

6. Budget (current fiscal year and preceding 3 years) Fiscal Year Ends on

YEAR	REVENUES	EXPENDITURES
Current Fiscal Year _____	Budgeted \$	Estimated \$
1st Prior Year _____	Actual \$	Actual \$
2nd Prior Year _____	Actual \$	Actual \$
3rd Prior Year _____	Actual \$	Actual \$

7. Does the Governmental Entity anticipate any special projects that will result in a substantial budget increase or decrease in the next three (3) years? _____

8. a. Total amount of outstanding bonds: \$ _____
 b. Latest Moody's Bond Rating:
 c. Previous Moody's Bond Rating (if changed within the last three years):
 d. Has any bond proposal been defeated within the last three years? Yes No
 e. If **AYes**, has the proposal been resubmitted or it is expected to be resubmitted? Yes No
 f. Has the Governmental Entity been in default on principal or interest of any bond? Yes No

9. a. Does the Entity award exclusive contracts for:
 Cable Television Yes No
 Utilities Yes No
 Food Services Yes No
 Sanitation Yes No
 Security Yes No
 b. Are these contracts awarded by competitive bidding practices? _____ If "No", please describe:

10. Have any of the following situations occurred within the last three years:
 a. Any disputes involving appropriation or condemnation of property? Yes No
 b. Improper or alleged wrongful granting or refusal to grant zoning changes or variances, building permits or similar grants? Yes No
 c. Wrongful or alleged wrongful approval of building plan designs, specifications or building construction? Yes No
 d. Strike, slowdown or other disruption by the employees? Yes No
 e. Layoff of employees or reduction in services? Yes No
] No
 f. Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, or termination of employment? Yes No
 g. Disputes involving integration, segregation, discrimination, or violation of civil rights? Yes No
 h. Any grand jury investigation, recall proceedings or indictment of any public official? Yes No

If **AYes** to any of the above, please detail on separate page including the date, nature of the situation, and its present nature.

11. a. Has any claim been made or is any claim now pending against the Governmental Entity or any person in his/her capacity as an official or an employee of the governmental Entity? If **AYes** attach detail Yes No
 b. Does any official or employee have any knowledge of any act, error or omission, that might give rise to a claim against them or the Governmental Entity? If **AYes** attach details Yes No
 c. Describe any additional incidents which may result in a claim being made against the applicant. If none, so state:

12. Prior/Current Insurance Policy Information:

	Company	Dates	Retro Date	Limits	Premium	Deductible
Public Officials Liab:	_____	_____	_____	_____	_____	_____
General Liab:	_____	_____	_____	_____	_____	_____

13. Limits of Liability and Deductible Requested:

\$_____ Each Loss \$_____ Policy Period Aggregate \$_____ Deductible

Declaration

I/We hereby declare that the above statements and particulars are true and that I/We have not suppressed or misstated any material facts and that I/We agree that this application will be the basis of the contract with the Company. I/We agree that non-disclosure or misrepresentation of a material fact will entitle the Company to void any liability protection provided under any insurance policy issued in accordance with this application. I/We also agree that any premium quotation is based on the loss information contained herein and is subject to change based on any verified loss information subsequently obtained by the Company.

Signing this form and tendering any payment does not bind the applicant or the Company to complete this insurance. This application must be signed to be considered for quotation. By signing below you hereby certify that the information you have provided is correct and that you have the authority to complete and sign this application. You herewith authorize the Company to gather any additional information that may be deemed necessary in order to process this application for quotation or to issue any policy upon acceptance of any subsequent quote and upon receipt of the payment necessary to effect coverage.

Signature:

 (Authorized Signatory for Entity)

 (Print Name of Authorized Signatory Above)

 Title (On behalf of Applicant)

Producer: Address: Telephone:

(Date of Application)

Please Read Further

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The applicant hereby acknowledges that He/She/It is aware that:

- No fact, circumstance or situation indicating the probability of a claim or action is now known to any Public Official or employee. It is agreed by all concerned that if there is knowledge of any such fact, circumstance, or situation, any claim or action subsequently emanating therefrom will be excluded from coverage under the insurance here being applied for.
- This is an application for a Claims -made policy.
- The coverage of such policy is limited to liability for only those claims that are first made against the insured and reported to the Company while the policy is in force or during any Extended Reporting Period provided in writing by the Company.
- Coverage does not apply to incidents that take place before the retroactive date shown in the policy Declarations or take place after the policy period.
- Any deductible amount will also apply toward all claim expenses.
- Unless otherwise stated, all claim expenses will be included within the Limits of Liability and are not in addition to the Limits of Liability.

Name of Governmental Entity:

By: _____ Title (On behalf of Applicant) Date of Application
 (Authorized Signatory for Entity)