

IMPORTANT NOTICE

If CLAIMS MADE is selected (checked) as the Coverage type for any line of business included on this application, that section of the application is for Claims-Made coverage and the following applies:

THIS IS AN APPLICATION FOR A POLICY THAT CAN BE WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER OR **PELEUS INSURANCE COMPANY**, A SURPLUS LINES INSURER.

Submission Requirements

- ◆ Completion of this application and any supplemental applications
- ◆ Up-to-date schedules including Property COPE information, Autos with Original Cost New
- ◆ Five (5) years (plus current year) of currently valued loss runs and/or TPA
- ◆ Most Current Budget

GENERAL INFORMATION

Entity Name			FEIN	Entity Population
Street Address	City	State	County	Zip Code
Insurance Contact/Title			Contact Phone	
Contact Email Address				

Key Dates

Effective Date	Bid Date (if any)	Agency Need-by Date
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Submitting Agency

Agency		Phone		
Producer / Agency Contact		Email Address		
Street Address	City	State	Zip Code	

Claims Administrator

Name of Third Party Administrator (TPA) Firm		Phone		
Primary TPA Contact		Email Address		
Street Address	City	State	Zip Code	

PREMIUM AND LOSS HISTORY

Line	Check if Requested	Expiring Premium	Carrier	Deductible/SIR	Policy Limit
General Liability		\$		\$	\$
Public Officials' Liability		\$		\$	\$
Employment Practices Liability		\$		\$	\$
Law Enforcement Liability		\$		\$	\$
Auto Liability		\$		\$	\$
Auto Physical Damage		\$		\$	\$
Excess Liability		\$		\$	\$
Other:		\$		\$	\$
Other:		\$		\$	\$

GENERAL LIABILITY

Coverage type: Per Occurrence Limit: \$ _____

Annual Aggregate: \$ _____

SIR: \$ _____

General Liability Exposures

Supplemental questionnaires required for these exposures are indicated in the column on the right.

Exposure/Operation	Exposure Check if Yes	Subcontract to Others? Check if Yes	Separate Legal Entity / Separately Insured Check if Yes	Additional Notes
Cemetery				
Dams				Complete TPRS-SUP197RL Supplement
Fire Department – Paid and/or Volunteer				
Firearms Range - Public Use				Certified Range Master on Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Authority/Habitational				
Active Landfill / Dump / Refuse Site / Incinerator				Complete TPRS-SUP199RL Supplement
Garbage/Recycling Services				
Nursing Home				Insured Separately? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Health Care				Insured Separately? <input type="checkbox"/> Yes <input type="checkbox"/> No
Public Facilities Convention/Civic Center/Stadium				Describe:
Recreational Activities				Complete TPRS-SUP194RL Supplement
Schools				Complete TPRS-SUP201RL Supplement
Social Services a. Shelter (Women or Children), Halfway House				Describe operation:
b. Foster Care				

Exposure/Operation	Exposure Check if Yes	Subcontract to Others? Check if Yes	Separate Legal Entity / Separately Insured Check if Yes	Additional Notes
Special Events a. Carnival, Fair, Parade				Mechanical Rides/Devices <input type="checkbox"/> Yes <input type="checkbox"/> No Liquor Service <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Fireworks				Licensed Pyrotechnician <input type="checkbox"/> Yes <input type="checkbox"/> No Fire & EMS onsite <input type="checkbox"/> Yes <input type="checkbox"/> No
Streets/Roads/Bridges				The following apply to Bridges : # of Bridges _____ <input type="checkbox"/> Attach list of any bridges closed, condemned or not meeting inspection standards. Inspection & Maintenance Program <input type="checkbox"/> Yes <input type="checkbox"/> No Stored Records of Maintenance Performed <input type="checkbox"/> Yes <input type="checkbox"/> No Inspection for Missing Signage <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities a. Electric				Complete TPRS-SUP192RL Supplement
b. Gas				
c. Sewer				
d. Water				
Wharf/Piers				Formal Wharf/Pier inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marina				
Zoo				
Other:				Describe:

Contractual Risk Transfer

- Legal Representative reviews all contracts? Yes No
- Require to be named as Additional Insured? Yes No
- Legal Counsel on staff or dedicated outside Counsel? Yes No
- You require Insurance Limits of contractors equal to yours? Yes No

Emergency Services

- 1. Fire Department Personnel: Number of Regular Personnel _____
 Number of Volunteer _____
- 2. Are mutual aid agreements in place with neighboring communities? Yes No
- 3. EMTs/Paramedics/EMTAs: Number of Paid _____
 Number of Volunteer _____
- 4. Fire/EMS Dispatch:
 - a. Does your department handle its own dispatch? Yes No
 If "No", who handles dispatch? _____
 - b. Are incoming calls to dispatch recorded? Yes No
 - c. What dispatch services are provided? Police Fire EMS
 - d. How long are tapes retained? _____
 - e. Are training/certification procedures in place? Yes No
 - f. Is dispatch service provided to outside entities? Yes No

Unmanned Aerial Systems (Drones)

Number of Drones: _____

Intended Use	Weight
1.	
2.	
3.	
4.	
5.	

Are drones operated within Federal, State, and local requirements? Yes No

PUBLIC OFFICIALS' LIABILITY

A. Coverage and Limits

1. Coverage type: Claims-Made, Retroactive Date: _____ or Occurrence
2. Each Wrongful Act Limit: \$ _____ Annual Aggregate: \$ _____
SIR: \$ _____

B. General Information

1. Policies and Procedures
- a. Are Officials trained in public meeting protocols? Yes No
 - b. Does the entity engage legal counsel on potential conflicts of interest? Yes No
 - c. Policy in place around public officials speaking to the media, social media? Yes No
2. Planning and Zoning, Land Use
- a. Does the entity have a formal written zoning and zoning appeal process? Yes No
 - b. Is Legal Counsel on cases when statutes/ordinances need interpretation? Yes No
- Have any of the following occurred within the last three (3) years?
- a. Disputes involving the taking or condemnation of property? Yes No
 - b. Disputes alleging the wrongful approval/denial of building or zoning permits? Yes No

If "Yes", please provide details:

EMPLOYMENT PRACTICES LIABILITY

- A. Coverage type: Claims-Made, Retroactive Date: _____ or Occurrence
- B. Each Wrongful Act Limit: \$ _____ Annual Aggregate: \$ _____
Deductible: \$ _____ or SIR: \$ _____
- C. Employee Information
1. Number of: Full-Time Employees: _____ Part-Time Employees: _____
2. What was the annual employee turnover rate for the last three (3) years?
Current Year: _____ % 1st Prior Year: _____ % 2nd Prior Year: _____ %
3. How many involuntary employment terminations* have occurred in the past three (3) years?
Current Year: _____ % 1st Prior Year: _____ % 2nd Prior Year: _____ %

D. Disputes/Claims Information

Have any of the following occurred within the last three (3) years?

- 1. Disputes involving integration, segregation, discrimination or violation of civil rights? Yes No
- 2. Disputes alleging wrongful treatment in employee hiring, employment conditions, remuneration, advancement of employment or termination of employment? Yes No

If "Yes", please describe:

E. Policies and Procedures

- 1. Entity conducts prior employment check on all new hires? Yes No
- 2. Does the entity have an employee handbook? Yes No
- 3. Is employee handbook signed by all employees? Yes No
- 4. Latest Revision Date of employee handbook? _____
- 5. When did legal counsel last review the employee handbook? _____
- 6. Does the entity have a posted anti-discrimination policy? Yes No
- 7. Does the entity have written policies and procedures with regard to the following? (Please check all that apply)

Policy	Last Revision Date	Policy	Last Revision Date
<input type="checkbox"/> Hiring		<input type="checkbox"/> Sexual Harassment	
<input type="checkbox"/> Discrimination		<input type="checkbox"/> Disciplinary Actions	
<input type="checkbox"/> Grievance Procedures		<input type="checkbox"/> Internet Usage	
<input type="checkbox"/> Termination		<input type="checkbox"/> Social Media	
<input type="checkbox"/> Medical / Unpaid Leave		<input type="checkbox"/> Disability and ADA	

F. Employment Practices Controls and Employee Performance

- 1. Does the entity provide training for all new supervisors and managers on employment and harassment policies? Yes No
- 2. Annual Affirmation from Employees on the following policies? (Please check all that apply):
 Discrimination Social Media Internet Usage Harassment
- 3. Documented Employee Performance Reviews at least annually? Yes No
- 4. Does the entity require terminations to be reviewed by legal counsel? Yes No

G. Employment Practices Entity-wide

Do all departments (i.e. Police, Fire, School, Public Works, etc) follow the same Employment Practices policies, procedures and documentation requirements? Yes No

If "No", describe:

LAW ENFORCEMENT

A. Coverage and Limit

Each Wrongful Act Limit: \$ _____ Annual Aggregate: \$ _____ SIR: \$ _____

B. Personnel Information

Personnel Type	# of Full-time	# of Part-time
Officers with power of arrest		
Reserve officers with power of arrest Duties: <input type="checkbox"/> Traffic <input type="checkbox"/> Events Security <input type="checkbox"/> Other		
Police canines or equines		

Officer Turnover	Voluntary Terminations	Involuntary Terminations
Last Year		
Two (2) Years Ago		

C. Underwriting Information

1. Does the entity contract law enforcement services to any public or private entity? Yes No

If "Yes", describe:

2. Does the entity belong to any multi-jurisdictional law enforcement organization such as a drug task force? Yes No

If "Yes", describe the entity's involvement:

3. Is the entity accredited by CALEA? Yes No

4. Percentage of Officers Using Body Camera's: _____%

D. Policies and Procedures

1. Does the entity have written policies governing the following?

Policy	Do You Have Policy	Date of Last Revision
Use of deadly force	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of non-deadly force	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pursuits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Moonlighting / Secondary Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling of persons under the influence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling of mentally disturbed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Armed while off duty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of volunteers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suicide Screening (if you have Holding Cell)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of Body Cameras (usage and retention)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- 2. Are policies and procedures distributed to all personnel? Yes No
- 3. Are officers required to sign-off on Policy Manual? Yes No
- 4. Are these reviewed regularly by the entity's legal counsel? Yes No

How often? _____

5. How does the department keep up to date on Case Law changes that may dictate policy/procedure update?

- 6. Has the department disciplined an officer for inappropriate Use of Force? Yes No

If "Yes", what was the discipline?

7. Who investigates use of force incidents? _____

E. Training

Training Topic	New Hires	Annual Training	Training Documented
Use of Tasers and Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Arms Qualification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pursuits/Defensive Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handling Domestic Violence Calls	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handling Mentally Disturbed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Search and Seizure, Case Law	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handling persons under the influence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Harassment - internal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use of Body Cameras	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. Emergency Dispatching

- 1. Who provides dispatch services for your fire department, police/sheriff and/or EMS? _____
- 2. Are incoming calls to dispatchers recorded? Yes No
 Length of time tapes are maintained: _____
- 3. What is the average number of calls received per month? _____
- 4. Describe the training program for emergency dispatchers: _____

G. Fleet Safety

- 1. Is accident investigation completes for incidents involving police vehicles? Yes No
- 2. Do all officers participate in driver training? Yes No
- 3. Does pursuit policy contain provision for supervisor discretion on terminating pursuits? Yes No

H. Jail Operations - *Please include a copy of the most current State Inspection Report.*

1. Do you house your own prisoners? Yes No
2. Do you house prisoners of other entities? Yes No
3. Is the entity accredited by American Correctional Association (ACA)? Yes No

Jail Holding Cell Juvenile Detention Center Other (Describe): _____

4. Date constructed: _____ Date renovated/updated: _____
5. Number of Cells: _____ Number of Beds: _____ Square Footage: _____

6.	Maximum State Certified Capacity	Daily Average	Average Length of Stay

7. Number of Full-Time Guards: _____ Number of Part-Time Guards: _____

8. Date of last inspection:

State Corrections	Fire Inspector	Department of Health

9. Is the facility operating under court order or in violation of any local, state or federal codes or standards? Yes No

If "Yes", explain:

10. Does the facility have a walk-through schedule? Yes No

If "Yes", what is time frame? _____

11. Are Jail Medical Services contracted out? Yes No

If "Yes", is contract in place shifting Medical Malpractice Liability to Contractor? Yes No

If "No", describe internal medical facilities and staff:

12. Number of Suicides last thirty-six (36) months: _____

Number of Suicide Attempts last thirty-six (36) months: _____

13. Does the facility have audio or video surveillance systems? Yes No

Do systems monitor inmates? Yes No

I. Policies and Procedures

Policy	Do You Have Policy?	Date of Last Revision	Frequency of Training
Use of Force	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Classification of Inmates	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Use of Restraints	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Suicide Prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Strip Searches	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Release	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Discipline and Grievance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Separation of Juveniles from Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inmate Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No		

COMMERCIAL AUTOMOBILE COVERAGE

Please attach the designated Excel worksheet/schedule.

A. Limits

Each Accident Limit \$ _____ Hired/Non-Owned Requested Yes No
SIR \$ _____ PIP/No Fault \$ _____
UM/UIM \$ _____

B. Underwriting Information

1. Are all owned or leased vehicles covered in this program? Yes No
2. Driver training program? Yes No
3. Accident investigation program? Yes No
4. Preventative Maintenance Program? Yes No
5. Accident investigation includes a corrective action for preventable accidents? Yes No
6. MVRs ordered prior to hire? Yes No
7. Are any vehicles designed to haul explosives, flammables, or hazardous materials? Yes No
8. Do employees drive their own vehicles to conduct the Entity's business?
If "Yes", do you required proof of insurance for these employees? Yes No
9. Are employees allowed to take vehicles home?
Is personal use permitted? Yes No
10. Does the entity own a garage where vehicles are serviced?
Does entity service vehicles of others? Yes No
11. Does the entity provide any type of transportation services?
Indicate type: Dial-a-Ride Fixed Transit Para Transit Other: _____
12. Are busses equipped with cameras? Yes No
13. Does entity own fifteen (15) passenger vans?
If "Yes", is special training required? Yes No
14. Are criminal records checked on transportation employees? Yes No
15. Does entity transport handicapped passengers?
If "Yes", is specific training provided? Yes No

COMMERCIAL EXCESS LIABILITY SECTION

Requested Excess Limit: \$ _____ (Maximum Limit \$10,000,000)

Coverage to apply over:

- General Liability Educators Legal Law Enforcement Auto Liability Employers Liability
 Public Officials Employment Practices

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.

FRAUD STATEMENT

Not applicable in the states mentioned below where a specific warning applies.

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama

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

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia

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.

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 for 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.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

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.

Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Maryland

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

New Jersey, New Mexico

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.

Ohio

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

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.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Pennsylvania (Auto)

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

Tennessee, Virginia, Washington

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.

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.

New York (Auto)

Any person who 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 five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE

Agent/Broker:

Are you personally familiar with this Applicant's operations?

Yes No

Did your office control this risk in the past year?

Yes No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE