



**United States Liability Insurance Group
Public Officials Liability and Employment Practices Liability
For Special Service Districts**



*ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED BY APPLICANT
THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.
Defense Costs shall be applied against the retention.*

APPLICATION

Part I Organization Background

1. Name of Entity: _____
 Primary Address: _____
 Website Address: _____
 Person to receive all notices on behalf of the Insured: _____ Title _____
 Phone # _____
2. Year Entity was established _____
3. Describe service(s)/function(s):

4. What does the applicant feel is the greatest exposure for this coverage?

Part II Insurance Coverage Information

5. Current General Liability carrier: _____
6. Current Public Officials or Directors & Officers Liability insurance carrier, expiration date, premium, limit, deductible: _____

7. Has any insurance been declined, cancelled or not renewed in the past 5 years? Yes No
 If "Yes," please explain: _____

Part III District Information

8. Latest Bond Rating (Standard & Poor's or Moody's) _____ Not applicable (explain) _____
9. Has the applicant ever been in default on principal or interest of any bond? Yes No
 If "Yes," explain _____
10. Has the applicant in the past or is the applicant currently in the process of foreclosing a property due to non-payment of a special assessment? Yes No No assessments issued _____ If "Yes," explain: _____

11. Has there been or is there any anticipated reduction in funding in the past or next 12 months? Yes No
 If yes, explain _____
12. Do you provide any of the following:
 Power services? Yes No
 Loans? Yes No If "Yes," # in past 12 months? _____ # in Default? _____
 Inspections of property? Yes No If "Yes," explain _____
 Operate a landfill? Yes No If "Yes," is it a hazardous waste or Superfund site? Yes No
13. Have you conducted a survey or evaluation to ensure compliance with all state and federal environmental and hazardous waste laws, rules or recommendations including but not limited to such items as underground storage tanks, pipelines and landfills?
 Yes No Not applicable (explain) _____

14. Has the applicant acquired property in the past two years using "eminent domain" powers? Yes No
 If "Yes," were any of these properties private residences or businesses that were displaced as a result? Yes No
 If "Yes," explain _____
15. Size of population served _____ If there is any seasonal increase in population, what is the % increase? _____
16. Does the applicant have an emergency procedure for natural and terrorist catastrophe? Yes No
 Not applicable (explain) _____
17. Does the applicant have a written master plan for economic development?
 Yes Date adopted _____ No Not applicable (explain) _____
18. Is the applicant involved in Public Housing Management Yes No
 If yes, what was your most recent Public Housing Management Assessment Program score from HUD? _____
19. Does the applicant have zoning authority? Yes (explain) _____
 No Not applicable (explain) _____
20. Does the applicant want any subsidiary(ies) covered? Yes No
 If Yes, provide name(s), nature of operation and what percentage of ownership the organization has in the subsidiary?

Part IV Employment Practices Liability

21. Total number of employees.
- | | Current
12 months | Prior
12 months | Anticipated next 12 months
(If operating less than 5 years) |
|--------------------------|----------------------|--------------------|--|
| Full Time: | _____ | _____ | _____ |
| Part Time: | _____ | _____ | _____ |
| Temporary: | _____ | _____ | _____ |
| Seasonal: | _____ | _____ | _____ |
| Independent Contractors: | _____ | _____ | _____ |
| Leased: | _____ | _____ | _____ |
| Other: | _____ | _____ | _____ |
22. Has the Organization closed, downsized, laid off, reduced staff, sold, merged or acquired any company in the past 12 months?
 Yes No Does the Organization anticipate doing so in the next 12 months? Yes No
 If yes, please attach details: _____

Part V Financial Information

Please provide the following financial information for the last three years. (If the organization is in existence less than three years, provide a budgeted Revenue/Expense statement for the next three years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Fund Balance = Total Assets minus Total Liabilities

Part VI Claim Information

23. Within the last 5 years has any claim, suit, inquiry, complaint, investigation, indictment or notice of hearing, employment related or otherwise, been made against the Entity named in question #1 of this application or any other entity or individual proposed for Insurance? Yes No If "Yes," please complete a United States Liability Insurance Group claim supplement.
24. Is any person proposed for this Insurance aware of any fact, circumstance or situation which may result in a claim, suit, inquiry, complaint or notice of hearing, employment related or otherwise, against the Entity named in question #1 of this application or any other entity or individual proposed for insurance? Yes No
 If "Yes," please complete a United States Liability Insurance Group supplemental claims Application.

VII Fiduciary Liability (Available for 100 employees or less)

(All questions must be answered in order for Fiduciary Liability coverage to be bound)

1. Does each Pension Plan use an outside Investment Manager? Yes No (If No, Fiduciary will not be offered.)
2. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards?
 Yes No If "No," please attach details.
3. In the past two years has there been or is there now under consideration any material changes to a Plan or termination/consolidation of a Plan? Yes No If "Yes," please attach details.
4. Has there been or are there now pending any claim against any proposed Insured arising out of any Plan? Yes No
If "Yes," please attach details.
5. Does any proposed Insured have knowledge or information of any act, error or omission that might give rise to a claim under the proposed Fiduciary Liability Coverage? Yes No If "Yes," please attach details.

Please complete the following if Employment Practices Liability is requested:

Mandatory Written Employment Policies. Please identify policies Applicant has in place:

- Anti-Harassment Policy Yes No
Anti-Discrimination Policy Yes No

Please forward copies of the policies identified above along with this signed and dated application. If you do not have these written policies in place, the Company will provide you with sample policies at the time of binding this insurance.

Recommended Written Employment Policies. Please identify policies Applicant has in place:

- Employment Application Yes No
Employee Handbook Yes No
E-mail/Internet Policy Yes No

If Applicant has an Employee Handbook, Employment Application or E-Mail/Internet Policy, a copy of each must be forwarded for review by the Company.

As a condition precedent to issuance of the Policy for Insurance the Applicant agrees:

- 1) to implement and distribute to each employee the Mandatory Written Employment Policies identified above which are currently not in place as soon as possible, but no later than 21 days after the inception date of this insurance. Failure of the Company to receive these policies within 21 days after the inception date of this insurance will result in rescission of the binder for this insurance.
- 2) to adopt and distribute to each employee all changes required by the Company to the Applicant's Written Policies, as soon as possible, but no later than 21 days after receipt of notice of the changes required by the Company.

REQUIRED INFORMATION

- A. United States Liability Insurance Group Application (PO-APP 10/03) signed and dated by the President or Chairperson of the Board.
- B. If revenues are over \$2 million attach most recent 12-month financial statement (if financial statement is not audited, attach an unaudited 12-month financial statement or a 990 Tax form).

ARIZONA, PENNSYLVANIA AND OREGON FRAUD STATEMENT: 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 MAY BE SUBJECT TO A CIVIL PENALTY (AND A CRIMINAL PENALTY IF IN PENNSYLVANIA).

UTAH, CONNECTICUT, OHIO FRAUD STATEMENT: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

MAINE, VIRGINIA AND TENNESSEE FRAUD STATEMENT: 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 NOTICE:

YOU HAVE AN OPTION TO PURCHASE A SEPARATE LIMIT OF LIABILITY FOR THE EXTENSION PERIOD, POLICY COMMON CONDITIONS I. IF YOU DO NOT ELECT THIS OPTION, THE LIMIT OF LIABILITY FOR THE EXTENSION PERIOD SHALL BE PART OF AND NOT IN ADDITION TO THE LIMIT SPECIFIED IN THE DECLARATIONS.

STATEMENTS IN THE APPLICATION SHALL BE DEEMED THE INSURED'S REPRESENTATIONS. A STATEMENT MADE IN THE APPLICATION OR IN ANY AFFIDAVIT MADE BEFORE OR AFTER A LOSS UNDER THE POLICY WILL NOT BE DEEMED MATERIAL OR INVALIDATE COVERAGE UNLESS IT IS CLEARLY PROVEN THAT SUCH STATEMENT WAS MATERIAL TO THE RISK WHEN ASSUMED AND WAS UNTRUE.

NEVADA FRAUD STATEMENT: 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.

KENTUCKY FRAUD STATEMENT: 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.

FLORIDA FRAUD STATEMENT: 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.

WASHINGTON FRAUD STATEMENT: ANY PERSON WHO, KNOWING IT TO BE SUCH: PRESENTS OR CAUSES TO BE PRESENTED, A FALSE OR FRAUDULENT CLAIM OR ANY PROOF IN SUPPORT OF SUCH A CLAIM FOR THE PAYMENT OF A LOSS UNDER A CONTRACT OF INSURANCE; OR PREPARES, MAKES OR SUBSCRIBES ANY FALSE OR FRAUDULENT ACCOUNT, CERTIFICATE, AFFIDAVIT OR PROOF OF LOSS OR OTHER DOCUMENT OR WRITING, WITH THE INTENT THAT IT BE PRESENTED OR USED IN SUPPORT OF SUCH A CLAIM, IS GUILTY OF A GROSS MISDEMEANOR OR IF SUCH CLAIM IS IN EXCESS OF ONE THOUSAND FIVE HUNDRED DOLLARS, OF A CLASS C FELONY.

FRAUD STATEMENT (ALL OTHER STATES) - 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 SUCH VIOLATION.

MINNESOTA NOTICE: THE CLAUSE 'AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.' IS REPLACED WITH 'AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE MAY BE WITHDRAWN OR MODIFIED BASED ON CHANGES TO THE INFORMATION CONTAINED IN THIS APPLICATION PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR THAT MAY RENDER INACCURATE, UNTRUE OR INCOMPLETE ANY STATEMENT MADE WITH A MINIMUM OF 10 DAYS NOTICE GIVEN TO THE INSURED PRIOR TO THE EFFECTIVE DATE OF CANCELLATION WHEN THE CONTRACT HAS BEEN IN EFFECT FOR LESS THAN 90 DAYS OR IS BEING CANCELED FOR NONPAYMENT OF PREMIUM.

NEW YORK DISCLOSURE NOTICE:

THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND SHALL PROVIDE NO COVERAGE FOR CLAIMS ARISING OUT OF INCIDENTS, OCCURRENCES OR ALLEGED WRONGFUL ACTS THAT TOOK PLACE PRIOR TO THE RETROACTIVE DATE, IF ANY, STATED ON THE DECLARATIONS. THIS POLICY SHALL COVER ONLY THOSE CLAIMS MADE AGAINST AN INSURED WHILE THE POLICY REMAINS IN EFFECT AND ALL COVERAGE UNDER THE POLICY CEASES UPON TERMINATION OF THE POLICY EXCEPT FOR THE AUTOMATIC EXTENDED REPORTING PERIOD COVERAGE UNLESS THE INSURED PURCHASES ADDITIONAL EXTENDED REPORTING PERIOD COVERAGE. THE POLICY INCLUDES AN AUTOMATIC 60-DAY EXTENDED CLAIMS REPORTING PERIOD FOLLOWING THE TERMINATION OF THIS POLICY. THE INSURED MAY PURCHASE FOR AN ADDITIONAL PREMIUM AN ADDITIONAL EXTENDED REPORTING PERIOD OF 12 MONTHS, 24 MONTHS OR 36 MONTHS FOLLOWING THE TERMINATION OF THIS POLICY. POTENTIAL COVERAGE GAPS MAY ARISE UPON THE EXPIRATION OF THIS EXTENDED REPORTING PERIOD. DURING THE FIRST SEVERAL YEARS OF A CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES. THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASED INDEPENDENT OF OVERALL RATE INCREASES UNTIL THE CLAIMS-MADE RELATIONSHIP HAS MATURED.

IF THE PRIMARY ADDRESS OF THE LOCATION LISTED IN ITEM #1 IS IN THE STATE OF **NEW YORK, IOWA OR FLORIDA**, THE STATES OF NEW YORK, IOWA AND FLORIDA REQUIRE THAT WE HAVE THE NAMES AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER: _____

ADDRESS: _____

AGENT OR BROKER LICENSE NUMBER: _____

The undersigned represents that to the best of his/her knowledge and belief the particulars and statements set forth herein are true and agrees that those particulars and statements are material to acceptance of the risk assumed by the Company. The undersigned further declares that any changes to the information contained in this application prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Company is hereby authorized, but not required to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the Company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not estop the Company from relying on any statement in this application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the Company to issue a policy. It is understood the Company is relying on this application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

Signature _____
(Chairperson of the Board or President)

Title: _____ Date _____