



PUBLIC SECTOR SERVICES INSURANCE APPLICATION

GENERAL INFORMATION

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An additional information section is provided at the end of this document for any information that exceeds the space provided.

Proposed First Named Insured & Other Named Insured:				Today's Date:			
Street Address:				Contact:			
City:				Street Address:		City:	
State:		Country:		State:		Country:	
Zip Code:		Phone:		Zip Code:		Phone:	
Fax:		Website:		Fax:		Email:	
Proposed Effective Date (mm/dd/yyyy):				Proposed Expiration Date (mm/dd/yyyy):			
Bid Date:				Need By Date:			

Primary Contact For:	Name:	Phone Number	Email
Risk Control			
Law Enforcement			
Human Resources			

REQUIRED ATTACHMENT

Include the following with your submission:

Budget

Claim History

TPA or Carrier Loss Runs

Separated by Line of Coverage

Total Paid and Incurred

Valued within 90 days of effective dates

COVERAGES: List current and desired coverage below:

Expiring Programs	Carrier	Limits	Deductibles / SIRs	Occurrence or Claims Made	Retro Date for Claims Made	Expiring Premium
General Liability		\$	\$			\$
Law Enforcement Liability		\$	\$			\$
Automobile Liability		\$	\$			\$
E&O / EPLI		\$	\$			\$
Excess Liability		\$	\$			\$

Renewal Programs	Limits	Retained Limits	Occurrence or Claims Made	Retro Date(s) for Claims Made
General Liability	\$	\$		
Law Enforcement Liability	\$	\$		
Automobile Liability	\$	\$		
E&O / EPLI	\$	\$		
Excess Liability	\$	\$		

EXPOSURES & LOSSES

GENERAL LIABILITY:

Population:	Miles of Streets/Roads:	Total Payroll: \$
Payroll Breakdown:	Class 1 Payroll: \$	Class 2 Payroll: \$
Payroll Class Descriptions:	Class 1 Payroll equals the payroll for all non-Emergency Department Personnel	Class 2 Payroll equals the payroll for all Emergency Department Personnel, i.e. Police and Fire Departments

Are Losses Ground Up? YES NO

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

LIST ALL CLAIMS OVER \$100,000:

Please provide Historical Exposure information for the past five years:

Year	Total Population	Total Payroll	Class 1 Payroll	Class 2 Payroll
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

ADDITIONAL EXPOSURES:

Utilities: (Indicate payroll excluding clerical)	Water: \$	Sewage treatment plant: \$
	Electric: \$	Gas: \$
Housing Projects:	Number of Locations:	Number of Units:
Swimming Pools:	Number of Pools:	Number of Pools with lifeguards:
Stadiums (5,000+ capacity):	Seating Capacity:	Annual receipts: \$
Exhibition/Convention Center:	Capacity:	Square footage:
Amusement parks:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Principal uses:
Ski facilities:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Golf courses:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, number of courses:
Watercraft:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please explain:
Lakes/Reservoirs:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please explain:
Fire Works:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Road Commission/Highway Authority:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please complete supplemental questionnaire

LAW ENFORCEMENT:

Is coverage being requested? YES NO

Police Officers:	Full-time/armed:	Full-time/not armed:	Volunteers:
	Part-time/armed:	Part-time/not armed:	

- Do all sworn officers receive police academy and firearms training prior to appointments? YES NO
If No, please explain:
- How many hours of academy and initial training are provided to each sworn officer?
- Do you have a policy & procedure manual covering all Law Enforcement operations? YES NO
If Yes, does it include: hot pursuit, firearms, etc.? Please explain:
- Is the Law Enforcement Department CALEA certified? YES NO

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

JAILS:

Facilities:	Number penal:	Total Square Footage:	Number holding cells:	Inmate/Jailor Info:
	Maximum Capacity: Male:	Female:	Current Capacity: Male:	Female:
Staffing:	Full-time jailers/correctional officers:		Part-time jailers/correctional officers:	

1.	Are all jailers/correctional officers trained in the suicide prevention program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Date of most current inspection by Department of Corrections: (Attach copy report)		
2.	Do all jailers/correctional officers receive formal or state-mandated training prior to appointment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	How many hours of academy and initial training are provided to each officer?		
4.	How many hours of subsequent annual training is provided to each officer?	Departmental Policy/Procedure:	Firearms:
		Other (please indicate):	
5.	a. Do you have a policy & procedure manual covering all jail/detention operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	b. Indicate the date the manual was most recently updated:		
6.	Do you have a written jail suicide prevention program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	a. Does the jail contract with outside medical providers for inmate medical services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	b. If Yes, please list provider's carrier and policy limits:		

INCIDENTAL MEDICAL MALPRACTICE:

Is coverage being requested? YES NO

1.	Nurses:	Full-time:	Part-time:	Volunteer:
2.	Physicians:	Full-time:	Part-time:	Volunteer:
3.	EMTs/Paramedics:			
4.	Does physician, nurse, or other healthcare provider carry E&O professional medical malpractice coverage:			<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	a. Number of medical clinics:			
	b. Are there operations performed other than outpatient services?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	. If Yes, please describe specifically:			
	c. Does the Entity purchase separate insurance for these facilities?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	. If Yes, please list carrier and limits:			
	In No, does the Entity contract out medical services for these facilities?			<input type="checkbox"/> YES <input type="checkbox"/> NO

SCHOOLS/COLLEGES:

	Preschool	Elementary	High Schools	Junior Colleges
Schools				
Students / ADA				
Teachers				
Doctors				
Nurses				
Security				
Other Employers				
Stadiums				
Total Payroll				

Colleges: YES NO If Yes, supplemental application is required.

LANDFILLS:

1.	Number of landfills:	List location of each:
2.	Are landfills owned and operated by Entity?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If No, please explain:	
3.	Are landfills fenced?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.	Any public access?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

DAMS:

1.	Number of Dams:	List location and hazard index of each:		
2.	Downstream Exposure:	Residential:	Commercial:	Industrial:
3.	Are annual inspections conducted?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Attach last inspection report.			
4.	Are all dams owned and operated by Entity?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	If No, please explain			

PUBLIC OFFICIALS LIABILITY:

1.	Employees:	Full-time:	Part-time:	
2.	Do you have a written human resources manual?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	If Yes, what year was this manual updated?			
	If Yes, please indicate if the manual contains a policy/procedure for the following:	Written application for employment:		<input type="checkbox"/> YES <input type="checkbox"/> NO
		Legally-prohibited discrimination:		<input type="checkbox"/> YES <input type="checkbox"/> NO
		Employee disciplinary actions:		<input type="checkbox"/> YES <input type="checkbox"/> NO
		Terminations, layoffs, early retirements:		<input type="checkbox"/> YES <input type="checkbox"/> NO
		Employee appraisals/reviews:		<input type="checkbox"/> YES <input type="checkbox"/> NO
	Sexual molestation/sexual harassment:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.	Is there any employee training you provide as respects the above?			<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Do you have an employee handbook?			<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Employee turnover for the last 3 years:	Full-time employees hired:	Part-time employees hired:	
		Full time employees terminated:	Part time employees terminated:	
6.	What is the advance review procedure for employee termination?			
	Is legal consulted?			<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Are there any facts or circumstances that may result in employment-practice claims being made against you?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	If Yes, please provide a listing of each instance:			

AUTOMOBILE LIABILITY:

Summary of Automobile Exposure		
Type		Number of Units
Private Passenger Trucks	Light	
	Medium	
	Heavy	
	Extra Heavy	
Tractor/ Trailer	Heavy	
	Extra Heavy	
School Busses with passenger breakdowns	15-passenger Vans	
	0-16	
	16-32	
	32-66	
	Over 66	
Mass Transit Busses with passenger breakdowns	0-16	
	16-32	
	32-66	
	Over 66	
Emergency Vehicles	Ambulances	
	Ambulettes	
Police Department	Cars	
	Motorcycles	
	Vans/Special Operations Trailers	
	Emergency Services Vehicles	
Fire Department	Engines	
	Ladders	
	Rescue Trucks	

Buses:	# Municipal	# School
1-8 passengers		
9-20 passengers		
21-60 passengers		
61+ passengers		

HISTORICAL EXPOSURE

Policy Year	# of Vehicles

1.	Are safety inspection records maintained?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Do you have a formal written accident procedure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Do you have driver-hiring criteria in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	a. MVRs checked on all drivers prior to hire?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	b. MVRs checked at least annually thereafter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	c. Drug/alcohol testing at time of hire?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Do you provide a driver training program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Are employees, or families of employees, allowed to use company autos for non-business/personal use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

LOSS HISTORY- Automobile Liability

Are losses ground up? YES NO

Policy Year	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

List all large losses over \$100,000.

PROFESSIONAL LINES ADDITIONAL INFORMATION

Does the applicant have this exposure?

Cyber Liability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Employment Practices Liability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Law Enforcement Liability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Public Entity Management	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Employee Benefits Liability	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PUBLIC ENTITY OPERATIONS AND EXPOSURE CHECKLIST

Please complete the following:

Does the applicant have this exposure? (check if Yes)	Check the box that describes who controls the exposure			Exposure Basis Description	Exposure Basis
	<input type="checkbox"/> Public Entity	<input type="checkbox"/> Separate Legal Entity	<input type="checkbox"/> Sub Contracted		

A separate Additional Information Request may be required for certain exposures identified below

Airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Airports	Total Sq. Ft. Area
Arenas/Convention Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Buildings	
Daycare Centers/ Child/Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avg. No. clients per day	
Housing Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
International Travel (Sister City)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Liquor Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Marinas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Profit Affiliations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe:	
rt Authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net Expenditures: \$	
Sanitation, Garbage Collection, or Recycle Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Payroll: \$	
Transportation Systems (Transits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Watercraft/Boats >25 foot length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

HEALTHCARE-FACILITIES

Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of clinics	Responsible for insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Hospitals	Responsible for insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO
Mental health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Sq. Ft Area	
Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible for insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Shelters/Youth or Group Homes (separate from all other residential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. Clients/Residents	Total Sq. Ft. Area

HEALTHCARE/EMT-Professionals

Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMTs/Paramedics/First Responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jail Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAW ENFORCEMENT ACTIVITIES

Jails/Detention Centers/Holding Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARKS AND RECREATION

Parks & Recreation Department (Water Activities, Rodeo, Archery Range, Fitness Center, Ski Facility, Skate Park, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireworks Displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Events (Parades, Fairs, Festivals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UTILITIES

Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewer or Sewage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telecommunications (Telecom, cable, Wi-Fi, Internet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wind Generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar Generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXPOSURES & LOSSES

GENERAL LIABILITY:

Population:	Miles of Streets/Roads:	Total Payroll: \$
Payroll Breakdown:	Class 1 Payroll: \$	Class 2 Payroll: \$
Payroll Class Descriptions:	Class 1 Payroll equals the payroll for all non-Emergency Department Personnel	Class 2 Payroll equals the payroll for all Emergency Department Personnel, i.e. Police and Fire Departments

Are Losses Ground Up? YES NO

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

LIST ALL CLAIMS OVER \$100,000:

Please provide Historical Exposure information for the past five years:

Year	Total Population	Total Payroll	Class 1 Payroll	Class 2 Payroll
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

SIGNATURE

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY EPIC INTERMEDIARIES INSURANCE COMPANY OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED.

Date	Applicant’s Authorized Signature of a Principal, Partner or Officer	Title
Date	Applicant’s Authorized Signature of the Individual in Charge of the Human Resources or Personnel Department	Title
Date	Applicant’s Authorized Signature of the Risk Management Officer or Loss Control Officer	Title

Colorado

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

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.

New Jersey

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

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Louisiana

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.

Other States and Jurisdictions:

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 false or deceptive statement is guilty of insurance fraud.

This application is NOT a binder or offer of coverage. The application must be signed by the applicant or the applicant's authorized representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____

Date: _____

Producer Name: _____

License #: _____