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PUBLIC ENTITY AND EMPLOYMENT PRACTICES LIABILITY RENEWAL APPLICATION

APPLICANT'S INFORMATION

- Current Kinsale Policy Number: _____
- Legal name of the Public Entity who is the primary applicant and will be the first named insured listed on the policy:

- Please list all other entities / organizations that you are requesting to be a named insured on the policy (a request does not guarantee that all such entities will be quoted / covered):

- Principal Address: _____
City: _____ State: _____ Zip: _____
Public Entity's Website: www. _____
- Do you have a Full Time Risk Manager? Yes No
If "yes" – how many years has the Risk Manager been in this position? _____ years
Name of Risk Manager: _____ Phone Number: (____) ____-_____
- Type of Public Entity: Town City County State
 Special District or Commission (Please Indicate):
 Airport Parks Department Transit Authority
 Development/Finance Authority Port Authority Utility (Gas/Electric/Cable)
 Housing Authority Sports/Convention Center Water/Sewer
 Other: _____
- Populations Trends: Please provide Population information:

	CURRENT YEAR
Population of Municipality:	

Seasonal increase in population? Yes _____% No
- Are the Public Entity's board, council or commission members appointed or elected? Appointed Elected
 - If APPOINTED, by whom? _____
 - If ELECTED, are they elected via: Single Member District At Large Combination of Both

GENERAL INFORMATION

Please provide the following information. *If "Yes" to any question below, or if the applicant has budget deficits in the past three years, please explain on a separate attachment.*

1. a) Indicate fiscal year end date: _____
- b) Please provide a budget figure for the most recent fiscal year.

	CURRENT YEAR	
Revenues	\$	
Expenditures	\$	
Surplus/Deficit	<input type="checkbox"/> + <input type="checkbox"/> -	\$
Outstanding Bond Issues	\$	
Budget Surplus (Deficit)	\$	

- c) Has any State or Federal funding (aid) been eliminated in the past year? Yes No
- d) Does the Public Entity anticipate any special project which will result in a substantial budget increase or decrease in the next 3 years? Yes No
- e) Has the Public Entity been in default on principal or interest on any bond? Yes No

If you selected "yes" to either C, D, or E, please provide a narrative explanation including dates and amounts involved.

2. Latest bond rating (Standard & Poor's or Moody's): _____ Previous Rating: _____
3. Please attach a copy of your most recent comprehensive annual financial report.

OPERATIONS

Please respond to the following inquiries and use a separate attachment for details requiring further explanation.

1. Does the public entity administer any of the following operations?

Authorities

- Airport Authority
 Housing Authority
 Port Authority
 Transit Authority

Utilities

- Electric Utility
 Gas Utility
 Water / Sewer Utility

Zoning/Safety

- Building Inspection
 License Issuance
 Permit Issuance
 Police Department
 Tax Assessment / Collection
 Zoning

Other

- Daycare
 Hospital / Nursing Home
 Landfill
 Other Not Listed

2. If "yes" to question 1 above, were any of these services/operations new during the past 12 months, or will be introduced during the next 12 months? Yes No

By attachment to this application, please explain any "yes" response including which services/operations are new, the associated budget and staff count, and risk management controls in place.

EMPLOYEES

1. Number of Employees - Full Time: _____ Part Time: _____
2. Number of Volunteers: _____ How many hours per week do volunteers work on average? _____

3. Please describe the services performed by Volunteers for, or on behalf of, your Entity: _____

4. Salary Ranges

(including bonuses, dividends, and commissions)

	Number of Full Time Employees	Number of Part Time Employees
\$50,000 or less:	_____	_____
\$50,001 to \$100,000:	_____	_____
\$100,001 and over:	_____	_____
TOTAL:	_____	_____

Number of employees in each category:

_____ Accountants _____ Engineers _____ Police
_____ Architects _____ Fire/Rescue _____ Road / Utilities
_____ Attorneys _____ General Office _____ Other: _____

5. Did any of the following take place in the past 12 months?

- a) Strike, slowdown, or other staffing disruption? Yes No
- b) Disputes involving integration, segregation, discrimination, or violations of civil rights (with staff or with students)? Yes No
- c) Has any employee been suspended, dismissed, demoted, transferred, or had a tenure contract non-renewed? Yes No

Please explain all "yes" answers to 5 A-C: _____

6. Does the Applicant use seasonal or temporary employees? Yes No
If "yes" - when and how many? _____

7. Does the Applicant use leased workers? Yes No
If "yes" - how many have been retained by the Applicant in the past 12 months? _____

8. Does the Applicant use independent contractors? Yes No
If "yes" - how many work solely for the Applicant? _____

9. For which of the following services does the Public Entity use subcontractors (check all that apply)

Administrative / Secretarial Custodial Medical Transportation
 Accounting / Financial Food Specialized Education Other

Please explain in detail: _____

10. Do you require all subcontractors or independent contractors to provide evidence of carrying liability insurance? Yes No
If "yes" - are you added as an additional insured to these policies? Yes No

11. How many employees are covered by collective bargaining or other union agreements? _____

12. In the past 12 months, how many employees have left your employ? _____
Of the above, how many were terminated involuntarily? _____

EMPLOYMENT PRACTICES & HUMAN RESOURCES

1. Has the Applicant established or changed any written policies/procedures governing teachers & other personnel in the past 12 months? If "yes" to any response, please attach a narrative explanation detailing the changes.

- | | | |
|-------------------|------------------------------|-----------------------------|
| Background checks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Demotion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dismissal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drug Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hiring | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Promotion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual Harassment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Suspension | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transfer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Do you conduct background checks on all:

- | | | |
|-------------|------------------------------|-----------------------------|
| Applicants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New Hires? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Volunteers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Please check the appropriate areas for the type of checks performed:

<u>Type</u>	<u>Employees</u>	<u>Volunteers</u>
Academic Credentials	<input type="checkbox"/>	<input type="checkbox"/>
Credit	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Checks – All States	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Checks – Federal	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Checks – Home State	<input type="checkbox"/>	<input type="checkbox"/>
Driving Record	<input type="checkbox"/>	<input type="checkbox"/>
Licenses	<input type="checkbox"/>	<input type="checkbox"/>
Personal References	<input type="checkbox"/>	<input type="checkbox"/>
Prior Employers	<input type="checkbox"/>	<input type="checkbox"/>
Random Drug Tests (post hire)	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

4. Have the Applicant's supervising personnel or other employees attended training and education programs/seminars on sexual harassment and other types of discrimination within the last 12 months? Yes No

If "yes" – who has attended? _____

If "yes" – who conducts the sessions? _____

5. Does the Applicant have its employment policies/procedures reviewed by labor or employment counsel? Yes No

If "yes" – identify the firm and date of last review: _____ / ____ / ____

6. Does the Applicant have a Human Resources or Personnel Department? Yes No

If "no" – who handles this function? _____

7. Does the Applicant have an employee handbook? Yes No

- If "yes" – does the Applicant distribute to all employees? Yes No
- If "yes" – do all employees sign for its receipt? Yes No
- If "yes" – does it expressly state that it is not a contract and that employment is "at will"? Yes No

8. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? Yes No
9. Does the Applicant require all terminations to be reviewed by:
 The person in charge of human resources? Yes No
 Outside Counsel? Yes No
10. Does the Applicant maintain a personnel file for each employee? Yes No

OTHER MATERIAL INFORMATION

1. After inquiry with each person as appropriate, does anyone have any other Material Facts to disclose? (If "yes" – please provide such Material Facts on a separate sheet.) Yes No
A Material Fact is one likely to influence assessment of this risk, the premium charged or the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material, you should disclose it. All of the information requested in this proposal is material.

INSURANCE AND LOSS HISTORY

1. Does the Applicant currently carry General Liability Insurance? Yes No
2. Other than routine visits, has the entity had any on-site monitoring visits by a State or Federal Agency within the last 12 months? Yes No
 If "yes" – please explain: _____
3. Is the Applicant operating under any court orders? Yes No
 If "yes" – please explain: _____
4. After inquiry with each person as appropriate, in the last 12 months, have any Public Entity Liability claims, or any wrongful termination discrimination, sexual harassment claims, or any other wrongful employment practices liability claim or suit (including third-party claims) ever been made against the Entity, or any predecessor Entity, or any current or former member of the Entity, or predecessor Entity (whether insured or uninsured)? Yes No
 If "yes" – how many? _____
Please complete a separate Supplemental Claim Form for each claim or suit and include a currently valued loss run for each claim.
5. In the last 12 months, have any of the following taken place: Yes No
- a. Grand Jury investigations into activities of any entity or employee? Yes No
 If "yes" – please provide details

b. Indictment of any entity or employee? Yes No
 If "yes" – please provide details

6. After inquiry with each person as appropriate, do you, or any of your board members, trustees, or employees know of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident that could result in a Public Entity Liability claim, or any employment related claim, including third party claims (whether insured or uninsured)? Yes No

If "yes" – how many? _____

Please complete a separate Supplemental Claim Form for each potential claim and provide as much detail as possible.

7. Of the total number of EEOC/State agency charges filed against any Applicant over the last 12 months, indicate the number of primary allegations as follows:

Location No.	Racial Discrimination	Age Discrimination	Religious Discrimination	Other Ethnic Discrimination	Equal Pay Act Violation	Other Gender Discrimination	Violation of Americans w/ Disabilities Act

8. With respect to litigated cases (including wrongful termination suits under state law other than anti-discrimination law) and EEOC/State agency charges over the last 12 months for which settlement was or may be paid, please provide the following information, which must be currently valued:

Date Occurrence	Claimant	Allegation	Damages Paid	Damages Reserved	Legal Expenses Paid	Legal Expenses Reserved

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

Applicant Name (Print) _____ Title: _____

Applicant's Signature: _____ Date: _____
(Authorized signatory for Applicant Entity)

Agent/Broker Name: _____