[ ]  **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