

**APPLICATION FOR THE LINEBACKER PUBLIC OFFICIALS AND
EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM
LEGAL LIABILITY COVERAGE INCLUDING LOSS REIMBURSEMENT
FOR A MUNICIPALITY , COUNTY , TOWNSHIP ,**

Date

Producer		Name and Mailing Address:		
Code	Subcode	Website Address	Effective Date	Expiration Date
		Policy/Account Number:		

1. The applicant has continuously been in existence since _____ Month _____ Year
2. A. 1. Total expenditures for current fiscal year (other than for projects financed by bonds). \$ _____
 2. Total income for current fiscal year (other than borrowed funds). \$ _____
 3. Explain any deficit in current budget. _____
- B. 1. Total accumulated deficit (other than bonds). \$ _____ 2. Total accumulated surplus \$ _____
 3. Explain any accumulated deficit or surplus. _____
3. Population – most recent count _____ Number of peace officers _____
 Total Number of Employees _____ Number of board members _____
4. List Subsidiary/Ancillary Boards or Committees and describe relationship with applicant, i.e., funding, degree of autonomy, etc. from applicant

5. Does the applicant currently carry Commercial General Liability (CGL) insurance? Yes No
 Does applicant carry Police Professional Liability Coverage? If yes, what are the limits carried? Yes No _____
6. Optional coverages/restrictions on Linebacker Policy:
 Board Members and Organization Only as Insured? Yes No
7. Is the applicant involved in any disputes regarding integration, segregation, or discrimination? Yes No
 If so, explain _____
8. Has there been any strike, slowdown or other disruption of applicant's employees in the past three years? Yes No
 If so, explain _____
9. Has there been any riot or civil commotion in the past three years? Yes No
 If so, explain _____
10. Has any assault and battery claim been made against the applicant or any of its officials or employees within the past three years? Yes No
 If so, explain: _____
11. Has any employee, former employee, or job applicant made claim against the applicant for this insurance or any of its officials or employees within the past three years alleging unfair or improper treatment in connection with any job? Yes No
 If so, explain _____
12. Has any official or employee been involuntarily dismissed from employment in the past 3 years? Yes No
 If so, explain _____
 Has any of the dismissals mentioned above been reported as a possible wrongful act to the company providing insurance at that time? Yes No
13. Do you send out to all of your employees periodic warnings/reminders regarding prohibition of sexual harassment? Yes No
 Have you had any sexual harassment complaints in the past 3 years? Yes No
 If yes, explain _____
14. Has any bond proposal been defeated by the voters within the past three years? Yes No
 If so, explain _____
 If so, was it or a modified proposal resubmitted? Yes No
 If so, explain _____
 Does the applicant expect to resubmit any defeated bond proposals? Yes No
 If so, explain _____
 Has the applicant been in default on principal or interest of any bond? Yes No
 If so, explain _____

15. No claim which, if insurance had been in force similar to that now proposed, would have fallen within the scope of such insurance has been made or is now pending against any persons proposed for insurance, except as follows (if answer is none, so state): _____
16. No similar insurance on behalf of the applicant has been declined, cancelled or renewal thereof refused, except as follows (if answer is none, so state): _____
17. No person proposed for this insurance is cognizant of any act, error or omission which he has reason to suppose might afford valid grounds for any future claim such as would fall within the scope of the proposed insurance, except as follows (if answer is none, so state): _____
18. The applicant and/or its officials and employees have not been involved in or have any knowledge of any pending Federal, State or Local legal actions or proceedings against the applicants, its officials or employees, except as follows (if answer is none, so state): _____
19. Does the applicant own or operate any of the following: Yes No
 Hospital Facility Nursing Home Facility School Airport
 Housing Authority Transit Authority Gas or Electric Utility
 Do any of the above have their own wrongful act coverage? Yes No
20. Does applicant do any data processing or computer software development for others? Yes No
21. Does applicant employ, retain or otherwise consult with an attorney on matters involving zoning law changes, exercising right of eminent domain, antitrust, etc.? Yes No
 If yes, does this attorney have Professional Liability Coverage for errors or omissions while acting in such an advisory capacity? Yes No
 If yes, please show the Professional Liability Insurer and Professional Liability Limits

	Insurer		Limits
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22. The following Named Individual is authorized and designated to receive any and all notices from the Company or their authorized representative(s) concerning this insurance: _____
 Address _____

	Number	Street	City	State	ZIP
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23. Previous Insurer for this type of coverage for each of the last three years:

Company _____	Limits _____	Premium _____
Company _____	Limits _____	Premium _____
Company _____	Limits _____	Premium _____

Was previous coverage on a claims made or occurrence form? _____
 If claims made:
 A. What extended reporting period coverage is available? _____
 B. Will you be purchasing extended reporting period coverage? Yes No
 C. What was the retroactive date (if any) on the expiring policy? _____

24. Policy Limits desired:

	Each Loss	Aggregate Each Policy Year		Each Loss	Aggregate Each Policy Year
<input type="checkbox"/>	\$ 100,000	\$ 1,000,000	<input type="checkbox"/>	\$ 500,000	\$ 1,000,000
<input type="checkbox"/>	\$ 250,000	\$ 1,000,000	<input type="checkbox"/>	\$ 1,000,000	\$ 1,000,000
			<input type="checkbox"/>	\$ 1,000,000	\$ 2,000,000

The policy will be subject to a deductible, which can be consumed by either losses, defense costs paid by the Company, or costs paid by the applicant, but subject to the Company's knowledge and consent. The amount of the deductible will vary in accordance with the table of premiums and deductibles filed on behalf of the Company with the Insurance Department.

The undersigned authorized officials of the applicant's governing body declare that to the best of their knowledge the statements set forth herein are true. Signing of this application does not bind the undersigned to purchase the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued.

This application provides the Company with certain indicators as to underwriting acceptability. It does not provide information on policy coverages nor does it alter the terms of the policy.

Applicant _____

Signed _____
Presiding Official _____
Secretary _____

Signed _____
Agent _____

Submitted by _____
Agent _____

APPLICABLE IN ARKANSAS

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.

APPLICABLE IN COLORADO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

APPLICABLE IN KENTUCKY

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.

APPLICABLE IN MICHIGAN

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

APPLICABLE IN MINNESOTA

Any person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW YORK

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 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 such violation.

APPLICABLE IN OHIO

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.

APPLICABLE IN PENNSYLVANIA

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 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.

Applicant's Signature

Date