

Chris-Leef General Agency, Inc.
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APPLICATION FOR PUBLIC OFFICIALS AND PUBLIC ENTITY LIABILITY INSURANCE

CLAIMS MADE POLICY

This application is for a policy that states that the limit of liability can be exhausted by the payment of defense expenses or loss.

The deductible is the amount of each claim that the Insureds must pay prior to the Insurer making any payment. This deductible payment is required for either defense expenses or loss, whichever comes first.

The Insurer does not have any obligation or duty to defend any Insureds.

1. Name of Public Entity

2. Mailing Address

City State Zip Code

3. Telephone No. -----

4. Name & Title of person designated to receive notices from the Insurer

5. Date Established ----- 6. Population ----- 7. No. of Employees -----

8. Total amount of outstanding bonds ----- Current Bond Rating -----
How many years has this bond rating been in effect? ----- If less than 5 years,
please explain any change. -----

In the past 5 years, has there been any default on the principal or interest of any bond? Yes __ No __
If yes, please explain.-----

9. Is professional liability insurance in force for the following employees?

<u>Employees</u>	<u>Total number</u>	<u>In force</u>	
A. Attorneys	_____	Yes _____	No _____
B. Engineers	_____	Yes _____	No _____
C. Architects	_____	Yes _____	No _____
D. Accountants	_____	Yes _____	No _____
E. Police	_____	Yes _____	No _____

Professional Liability coverage for any of the above may be available from this Insurer. For further consideration, please submit a professional liability application for each class of employees that might need a distinct and separate policy.

10. The following entities are not covered by this policy unless specifically named by endorsement. If coverage is needed, please so indicate for further consideration by the Insurer, and please provide any necessary information. A separate submission will be required for those that require separate policies.

	<u>By endorsement to this policy</u>	<u>Separate Policy</u>	<u>No coverage needed</u>
A. Schools	_____	_____	_____
B. Airport	_____	_____	_____
C. Transit/Transportation Authority	_____	_____	_____
D. Hospital	_____	_____	_____
E. Nursing Home	_____	_____	_____
F. Housing Authority	_____	_____	_____
G. Utility	_____	_____	_____

11. Is public officials liability insurance now in force for the Public Entity? If yes, please provide current insurance company _____ Yes ___ No ___
 Policy Term _____ Limit \$ _____
 Deductible \$ _____ Premium \$ _____

12. Is General Liability Insurance now in force for the Public Entity? If no, please explain. Yes ___ No ___

13. In the past 5 years, has public officials or similar liability insurance been declined, cancelled, nonrenewed, or rescinded? If yes, please explain. Yes ___ No ___

14. In the past 5 years, has the Public Entity or any person to be insured by this policy been the subject of any investigation by any regional, state, or federal regulatory agency? If yes, please explain. _____ Yes ___ No ___

15. In the past 5 years, has the Public Entity been operating under any court orders? If yes, please explain. _____ Yes ___ No ___

16. Are there any pending complaints or investigations involving employee hiring, compensation, promotion, demotion, or termination of employment? If yes, please explain. Yes ___ No ___

17. Are there any pending complaints involving the Americans with Disability Act? If yes, please explain. Yes ___ No ___

18. In the past 5 years, has there been made, or there now pending any complaint or dispute involving the approval or failure to approve any construction projects in excess of \$500,000? If yes, please explain. Yes ___ No ___

19. In the past 5 years, has any claim been made, or is any claim now pending against the Public Entity or any person to be insured by this policy? (If yes, please attach loss information including year of loss, brief description of loss, amount paid, defense expenses paid, and open reserve.) Yes ___ No ___

20. Is the Public Entity or any person to be insured by this policy aware of or have any knowledge of any fact or circumstance which could lead to a claim under this policy? If yes, please explain. Yes ___ No ___

A complete CPA Audit must be attached to this Application, unless this requirement is changed by agreement of the Insurer.

Signed

(Must be signed by the Chairman, President, Mayor or Presiding Official on behalf of all Insureds)

Title

Date

The signer of this application, authorized and acting on behalf of all Insureds, declares that all statements and information provided by the Insureds is true, complete and accurate. It is agreed that this application is the basis of and becomes a part of the policy, should a policy be issued.

The signing of this application does not require the signer to purchase insurance, nor does the review of this application require the Insurer to issue a policy.

If a quotation is provided by the Insurer, the terms and conditions may not meet bid specifications.

ANTIFRAUD WARNING NOTICE TO ALL APPLICANTS: Any person who knowingly 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 also punishable by civil penalties in certain jurisdictions.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files on application for insurance or a 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 violation.

NOTICE TO OHIO APPLICANTS: 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.

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

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

To be completed by Producer:

Submitted By
Producer _____

Tax I.D. No. _____
(in states where required)

Surplus Lines License No. _____

Agency _____

Address _____

City, State, Zip _____

Phone # _____

E-mail _____