ N Does the entity maintain an equipment inventory?

4. ☐ Y ☐ N Are all equipment items secured when not in use?

Legal Named Insured:

Proposed Effective Date:

**PART D – CRIME SUPPLEMENTAL APPLICATION**

Part D, Page 1 of 1

Intact Public Entities provides crime insurance coverage to eligible public entities using the Intact @Vantage Property form. The following crime insurance insuring agreements and limits are provided:

| <b>Crime</b>                              | <b>\$25,000 Bucket Limit</b> |
|---|------------------------------|
| Employee Dishonesty                       | Included                     |
| Forgery & Alteration                      | Included                     |
| Money & Securities – On & Off Premises    | Included                     |
| Money Orders & Counterfeit Paper Currency | Included                     |
| ERISA                                     | \$25,000 per occurrence      |

1. ☐ Y ☐ N Is Faithful Performance Coverage needed?

2. ☐ Y ☐ N Is Computer Fraud (Funds Transfer of Money & Securities) required? If **Yes**, limit:

3. ☐ Y ☐ N Are additional limits needed for any crime insuring agreement?

If **Yes**, please list insuring agreement and limit.

**Insuring Agreement**

**Limit**

4. What deductible is requested? ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other:

5. What security provisions apply? How Often?

☐ Audit

☐ Reconciliations

☐ Bank statements

☐ Countersignature

☐ Other



**PART E – AUTOMOBILE SUPPLEMENTAL APPLICATION**

Part E, Page 1 of 2

Intact Public Entities provides automobile insurance to eligible public entities with the ISO Business Auto form modified by @VANTAGE FOR PUBLIC ENTITIES which includes the following coverage extensions:  
*(Note: coverage extensions apply only if liability and/or APD coverage is purchased)*

1. Additional Insured By Contract
2. Airbag Discharge
3. Auto Theft Reward
4. Bodily Injury Redefined – Mental Anguish
5. Commandeered Autos
6. Customized Vehicles
7. Duties In The Event of Accident, Claim, Suit or Loss
8. Elected Or Appointed Officials As Insureds
9. Electronic Equipment
10. Employees And Volunteers As Insureds
11. Expected Or Intended Injury Exclusion – Exception for Reasonable Force
12. Extra Expense – Broadened Coverage
13. Fellow Employee Exclusion
14. Freezing Coverage – Emergency Vehicles
15. Glass Repair – Waiver of Deductible
16. Hired Auto Physical Damage Coverage
17. Hired Auto – Worldwide Coverage Territory
18. Lease Gap Coverage
19. Liability Coverage Extensions– Supplementary Payments

**Extensions apply if purchased:**

20. Physical Damage – Transportation Expenses
21. Towing – Covered Autos

| Automobile Coverage           | Limits Requested |
|-------------------------------|------------------|
| Owned or Leased Automobiles   | \$               |
| Hired Automobile Coverage     | \$               |
| Non-owned Automobile Coverage | \$               |
| Personal Injury Protection    | \$               |
| Automobile Medical Payments   | \$               |
| Uninsured Motorists           | \$               |
| Underinsured Motorists        | \$               |
| Comprehensive Deductible      | \$               |
| Collision Deductible          | \$               |

**PART E – AUTOMOBILE SUPPLEMENTAL APPLICATION**

Part E, Page 2 of 2

|     |   |   |
|-----|---|---|
| 1.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Are all of the entity's owned or leased vehicles to be insured under this policy?<br>If <b>No</b> , list vehicles insured elsewhere:  |
|     |   |   |
| 2.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Does the entity hire automobiles?<br>If <b>Yes</b> , indicate cost and usage:   |
|     |   |   |
| 3.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Does the entity permit employees to use their own vehicles in the course of employment?<br>If <b>Yes</b> , list employees and for what purpose?<br>What limit of insurance must an employee provide?  |
|     |   |   |
| 4.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Does the entity allow employees to use its autos for personal use?  |
| 5.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Are any vehicles used to provide public transportation?   |
| 6.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Are any vehicles used to provide transportation for recreation activities?<br>If <b>Yes</b> , for any question above, describe vehicle usage:   |
|     |   |   |
| 7.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Does the entity require Commercial Drivers Licensing (CDL)?   |
| 8.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Does the entity obtain Motor Vehicle Records on a pre-hire basis?   |
| 9.  | <input type="checkbox"/> Y <input type="checkbox"/> N | Are Motor Vehicle Records checked for current employees?  |
| 10. | <input type="checkbox"/> Y <input type="checkbox"/> N | Does the entity require formal driver training for its employees?   |
| 11. | <input type="checkbox"/> Y <input type="checkbox"/> N | Does the entity have a formalized automobile safety program in place?   |
| 12. | <input type="checkbox"/> Y <input type="checkbox"/> N | Does the entity review each motor vehicle accident?   |
| 13. | <input type="checkbox"/> Y <input type="checkbox"/> N | Does the entity have a formalized automobile maintenance program in place?  |
| 14. | <input type="checkbox"/> Y <input type="checkbox"/> N | Are Fire or Ambulance vehicles to be covered on an Agreed Amount basis for APD?<br>If <b>Yes</b> , note vehicle unit #s and requested values on submitted automobile schedule.<br><i>Only Fire and Ambulance vehicles are eligible for Agreed Valuation Physical Damage</i> |

**PART F – GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

Part F, Page 1 of 4

Indicate presence of each item by checking the appropriate box:

| Operation   | Exposure?<br>(Y / N)                                | Any Part of Operation<br>Subcontracted to<br>Others?<br>(Y / N) |
|---|---|---|
| Aircraft, Airport and Related Facilities                              | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Ambulance Services  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Boat Docks or Marina  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Bridges   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Carnivals, Fairs, Parades   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Cemetery Operations   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Chemical Spraying – Pesticide/Herbicide                               | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Children and Youth Services   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Dams, Reservoir or Levee ( <b>Complete Part G</b> )                   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Day Care, Day Camps, Day Nurseries                                    | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Electric Utility ( <b>Request Supplemental Application – Part L</b> ) | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Emergency Medical Services  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Exhibit Hall or Meeting Area  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Fire Department   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Fireworks Exhibits  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Garbage or Refuse Collection  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Gas Utility ( <b>Request Supplemental Application – Part K</b> )      | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Golf Course   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Halfway Houses, Shelters, Group Homes                                 | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Health Clinics  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Hospitals   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Ice or Roller Rinks   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Industrial Buildings for Redevelopment                                | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Irrigation Ditches – Existence Hazard                                 | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Jails or Correctional Facilities                                      | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Lake or Reservoir   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Landfills/Dumps/Refuse Sites/Incinerators                             | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Law Enforcement Activities  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Liquor Sales  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Nursing Homes   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Parks and Playgrounds   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Ports/Harbors/Terminal  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Public Health Department  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Public Housing Authority  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Rescue Squad  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Sewage Collection Lines   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Sewage Disposal Plant   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| School  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Streets and Roads   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Swimming Areas, Pool or Beach   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Transit Operations  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Vacant Land   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Wastewater Operations   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Watercraft > 100 Horsepower   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Water Operations  | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |
| Zoo   | <input type="checkbox"/> / <input type="checkbox"/> | <input type="checkbox"/> / <input type="checkbox"/>             |

**PART F – GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

Part F, Page 2 of 4

Intact Public Entities provides the following options for General Liability Coverage:

➤ **Occurrence or claims-made coverage (with a specific claims-made retroactive date) forms**➤ **Each coverage form includes:**

Coverage A. Bodily Injury and Property Damage Liability

Coverage B. Personal and Advertising Injury Liability

Coverage C. Health Care and Social Services Liability *(If Requested)*Coverage D. Medical Expense *(If Requested)*➤ **All policies default to the following limits:**

\$1,000,000 Each Occurrence

\$1,000,000 Damage to Premises Rented to You

\$1,000,000 Any one person or organization for Personal and Advertising Injury

\$ 0 Each Wrongful Act Health Care and Social Services

\$1,000,000 General Aggregate

\$1,000,000 Products-Completed-Operations Aggregate

\$ 0 Any one person Medical Expense

1. What coverage form is requested? ☐ Occurrence ☐ Claims-Made (Retro Date: )2. What **optional** General Aggregate Limit is requested? *Applies to Coverage A, B, C, and D*☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000*Products-Completed-Operations Aggregate will be set equal to General Aggregate Limit requested*3. ☐ Y ☐ N Is Health Care and Social Services Coverage Liability Requested? Limit is \$1,000,000.  
*If Yes, must complete question 23*

Please select limits for the following optional coverages:

|   | \$100,000                | \$300,000                | \$500,000                | \$1,000,000              |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. Failure to Supply Coverage Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Sexual Abuse Coverage Liability      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. What deductible is requested? *Note: Underwriters may require higher or lower deductibles than requested*  
*If a deductible > \$25,000 or self-insured retention is requested, mark as "other" and specify amount*  
☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$15,000 ☐ \$25,000 ☐ Other:

7. General Liability is rated on operating budget – how is the budget provided to Intact?

☐ Attached to this application ☐ Link to website located here:

8. What expenditures are associated with "green initiatives"? \_\_\_\_\_

*"Green initiatives" are expenditures associated with efforts to implement environmental sustainability.**Examples of eligible expenditures include community environmental sustainability education, recycling and composting programs, sustainability planning or similar operations undertaken to improve the physical environment.*

9. What is the payroll for water, sewer or irrigation operations? (Not required for city or county business) \_\_\_\_\_

*Payroll includes remuneration paid to direct employees (except clerical office and executive officers), 100% of contract cost for leased employees, and 33% of total contract costs*10. ☐ Y ☐ N Is Cemetery Liability requested?  
If Yes, how many cemeteries? and annual interments?

11. Number of dams, reservoirs or levees insured for existence hazard only?

12. ☐ Y ☐ N Are dams, reservoirs or levees to be insured for Structural Failure?  
If Yes, Complete **PART G Dam, Reservoir or Levee Supplemental Application**

13. What is the total number of service runs for Fire Operations? (Not required for city or county business)

14. Number of trash transfer stations? (Not required for city or county business)

**PART F – GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

Part F, Page 3 of 4

|     |  |
|-----|--|
| 15. | Number of industrial properties?   |
| 16. | How many miles of Irrigation Ditches?  |
| 17. | What is the total number of streets & roads owned or maintained?   |
| 18. | How many indoor swimming facilities?   |
| 19. | How many seasonal swimming areas? <i>Include outdoor pool, beach, lake or river access</i>   |
| 20. | <input type="checkbox"/> Y <input type="checkbox"/> N Do you purchase workers' compensation insurance?   |
| 21. | <input type="checkbox"/> Y <input type="checkbox"/> N Do you confirm that independent contractors and sub-contractors purchase workers' compensation insurance?  |
| 22. | <input type="checkbox"/> Y <input type="checkbox"/> N Do you utilize volunteer, inmate or mandated community service labor not covered by workers' compensation? |

|     |  |                          |   |                              |
|-----|--|--------------------------|---|------------------------------|
| 23. | How many of each type of employee are to be included? <b>Required if Health Care Coverage is requested</b> |                          |   |                              |
|     | #  | Social Service Providers | # | Paramedic                    |
|     | #  | Jail Nurses              | # | Emergency Medical Technician |
|     | #  | Nurse                    | # | First Responder              |

*The following questions are only required for applicants with Water Utility Operations*

|     |  |   |
|-----|--|---|
| 24. | <input type="checkbox"/> Y <input type="checkbox"/> N  | Do you have a fully computerized water system? (i.e. SCADA)   |
| 25. | How many gallons of potable water are distributed annually?  |   |
| 26. | What is the water system's supply capacity (in gallons)?   |   |
| 27. | How many water utility customers?  |   |
| 28. | What percentage is distributed to each?<br><div style="display: flex; justify-content: space-between;"> <span><u>        </u> % Agriculture</span> <span><u>        </u> % Commercial</span> <span><u>        </u> % Industrial</span> <span><u>        </u> % Residential</span> </div> |   |
| 29. | What is the source of the water supply?  |   |
| 30. | How is the water treated?  |   |
| 31. | What water chemicals do you use?   |   |
| 32. | How often do you test?   |   |
| 33. | How are water chemicals stored and secured?  |   |
| 34. | What is the age of the water treatment system (in years)?  |   |
| 35. | What system upgrades are completed or planned?   |   |
| 36. | <input type="checkbox"/> Y <input type="checkbox"/> N  | Is the entity required to produce an annual water quality report? With what agency is the report filed? |

*The following questions are only required for applicants with Wastewater Operations*

|     |   |   |  |  |  |
|-----|---|---|--|--|--|
| 37. | What type of facility(ies) are operated?<br><input type="checkbox"/> Treatment Plant <input type="checkbox"/> Lift Station <input type="checkbox"/> Pumps <input type="checkbox"/> Collection Only <input type="checkbox"/> Other:                            |   |  |  |  |
| 38. | How many wastewater customers?  |   |  |  |  |
| 39. | What percentage is received from each type of customer?<br><div style="display: flex; justify-content: space-between;"> <span><u>        </u> % Commercial</span> <span><u>        </u> % Industrial</span> <span><u>        </u> % Residential</span> </div> |   |  |  |  |
| 40. | How many sewer connections?   |   |  |  |  |
| 41. | What type of piping is used in the system?  |   |  |  |  |
| 42. | How many miles of sewer collection lines are maintained by the proposed insured?  |   |  |  |  |
| 43. | What is the average age (years) of the sewer collection system?   |   |  |  |  |
| 44. | What system upgrades are completed or planned?  |   |  |  |  |
| 45. | <input type="checkbox"/> Y <input type="checkbox"/> N   | Replacement program in place for sewer lines? |  |  |  |
| 46. | How often are sewer mains/lines cleaned?  |   |  |  |  |

**PART F – GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

Part F, Page 4 of 4

47. How often are sewer lines/mains inspected by line cameras?
48. What wastewater treatment is provided? ☐ Primary ☐ Secondary ☐ Tertiary ☐ Other:
49. What regulatory agency monitors?
50. How is influent input monitored for toxic/hazardous waste?
51. How are chemicals stored?
52. What is done with residual by-products/sludge?

*The following questions are only required for applicants with Irrigation Operations*

53. Describe if public access is permitted on canal or levee rights of way?
54. ☐ Y ☐ N Are any areas open for public uses such as hunting, boating or hiking?
55. ☐ Y ☐ N Is public access permitted for vehicle use?
56. How is weed and brush suppression accomplished? ☐ Controlled Burns ☐ Chemicals
57. List all chemicals sprayed:
58. ☐ Y ☐ N Are employees licensed?
59. Where and in what quantity are these chemicals stored?
60. Describe how irrigation water deliveries are confirmed?
61. ☐ Y ☐ N Are there established procedures for burns?
62. ☐ Y ☐ N Are warning signs posted on all owned facilities?

*The following questions are only required for applicants with Landfills/Dumps/Refuse Sites/Incinerators Operations*

63. ☐ Y ☐ N Does the proposed insured currently operate a Landfill, Dump, Refuse site or incinerator?  
If "Yes", describe facility and current use:
64. ☐ Y ☐ N Are there any records of compliance issues?
65. ☐ Y ☐ N Does the entity provide residential refuse collection services to residents?
66. Where is the residential refuse sent?
67. ☐ Y ☐ N Is public access permitted to any refuse facility owned by the entity?

*The following questions are only required for applicants with Recreational Activities*

68. Do you have any of the following recreational activities:
- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Camping           | <input type="checkbox"/> Hiking trails   | <input type="checkbox"/> Playground equipment | <input type="checkbox"/> Golf Courses/Clubs              |
| <input type="checkbox"/> Equestrian trails | <input type="checkbox"/> Bike riding     | <input type="checkbox"/> Playgrounds          | <input type="checkbox"/> Skate boarding                  |
| <input type="checkbox"/> Basketball courts | <input type="checkbox"/> Baseball fields | <input type="checkbox"/> Parks                | <input type="checkbox"/> Ski lifts/Ski trails            |
| <input type="checkbox"/> Football fields   | <input type="checkbox"/> Soccer fields   | <input type="checkbox"/> Parasailing          | <input type="checkbox"/> Rollerblading (in-line skating) |
69. ☐ Y ☐ N Do you permit any winter sports on your premises? If Yes, describe:
70. What safety programs apply to swimming areas?
71. What safety programs apply to recreational activities?

*The following questions are only required for applicants with Cemetery operations*

72. ☐ Y ☐ N Do you require a written burial agreement?
73. ☐ Y ☐ N Do you have a policy or procedure concerning disinterment requests? If Yes, describe:
74. Who is responsible for maintenance, site preparation, or burial?
75. How many locations are owned or maintained by the entity for cemetery operations?

Legal Named Insured:

Proposed Effective Date:

**PART G – DAM, RESERVIOR OR LEVEE SUPPLEMENTAL APPLICATION**

Part G, Page 1 of 2

(If the entity maintains more than 1 dam, a separate supplemental application must be completed for each structure)

|                    |                      |
|--------------------|----------------------|
| Name of Structure: | NATDAM ID:           |
| Location:          |                      |
| Year Built:        | Date of Last Update: |

|              |                                 |   |   |                                 |
|--------------|---------------------------------|---|---|---------------------------------|
| Owned by:    | <input type="checkbox"/> Entity | <input type="checkbox"/> Federal Agency | <input type="checkbox"/> State Government | <input type="checkbox"/> Other: |
| Operated by: | <input type="checkbox"/> Entity | <input type="checkbox"/> Federal Agency | <input type="checkbox"/> State Government | <input type="checkbox"/> Other: |

|  |  |
|--|--|
| 1. <input type="checkbox"/> Y <input type="checkbox"/> N | Is this Dam a shared facility? If <b>Yes</b> , with what entity: |
| 2. <input type="checkbox"/> Y <input type="checkbox"/> N | Is there an Emergency Notification Plan?                         |

*The following questions are related to DAMS*

|   |
|---|
| 3. Primary and Secondary Purpose (check all applicable):  |
| <input type="checkbox"/> Flood <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Power <input type="checkbox"/> Water Supply <input type="checkbox"/> Recreation |
| 4. Construction (check all applicable):   |
| <input type="checkbox"/> Concrete <input type="checkbox"/> Earth <input type="checkbox"/> Rockfill <input type="checkbox"/> Steel Sheet <input type="checkbox"/> Gravity <input type="checkbox"/> Other:        |

|                             |                |
|-----------------------------|----------------|
| 5. Dimensions:              | Surface Acres: |
| Storage Capacity/Acre Feet: | Height:        |
| Top Width:                  | Base Width:    |

|                                   |
|-----------------------------------|
| 6. Inspection Frequency:          |
| Date of Last Inspection: By Whom: |
| Status of Recommendations:        |

|  |   |
|--|---|
| 7. <input type="checkbox"/> Y <input type="checkbox"/> N | Has the risk been included under the National Program for Dam Inspection? |
| 8.   | Name of the actual tributary river(s) of the impoundment waters: _____    |
| 9. <input type="checkbox"/> Y <input type="checkbox"/> N | Off stream?   |

|   |
|---|
| 10. How is the water level controlled? <input type="checkbox"/> Gates <input type="checkbox"/> Spillway <input type="checkbox"/> Other: |
| If gate, what type?   |
| How are gates operated?   |

*The following questions are related to UPSTREAM EXPOSURE FOR DAMS*

|   |   |
|---|---|
| 11. <input type="checkbox"/> Y <input type="checkbox"/> N | Do you permit any winter sports on your premises?                   |
|   | If <b>Yes</b> , please provide details that may jeopardize the dam: |
|   | _____   |
|   | _____   |

|   |   |
|---|---|
| 12. <input type="checkbox"/> Y <input type="checkbox"/> N | Are there any exposures to recreational areas (swimming, boating, camping, etc)?        |
|   | If <b>Yes</b> , please provide details on recreational activities provided by district: |
|   | _____   |
|   | _____   |

Legal Named Insured:

Proposed Effective Date:

**PART G – DAM, RESERVIOR OR LEVEE SUPPLEMENTAL APPLICATION**

Part G, Page 2 of 2

*The following questions are related to DOWNSTREAM EXPOSURE FOR DAMS*

|  |                              |                             |           |         |
|--|------------------------------|-----------------------------|-----------|---------|
| Housing  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: | Number: |
| Other Structures                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: | Number: |
| Industrial Complexes                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: | Type:   |
| Public Utilities                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: | Number: |
| Pumping Stations                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: |         |
| Lower Dams                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: | Names:  |
| Bridge(s)                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: | Number: |
| Highway(s)                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: | Number: |
| Railroad(s)                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: | Number: |
| Schools  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: |         |
| Hospitals                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: |         |
| Camp   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: |         |
| Agricultural area                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: |         |
| Type of Exposure (livestock, crops, etc):      |                              |                             |           |         |
| Recreational areas                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Distance: | Type:   |
| Maximum number of people a flood could affect: |                              |                             |           |         |

13. ☐ Y ☐ N Are surface rights of the reservoir leased to a third party?  
If **Yes**, with what entity:

14. ☐ Y ☐ N Any incidents or failure within history of the dam's existence?  
If **Yes**, provide incident date: \_\_\_\_\_  
Type of Loss: \_\_\_\_\_

**I CERTIFY THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Name and Title:

Signature:

Date:



**PART H – PUBLIC OFFICIALS LIABILITY SUPPLEMENTAL APPLICATION**

Part H, Page 1 of 2

Intact Public Entities provides the following options for Public Officials Errors and Omissions Liability Coverage:

- **Occurrence or claims-made coverage (with a specific claims-made retroactive date) forms**
- **Each coverage form includes:**
  - Coverage A – Wrongful Acts
  - Coverage B – Employment Practices Administration
  - Coverage C – Employee Benefits Administration
- **Each coverage includes the following default limits:**
  - Coverage A is issued at limits of \$1,000,000 Each Wrongful Act/\$1,000,000 Aggregate
  - Coverage B is issued at limits of \$1,000,000 Each Employment Practices Offense/\$1,000,000 Aggregate
  - Coverage C is issued at limits of \$1,000,000 Each Administration Offense/\$1,000,000 Aggregate
- **Coverage A and Coverage B and Coverage C are independently selected**
  - Coverage A – Wrongful Acts may be selected without Coverage B- Employment Practices
  - Coverage B – Employment Practices may be selected without Coverage A- Wrongful Act
  - Coverage C – Employee Benefit Administration may be selected with or without Coverage A or Coverage B

(Employee Benefits Administration is also an option under the Intact General Liability Policy)

1. What coverage form is requested? ☐ Occurrence ☐ Claims-Made (Retro date: )

2. Are increased Aggregate Limits requested?

☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,0003. What deductible is requested? *Note: Underwriters may require higher or lower deductibles than requested**If a deductible > \$25,000 or self-insured retention is requested, mark as "other" and specify amount***Coverage A – Wrongful Acts**

- ☐ \$5,000 Loss and Loss Expense
- ☐ \$10,000 Loss and Loss Expense
- ☐ \$15,000 Loss and Loss Expense
- ☐ \$25,000 Loss and Loss Expense
- ☐ Other:

**Coverage B – Employment Practices and****Coverage C – Employee Benefits Administration**

- ☐ \$5,000 Loss and Loss Expense
- ☐ \$10,000 Loss and Loss Expense
- ☐ \$15,000 Loss and Loss Expense
- ☐ \$25,000 Loss and Loss Expense
- ☐ Other:

4. How many of the following does the entity have?

# Board Members, Public Officials, Directors, or Officers?

# Full-Time Paid Employees?

# Part-Time Paid Employees?

# Temporary or Seasonal Workers?

# Volunteers? (do not include volunteer board members)

5. What are term lengths of the board members and management team?

6. ☐ Y ☐ N Exclude Employment Practices Liability Coverage?If **Yes**, how are Employment Practices addressed? ☐ Insured Elsewhere ☐ Self-Insured7. ☐ Y ☐ N Does the entity have a written Policies and Procedures manual?8. ☐ Y ☐ N Are public officials and employees trained in these policies and procedures?9. ☐ Y ☐ N Are established policies and procedures reviewed by legal counsel?10. ☐ Y ☐ N Does the entity establish and maintain zoning regulations?

**PART H – PUBLIC OFFICIALS LIABILITY SUPPLEMENTAL APPLICATION**

Part H, Page 2 of 2

11. ☐ Y ☐ N Does the entity administer building codes?
12. ☐ Y ☐ N Does the entity have a formalized zoning or building codes appeal process?
13. ☐ Y ☐ N Any planned reduction in services? If **Yes**, please describe:
14. ☐ Y ☐ N Does the entity have an Employee Handbook?
15. ☐ Y ☐ N Do all employees and volunteers receive a copy of the Handbook?
16. ☐ Y ☐ N Does the Handbook establish "employment at will"?
17. ☐ Y ☐ N Does the Handbook specifically include volunteers?
18. ☐ Y ☐ N Does the entity's legal counsel periodically review the Handbook?
19. ☐ Y ☐ N Are employment policy changes communicated to employees?
20. ☐ Y ☐ N Are any of the entity's employees unionized?
21. ☐ Y ☐ N Does the entity apply specific hiring guidelines?
22. ☐ Y ☐ N Does the entity apply specific termination guidelines?
23. ☐ Y ☐ N Are there specifically defined disciplinary actions?
24. ☐ Y ☐ N Are there specific employment grievance procedures?
25. ☐ Y ☐ N Are there specific guidelines concerning Sexual Abuse and Harassment?
26. ☐ Y ☐ N Are termination actions subject to external oversight?
27. ☐ Y ☐ N Are any **involuntary** employment terminations planned for the upcoming year?

28. What is the estimated employee turnover rate each year? % \_\_\_\_\_

29. How many **involuntary** employment terminations each year? # \_\_\_\_\_

30. Are there any outstanding disputes involving any of the following? Check if **Yes**:

- ☐ Civil rights violations?
- ☐ Refusal of public service?
- ☐ Inadequacy of public service?
- ☐ Wrongful takings or condemnation proceedings?
- ☐ Approval of building plans or building specifications?

31. If **Yes** with regard to any outstanding disputes, *not yet a claim*, describe circumstances:

32. ☐ Y ☐ N Are any EEOC, or comparable state agency, hearings outstanding?

If **Yes** with regard to any outstanding employment disputes, *not yet a claim*, describe below:

Legal Named Insured:

Proposed Effective Date:

**PART I – LAW ENFORCEMENT LIABILITY SUPPLEMENTAL APPLICATION**

Part I, Page 1 of 2

Intact Public Entities provides the following options for Law Enforcement Liability Coverage:

- **Occurrence or claims-made coverage (with a specific claims-made retroactive date) forms**
- **Each coverage form includes:**  
Law Enforcement Wrongful Acts
- **Each coverage includes the following default limits:**  
Coverage is issued at limits of \$1,000,000 Each Wrongful Act/\$1,000,000 Aggregate

1. What coverage form is requested? ☐ Occurrence ☐ Claims-Made (Retro date: \_\_\_\_\_)

2. Are increased Aggregate Limits requested?

☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000

3. What Law Enforcement Wrongful Acts Coverage deductible is requested?

*Note: Underwriters may require higher or lower deductibles than requested*

*If a deductible > \$25,000 or self-insured retention is requested, mark as "other" and specify amount*

☐ \$5,000 Loss and Loss Expense ☐ \$10,000 Loss and Loss Expense  
☐ \$15,000 Loss and Loss Expense ☐ \$25,000 Loss and Loss Expense  
☐ Other: \_\_\_\_\_

4. How many of the following does the entity have?

|  |   |
|--|---|
| # _____ Full-Time Officers, armed and with full arrest authority?        | # _____ Part-Time Officers, armed and with full arrest authority? |
| # _____ Full- or Part-Time Officers, unarmed and with limited authority? | # _____ Number of Police Dogs?                                    |
| # _____ How many Full-Time Jailers?                                      | # _____ How many Part Time Jailers?                               |
| # _____ How many administrative employees?                               |   |

5. Total Area in Square Feet of Jail(s) or Holding facility(ies)?

6. ☐ Y ☐ N Is the law enforcement agency accredited by any professional organization or agency?  
If **Yes**, what accreditation?

7. What is the minimum education requirement for newly hired officers? ☐ High School ☐ College ☐ Other:

8. What evaluation tools are mandatory? Check all applicable:

☐ Criminal Records Check ☐ Motor Vehicle Records ☐ Psychological Testing ☐ Other:

9. What training is required? Check all applicable:

☐ State Required pre-assignment ☐ Formal Police Academy ☐ In-house ☐ Other:

PART I – LAW ENFORCEMENT LIABILITY SUPPLEMENTAL APPLICATION

Part I, Page 2 of 2

10. Are written policies established for the following?

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Use of deadly force             | <input type="checkbox"/> Use of non-lethal force           | <input type="checkbox"/> Vehicle “hot pursuit” | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Handling of intoxicated persons | <input type="checkbox"/> Outside employment (moonlighting) | <input type="checkbox"/> Armed while off duty  | <input type="checkbox"/> Use of volunteers |

11. What types of detention facilities are operated?

|                               |   |  |                                 |
|-------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> Jail | <input type="checkbox"/> Holding Facility | <input type="checkbox"/> Juvenile Center | <input type="checkbox"/> Other: |
|-------------------------------|---|--|---------------------------------|

12. Please describe physical characteristics of detention facilities as checked above:

**PART J – EXCESS LIABILITY SUPPLEMENTAL APPLICATION**

Part J, Page 1 of 1

Intact Public Entities provides excess Liability up to limits of \$10,000,000 Each Occurrence/Wrongful Act/Accident. Aggregate limits equal the provided excess liability Each Occurrence/Wrongful Act/Accident limit. All underlying coverage to be scheduled must be provided by Intact. Exceptions are permitted for Employers' Liability Coverage.

*Minimum underlying limits required to schedule Employers' Liability are \$500,000 Each Accident/ \$500,000 Disease per Employee/ \$500,000 Disease Aggregate*

**1. Coverage is to apply over what underlying coverage?**

- ☐ General Liability
- ☐ Law Enforcement Liability
- ☐ Public Officials Errors and Omissions Liability
- ☐ Commercial Automobile Liability
- ☐ Employers Liability (if so, please provide carrier policy information below)

Carrier:

Term:

Policy #:

Limits:

**2. Excess Limit Requested:**

- ☐ \$1,000,000 / \$1,000,000 Aggregate
- ☐ \$2,000,000 / \$2,000,000 Aggregate
- ☐ \$3,000,000 / \$3,000,000 Aggregate
- ☐ \$4,000,000 / \$4,000,000 Aggregate
- ☐ \$5,000,000 / \$5,000,000 Aggregate
- ☐ \$6,000,000 / \$6,000,000 Aggregate
- ☐ \$7,000,000 / \$7,000,000 Aggregate
- ☐ \$8,000,000 / \$8,000,000 Aggregate
- ☐ \$9,000,000 / \$9,000,000 Aggregate
- ☐ \$10,000,000 / \$10,000,000 Aggregate

**Arkansas Fraud Warning**

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

**Colorado Fraud Warning**

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.

**Florida Fraud Warning**

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.

**Kentucky Fraud Warning**

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.

**Louisiana Fraud Warning**

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.

**Maine Fraud Warning**

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 a denial of insurance benefits.

**Maryland Fraud Warning**

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

**New Hampshire Statement of Residency**

To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.

**New Jersey Fraud Warning**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico Fraud Warning**

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.

**New York Fraud Warning**

Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation.

Other Types of Insurance: 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 \$5,000 and the stated value of the claim for each such violation.

**Ohio Fraud Warning**

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.

**Oklahoma Fraud Warning**

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.

**Pennsylvania Fraud Warning**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any materially false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

**Tennessee Fraud Warning**

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.

**Virginia Fraud Warning**

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. READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

APPLICATION CHECKLIST

- ☐ COMPLETED INTACT PUBLIC ENTITIES APPLICATION
- ☐ SIGNATURES ON APPLICATIONS AND STATEMENT OF VALUES WHERE REQUIRED
- ☐ COPY OF OR LINK TO APPLICANT’S MOST RECENT BUDGET PROVIDED
- ☐ VERIFIED LOSS HISTORY, INCLUDING LARGE LOSS DETAILS
- ☐ STATEMENT OF VALUES FOR PROPERTY AND EQUIPMENT
- ☐ VEHICLE SCHEDULES INCLUDES VEHICLE USAGE AND COST NEW

I CERTIFY THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

|                               |       |      |
|-------------------------------|-------|------|
| SIGNATURE OF PROPOSED INSURED | TITLE | DATE |
| SIGNATURE OF AGENT OR BROKER  | TITLE | DATE |