

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. THE LIMITS OF LIABILITY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. 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 **ARGONAUT INSURANCE COMPANY**, A LICENSED 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 |
|----------------|-------------------|---------------------|

SUBMITTING AGENCY

| | | | | |
|---------------------------|------|---------------|----------|--|
| Agency | | Phone | | |
| Producer / Agency 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 | | \$ | | \$ | \$ |
| Property | | \$ | | \$ | \$ |
| Inland Marine | | \$ | | \$ | \$ |
| Crime | | \$ | | \$ | \$ |
| Excess/Umbrella Liability | | \$ | | \$ | \$ |
| Equipment Breakdown | | \$ | | \$ | \$ |
| Workers Compensation (not available in all states) | | \$ | | \$ | \$ |
| Other: | | \$ | | \$ | \$ |
| Other: | | \$ | | \$ | \$ |

COMMERCIAL GENERAL LIABILITY

Coverage type: Occurrence or Claims-Made, Retroactive Date: _____
 Per Occurrence Limit: \$ _____ Annual Aggregate: \$ _____
 Deductible: \$ _____ or SIR: \$ _____
 Employee Benefits Liability

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 |
|---|--------------------------|---|--|--|
| Airport or Related Facilities | | | | Excluded under our program |
| Cemetery | | | | |
| Chemical Spraying (Pesticide/Herbicide) | | | | # of employees with license? _____ |
| Dams | | | | Complete TPRS-SUP197 Supplement |
| Fire Department – Paid and/or Volunteer | | | | Complete TPRS-SUP198 Supplement |
| Firearms Range - Public Use | | | | Certified Range Master on Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Housing Authority | | | | |
| Active Landfill / Dump / Refuse Site / Incinerator | | | | Complete TPRS-SUP199 Supplement |
| Law Enforcement Department | | | | Complete TPRS-SUP203 Supplement |
| Medical & Ancillary Care Facilities a. Nursing Home b. Hospital | | | | Excluded under our program |
| Public Facilities Convention/Civic Center/Stadium | | | | |
| Recreational Activities | | | | Complete TPRS-SUP194 Supplement |
| Schools | | | | Complete TPRS-SUP201 Supplement |
| Social Services a. Shelter (Women or Children), Halfway House b. Foster Care | | | | Please describe operation: |

| 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 Miles of Paved: Mile of Unpaved: | | | | Street/Road Formal Inspection Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Formal Citizen Complaint Procedure in place? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Utilities a. Electric | | | | Complete TPRS-SUP192 Supplement |
| b. Gas | | | | |
| c. Sewer | | | | |
| d. Water | | | | |
| Wharf/Piers | | | | Formal Wharf/Pier inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No Marina Exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | | | | Please describe: |

Contractual Risk Transfer

- Do you have a Legal Representative review all contracts? Yes No
- Do you require to be named as Additional Insured? Yes No
- Do you have Legal Counsel on staff or dedicated outside Counsel? Yes No
- Do you require insurance limits of contractors equal to yours? Yes No

PUBLIC OFFICIALS' LIABILITY

| | |
|----------------------|------|
| Completed By / Title | Date |
|----------------------|------|

I. COVERAGE AND LIMITS

- A. Coverage type: Claims-Made, Retroactive Date: _____ or Occurrence
- B. Per Occurrence Limit: \$ _____ Annual Aggregate: \$ _____
Deductible: \$ _____ or SIR: \$ _____

II. GENERAL INFORMATION

A. Policies and Procedures

1. Are Officials trained in public meeting protocols? Yes No
2. Does the entity engage legal counsel on potential conflicts of interest? Yes No
3. Policy in place around public officials speaking to the media, social media? Yes No

B. Planning and Zoning, Land Use

1. Does the entity have a formal written zoning and zoning appeal process? Yes No
2. Is Legal Counsel engaged on cases when statutes/ordinances need interpretation? Yes No

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

1. Disputes involving the taking or condemnation of property? Yes No
2. Disputes alleging the wrongful approval/denial of building or zoning permits? Yes No

| |
|---------------------|
| If "Yes", describe: |
|---------------------|

EMPLOYMENT PRACTICES LIABILITY

| | |
|----------------------|------|
| Completed By / Title | Date |
|----------------------|------|

- A. Coverage type: Claims-Made, Retroactive Date: _____ or Occurrence
- B. Per Occurrence 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", 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 | | | |

F. Employment Practices Controls and Employee Performance

- 1. Does the entity provide training for all new supervisors and managers on harassment policy and procedure? 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 in addition to its Human Resources department/designee? Yes No

Employment Practices Entity-wide

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

If "No", describe:

COMMERCIAL AUTOMOBILE COVERAGE

Please attach the designated Excel worksheet/schedule.

I. LIMITS

Per Occurrence Limit \$ _____ Hired/Non-Owned Requested Yes No
 Liability Deductible (if any) \$ _____ Medical Payments \$ _____
 PIP/No Fault \$ _____ Additional No-Fault \$ _____
 UM/UIM \$ _____ Other: _____ \$ _____

II. UNDERWRITING INFORMATION

Any location with a concentration of vehicles where total values exceed \$2,000,000? Yes No
 If "Yes", complete CONCENTRATION OF VEHICLES SUPPLEMENTAL APPLICATION (TPRS-SUP193)

Fleet Safety

Driver training program? Yes No
 Accident investigation program? Yes No
 Accident investigation includes a corrective action for preventable accidents? Yes No
 MVRs ordered prior to hire? Yes No
 Has the entity disqualified a prospective employee due to poor driving record? Yes No
 Does the entity conduct periodic MVR checks? Yes No
 Annually Bi-annually Other: _____
 Standard in place for acceptable and unacceptable MVR's? Yes No

What action is taken with an Employee with an unacceptable MVR?

Are employees allowed to take vehicles home? Yes No
 Is personal use permitted? Yes No
 Does the entity provide any type of transportation services? Yes No
 Indicate type: Dial-a-Ride Fixed Transit Para Transit Other: _____

Garagekeepers: Direct-Primary Direct-Excess Legal Liability

| Description of Operation | Physical Address | Limit | Deductible | |
|--------------------------|------------------|-------|------------|-----------|
| | | | Comp | Collision |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |

COMMERCIAL EXCESS LIABILITY

Requested Excess Limit: \$ _____

Coverage to apply over:

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

PROPERTY

Please attach the designated Excel worksheet/schedule.

I. COVERAGES REQUESTED

Deductible: \$ _____ B/EE Limit: \$ _____

Replacement Cost Functional Agreed Value

Flood limit: \$ _____ Deductible: \$50,000 Other Deductible: \$ _____

Earthquake limit: \$ _____ Deductible: \$50,000 Other Deductible: \$ _____

Other Key PROPERTY Coverages or Limits Requested: _____

II. UNDERWRITING INFORMATION

A. Any unoccupied buildings Yes No

If yes, provide details about future plan for occupancy, frequency of maintenance and insured visits to the premises:

B. How are Property values calculated?
Professional Property Appraisals (within the last 5 years)? Yes No

Other:

III. Solar Panels (if applicable): Location Address _____

Production capacity (i.e. 250kW): _____ Number of individual panels _____

Age of Installation: _____

Professional Engineer involved in Installation? Yes No

Preventative Maintenance Program in Place? Yes No

Number of inverters and size: _____ Spare Inverters available? Yes No

Is the system: Roof-mounted Ground-mounted
 Fixed system Tracking system

Does the Entity sell power back to the utility company? Yes No

Other: _____

IV. EQUIPMENT BREAKDOWN

Is coverage desired? Yes No

INLAND MARINE

Provide Schedule or Acord for Inland Marine

CRIME SECTION

Ratable Exposure

Number of Employees: Class A (all employees handling money): _____

I. COVERAGE DESIRED

| | Coverage | Limit | Deductible |
|----|---|-------|------------|
| A. | Public Employee Dishonesty | \$ | \$ |
| | Faithful Performance <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| B. | Forgery or Alteration | \$ | \$ |
| C. | Loss Inside -Theft | \$ | \$ |
| D. | Loss Inside – Robbery or Safe | \$ | \$ |
| E. | Loss Outside Premises | \$ | \$ |
| F. | Computer Fraud | \$ | \$ |
| G. | Computer & Funds Transfer Fraud (not available in all states) | \$ | \$ |
| H. | Money Orders & Counterfeit Money (not available in all states) | \$ | \$ |
| I. | Other: | \$ | \$ |

NY Only Excess Indemnity

| Position | # of Employees | Limit |
|----------|----------------|-------|
| | | |
| | | |

II. CONTROLS

- A. Employee background checks conducted? Yes No
- B. Audit performed to verify funds (cash on hand and in accounts) match financial records? Yes No
 Frequency: Monthly Semi-Annual Annual Other _____
- C. At least two signatures required on checks? Yes No

III. COMPUTER FRAUD (if requested)

- A. Do you have an IT Department or Computer Department? Yes No
- B. Are tests performed to detect unauthorized programming changes? Yes No
- C. Do employees have access only to information or programs that allow them to do their jobs? Yes No
- D. Are passwords required for access to sensitive information? Yes No
- E. When employees change positions is access revoked? Yes No

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

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?
 Did your office control this risk in the past year?

Yes No
 Yes No

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