**National Casualty Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

PUBLIC ENTITY APPLICATION  
PUBLIC OFFICIALS LIABILITY (CLAIMS MADE) SECTION  
(Attaches to PE-APP-GEN-GA Applicant Information Section.)

**Please attach a separate page for answers requiring explanations.**

**Legal Name of Public Entity:**       **Effective Date:**

**A. COVERAGE REQUESTED**

**1.** Limit of Liability: Each Wrongful Act: $      Annual Aggregate: $

**2.** Retroactive date of expiring policy:

**3.** Deductible requested: $      ; or

SIR Requested: $

TPA Name, Address, Telephone, and Facsimile:

**4.** Land use planning and zoning coverage option?  Yes  No

**5.** Consent to Settle Coverage Option?  Yes  No

**B. Underwriting Information**

**1.** Name of municipal attorney:

Name of municipal engineer:

**2.** Do you have a formal procedure in place for requests for variance to land development statutes?  Yes  No

If “no,” explain how this is handled:

**3.** Do you have a written master plan for development?  Yes  No

If “yes,” when was it adopted/revised?       (date)

|  |
| --- |
| If “no,” explain who is responsible for land development decisions: |

**4.** What kind of formal training do your newly elected/appointed officials receive on governmental and employment   
issues?

**5.** Do you engage in any planning and zoning activities?  Yes  No

**a.** Do planning and zoning officials receive training regarding “open meeting” and hearing   
regulations?  Yes  No

**b.** Does your municipal attorney attend all meetings of the planning and zoning board?  Yes  No

**6.** Do you own or operate a landfill that has been designated as a hazardous waste or Superfund Site by the EPA?  Yes  No

**7.** Do you own or operate any nuclear power plants?  Yes  No

**8.** Has there been continuous claims made coverage for the past five years?  Yes  No

If “no,” please explain:

**9.** Have any of the following occurred within the last five years? (If any answer is “yes,” provide a detailed narrative on a separate sheet of paper.)

**a.** Grand jury investigations or indictments of any public officials?  Yes  No

**b.** Disputes or claims alleging the wrongful granting or refusal to grant zoning changes, building permits or similar allowances?  Yes  No

**c.** Disputes or claims alleging wrongful approval of building designs or specifications?  Yes  No

**d.** Disputes or claims alleging civil rights violations in regards to poor environmental quality in a neighborhood?  Yes  No

**C. Utilities/Authorities**

**1.** Does the entity administer any of the following? If so, please complete the following related questions.

**a.** Sewer Utility  Yes  No

**b.** Water Utility  Yes  No

**c.** Gas Utility\*  Yes  No

**d.** Electric Utility\*  Yes  No

**e.** Port Authority\*  Yes  No

**f.** Transit Authority\*  Yes  No

**g.** Airport Authority\*  Yes  No

**h.** Housing Authority\*  Yes  No

**i.** Schools\*  Yes  No

*(\*Note: There is no coverage for loss that results from the conduct of duties by or for such utility or authority unless specifically added to the policy.)*

UTILITIES—SEWER, WATER, GAS, ELECTRIC, GARBAGE

**A.** **SEWER UTILITY**  Yes  No

**1.** Number of utility users: Industrial:       Commercial:       Residential:

**2.** Provide annual payroll (less clerical):

Plant operation: $      Construction: $      Cleaning: $

**3.** Provide number of sewer miles: Storm:       Sanitary:

**4.** What type of facility is operated?  Treatment Plant  Lift Stations  Pumps

**5.** If treatment plant is operated:

**a.** Type of plant:  Primary  Secondary  Tertiary

|  |
| --- |
| **b.** What regulatory agency is responsible for monitoring (DEC, EPA, Health Department)? |

How often?

|  |
| --- |
| **c.** How is influent input monitored for toxic or hazardous waste? |

**d.** How are chemicals labeled and where stored?

|  |
| --- |
| **e.** What is done with residual by-product/sludge? |

**f.** Has plant ever been fined or received a citation?  Yes  No

If “yes,” explain:

**g.** Are any operations contracted?  Yes  No

If “yes,” attach Certificate of Insurance and a copy of any hold harmless agreements.

**6.** How old is your system?       Year of last upgrade:

**7.** Is regular maintenance performed?  Yes  No

Are records kept for all repairs?  Yes  No

**8.** Have you had any past/present incidents of sewer back-up to residential or commercial property?  Yes  No

|  |
| --- |
| If “yes,” please explain (include dates, cause and corrective action taken): |

**B. WATER UTILITY**  Yes  No

**1.** General Information

**a.** Annual payroll (less clerical): $

**b.** Number of gallons distributed annually:       Maximum annual capacity:

**c.** Miles of pipe:       Total number of employees:

**d.** Number of users: Residential:       Commercial:       Industrial:

**e.** Number of: Water treatment plants:       Water tanks:       Water towers:

**f.** Are all facilities fenced?  Yes  No

**g.** Is water provided to neighboring entities?  Yes  No

|  |
| --- |
| If “yes,” describe and provide copies of contracts: |

**2.** Source of water supply (lake, well, etc.):

**a.** How old is your system?       Year of last upgrade:

**b.** Composition of pipe:

Lead    %  Cast iron    %  Asbestos    %

Plastic    %  Clay    %  Other    %

**3.** **a.** Has utility completed monitoring for lead in drinking water?  Yes  No

**b.** Date completed:       (Attach most recent water quality report.)

**c.** Test results:

**(1)** Tap water monitoring:

**(2)** Water quality monitoring:

**(3)** Lead source water monitoring:

**d.** If test results exceed the lead action level of 15 ppb, please comment on treatment techniques relating to   
(a) corrosion control; (b) source water; (c) public education; or (d) lead service line replacement as applicable:

|  |
| --- |
|  |

**4.** How often is water tested?       By which regulatory agent?

**5.** Has system ever been cited or fined for non-compliance with required standards?  Yes  No

If “yes,” please provide details, copy of non-compliance notice(s) and action(s) taken to correct problem(s):

|  |
| --- |
|  |

**6.** Does entity contract any part of water operations (construction, maintenance, inspection, etc.)?  Yes  No

If “yes,” provide certificates of insurance.

**7.** Does entity have a written disaster plan?  Yes  No

**8.** Is there a process in place for handling customer complaints or reported problems?  Yes  No

**C. GAS UTILITY**  Yes  No

**1.** Advise if gas is:  produced; or  purchased and resold

**2.** Does the entity own or operate a gas wellhead or pipeline?  Yes  No

**3.** Number of utility users: Industrial:       Commercial:       Residential:

**4.** Annual payroll (less clerical): $

**5.** Who is responsible for leakage survey?

**6.** Date of last complete leakage survey of distribution system:

Frequency of such surveys:

Business district:       Outside business district:

|  |
| --- |
| **7.** Describe briefly, procedure of leakage survey (i.e., how detected or discovered in meters, lines, etc.): |

**a.** Repair procedure:

**b.** Are surveys conducted on a planned basis?  Yes  No

**8.** What percentage of system is cathodically protected?    %

**9.** Date of last corrosion survey:       Conducted by:

**10.** Year original system installed:

|  |
| --- |
| **11.** Describe main service replacement program: |

**a.** Are new lines hydrostatic or pressure tested?  Yes  No

**b.** Are records on file?  Yes  No

|  |
| --- |
| **12.** Who is gas purchased from? |

**13.** Who is responsible for odorization?

**a.** Are records maintained?  Yes  No

**b.** Are monthly odorant level checks made?  Yes  No

|  |
| --- |
| **c.** Describe type of odorization system used: |

**14.** Does gas system have high and low pressure warning devices?  Yes  No

If “yes,” are devices constantly monitored?  Yes  No

**a.** Pressure records kept?  Yes  No

**b.** For how long?

|  |
| --- |
| **15.** Who installs main extensions? |

**a.** Who installs services?

**b.** If gas company personnel install mains and services, are welders certified?  Yes  No

**c.** Training practices:

**d.** Turn-on and turn-off procedures?  Yes  No

**16.** Does gas company maintain a distribution map?  Yes  No

Is it up-to-date?  Yes  No

**17.** Are regulating stations adequately fenced, housed, or otherwise secured?  Yes  No

**18.** Are there any liquefied natural gas (LNG) operations?  Yes  No

Type of container used to hold gas:

Does gas company participate in a local or statewide “call before digging” campaign?  Yes  No

**19.** Does gas company follow an established procedure at time customer meter is turned on?  Yes  No

|  |
| --- |
| Describe in detail: |

**21.** Are meters removed or locked-up when gas is turned off?  Yes  No

**22.** Does Gas Company maintain a customer complaint log?  Yes  No

**a.** Number of years complaint record maintained:

**b.** Are leak complaints worked on same day received?  Yes  No

**c.** Customer complaint frequency:

**D. ELECTRIC UTILITY**  Yes  No

**1.** Number of utility users: Industrial:       Commercial:       Residential:

**2.** Annual payroll (less clerical): $

**3.** Main location:

**4.** Total number of locations, including substations:       Years in operation:

**5.** Are all locations protected?  Yes  No

Fenced?  Yes  No

Lighted?  Yes  No

Alarms?  Yes  No

Other?

|  |
| --- |
| Describe controls at substation with reference to signage: |

**6.** Surrounding area:  Rural  Metro Nearest residence:       (ft.)

**7.** Are there any PCB transformers?  Yes  No

Number:

When is replacement scheduled?

|  |
| --- |
| **8.** Who is responsible for inspecting operations? |

**9.** How frequently is inspection done?

**10.** Who monitors and checks regulation flow?

**11.** Number of miles of distribution line:       Underground:       Overhead:

|  |
| --- |
| **12.** Describe pole and line maintenance (who maintains, how often inspected, how documented): |

**13.** Are maps maintained?  Yes  No

**14.** Maximum annual kilowatts distributed:

**15.** Total annual revenues for electricity distributed:

**16.** Advise if generating electricity:  Yes  No

If “yes,” advise the source of power:  Fossil fuel  Hydro-electric  Nuclear

What is total daily capacity?       Peak demand daily?

Total annual revenues for generation: $

Generation:    % Distribution:    %

Number of miles of transmission lines?

**17.** What is the power source?

**18.** Alternate power source:

|  |
| --- |
| **19.** Describe consumer complaint procedure, if any: |

**20.** Describe turn on/turn off procedures:

PORT/TRANSPORTATION/AIRPORT AUTHORITIES

**A. PORT AUTHORITY**  Yes  No

**1.**  River  Ocean  Lake  Railroad  Other

**2.** Number of employees:

**B. TRANSIT AUTHORITY**  Yes  No

**1.** Number of employees:

**2.** Revenues: $

**3.** Type of vehicles:

**4.** Number of passengers served annually:

Type of service provided:

Days and hours of operation:

Number of bus shelters:

Number of bus stops—signed only:

**5.** Automobile liability carrier:

**6.** Who maintains the vehicles?

**C. AIRPORT AUTHORITY**  Yes  No

**1.** Is this airport owned?  Yes  No

Operated?  Yes  No

Or leased to a third party?  Yes  No

**2.** Number of annual enplanements:

**3.** Is there a fixed-base operator?  Yes  No

**4.** Is there a tower?  Yes  No

**5.** Is airport FAA controlled?  Yes  No

**6.** Who writes airport premises liability policy?

Limits:

**7.** If airport is leased to a third party, does lessee have airport premises liability coverage, and does the policy name our insured as additional insured?  Yes  No

**8.** Are there any air shows or exhibitions?  Yes  No

If “yes,” attach narrative.

**9.** Is there a separate board/commission that controls the operations of the airport?  Yes  No

If “yes,” attach narrative describing: (1) responsibilities of the board; and (2) what kind of decisions are made by the board.

SCHOOLS

A. SCHOOLS  Yes  No

**1.** Type of Educational Entity:  Private Non-profit  Charter  Public  Education Service District

Parochial  Boarding School  Other:

**2.** Current population served:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Current Year** | **Last Year** | **Next Year Est.** |
| **3.** Total number of students (full/part-time) | / | / | / |
| **4.** Number of disabled students (full/part-time) | / | / | / |
| **5.** Student/teacher ratio |  |  |  |
| **6.** Disabled student/teacher ratio |  |  |  |

**7.** Estimated average daily attendance:

**a.** Kindergarten, elementary, junior high       **d.** Trade/vocational

**b.** Senior high       **e.** Adult education

**c.** Junior college        **f.** Special education

**8.** No. of Faculty Members:       Corporal punishment?  Yes  No

**9.** No. of Nurses:       Do nurses carry professional coverage?  Yes  No

**10.** Identify types of sports offered (other than normal curriculum):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name Of Sport** | **Number Of Participants** | **Name Of Sport** | **Number Of Participants** |
| Baseball |  | Basketball |  |
| Boxing |  | Football |  |
| Ice Hockey |  | Lacrosse |  |
| Rugby |  | Swimming |  |
| Soccer |  | Softball |  |
| Tennis |  | Volleyball |  |
| Weight Lifting |  | Wrestling |  |

**a.** If you have a football program, what is the minimum age children are allowed to play tackle football?

**b.** Is trained medical assistance available on-site during all games?  Yes  No

**c.** Are certified trainers/coaches used in the athletic programs?  Yes  No

**11.** Are trampolines used in any of the schools?  Yes  No

**12.** Identify types of classes offered (other than normal curriculum):

Agricultural farming  Aircraft repair  Cosmetology  Skiing

Auto repair  Scuba diving or snorkeling  Radio/TV broadcasting  Martial arts

Special education  Driver’s education  Nursing

Other (Specify):

|  |
| --- |
| Provide details for any class that is not classroom only: |

**13.** Describe the supervision of the playground:       the cafeteria:

**14.** Frequency of inspection of playground equipment:

**15.** Are accident policies or proof of insurance required for all participants of extra curricular athletics?  Yes  No

If “yes,” limits and method of verifying proof of insurance:

**16.** Does the insured have a separate accident and health policy for its athletic participants?  Yes  No

**17.** Are medical exams required for athletes?  Yes  No

**18.** Are there any waiver/releases employed for athletic programs?  Yes  No

**19.** Number of sets of bleachers and seating capacity of each:

**20.** Does school district operate a stadium?  Yes  No

If “yes,” complete questionnaire P (Item C).

**21.** Is there a swimming pool on premises?  Yes  No

If “yes,” complete questionnaire K (Items A and F).

**22.** Is a day care on premises?  Yes  No

If “yes,” complete questionnaire C.

**23.** If school provides a summer school program, what curriculum is offered?  General Education

Other (specify):

**24.** **a.** Has entity/board established policies/procedures governing students in the areas of:

Suspension?  Yes  No In writing?  Yes  No

Dismissal?  Yes  No In writing?  Yes  No

Transfer?  Yes  No In writing?  Yes  No

Corporal punishment?  Yes  No In writing?  Yes  No

Acceptance?  Yes  No In writing?  Yes  No

Sexual Harassment?  Yes  No In writing?  Yes  No

**b.** Has entity/board established policies/procedures governing “special” students in the areas of:

Suspension?  Yes  No In writing?  Yes  No

Dismissal?  Yes  No In writing?  Yes  No

Transfer?  Yes  No In writing?  Yes  No

Corporal punishment?  Yes  No In writing?  Yes  No

Acceptance?  Yes  No In writing?  Yes  No

Sexual Harassment?  Yes  No In writing?  Yes  No

**c.** Do guidelines provide for administrative hearings and appeals for students?  Yes  No

**d.** Have your policies and procedures been certified by outside counsel?  Yes  No

**25.** Are you operating under a court order or consent decree?  Yes  No

If “yes,” attach a copy with any modifications.

**26.** Does the entity receive federal funding?  Yes  No

If “yes,” from what agencies?

**27.** Does your attorney attend all board/trustee meetings?  Yes  No

**28.** Have all asbestos inspections and tests required under AHERA been made?  Yes  No

**a.** Have you filed an asbestos abatement plan?  Yes  No  No asbestos

**b.** If “no,” why not?

**c.** If “yes,” are they completed?  Yes  No

|  |
| --- |
| If “no,” when is completion scheduled? |

PUBLIC HOUSING AUTHORITY

A. PUBLIC HOUSING AUTHORITY  Yes  No

1. Total number of units:       Number of conventional units:       Number of residents:

Number of Section 8 and 23 units:       Number of residents:

**2.** Number of stories per unit:

Advise number of buildings over four stories and heights for each:

|  |
| --- |
| **3.** Type of security and/or fire protection measures in place: |

**4.** Do buildings have smoke detectors?  Yes  No

If “yes”:  battery-powered; or  hardwired (into building electrical system?)

If battery-powered, what is the scheduled maintenance plan?

**5.** Are the units ADA compliant?  Yes  No

|  |
| --- |
| **6.** What accommodations are made to handle the elderly or handicapped? |

**7.** Describe recreational or extracurricular programs sponsored by the housing authority and the facilities:

|  |
| --- |
|  |

**8.** Day care facilities?  Yes  No

If “yes,” complete questionnaire C.

**9.** **Lead Abatement Information *(Complete for each location built prior to 1978.)***

**a.** Have these buildings been tested for the presence of lead?  Yes  No

**b.** Are there any known lead-related claims, past or present?  Yes  No

|  |
| --- |
| Provide complete details: |

**c.** Does the insured have a certificate of completion for lead abatement?  Yes  No

If “yes,” attach a copy and complete the following questions:

**d.** What method of lead abatement was used?

Paint:  Encapsulation  Component replacement  Abrasive removal

Enclosure  Chemical removal  Hand removal/scraping

Soil:

Water:

**e.** Is annual retesting done at this location?  Yes  No

(Attach the latest certificate.)

**f.** Is this authority in compliance with the Housing and Community Development Act?  Yes  No

|  |
| --- |
| If “no,” describe measures being taken to bring buildings into compliance: |

**Refer to PE-APP-GEN-GA application form for the state fraud warnings.**

The undersigned declares that to the best of his/her knowledge, the information set forth in this application is true and complete.

Signature of Authorized Public Official Title Date