



MISSOURI PUBLIC ENTITY PROGRAM APPLICATION
PUBLIC OFFICIALS/DIRECTOR & OFFICERS COVERAGE

I. GENERAL INFORMATION

APPLICANT NAME: POPULATION AT LAST CENSUS:

ADDRESS:

DATE OF APPLICATION: EXPIRATION DATE OF CURRENT POLICIES:

LIMITS OF INSURANCE REQUESTED: 300/300 500/500 1,000/1,000

DEDUCTIBLES REQUESTED: 500 1,000 2,500 5,000 OTHER:

INSURANCE CONTACT: PHONE #:

APPLICANT IS A: City County Other:

TYPE OF ENTITY: Individual Partnership Corporation Other:

For Profit Not For Profit

DESCRIBE OPERATIONS:

II. EXPOSURE DATA

1. Do you maintain a budget reserve? Yes No Average Reserve:\$

2. Explain any budget deficits:

3. Explain any bonding or financial repayment problems that are anticipated:

4. a. Number of members comprising governing board:

b. Number of employees full-time: Part-time or seasonal employees:

c. Number of licensed or certified employees: attorneys: accountants: architects or engineers: building inspectors: others:

(Example: utility operators, inspectors, teachers or instructors.)

5. a. Do you have personnel under retainer or contract? Yes No

b. If "yes," describe services provided:

c. Are certificates of insurance provided by personnel under retainer or contract? Yes No

6. Do you administer any of the following types of activities?

	YES	NO	Annual Revenues/Sales
School, incl. Vocational/Technical	<input type="checkbox"/>	<input type="checkbox"/>	
Airport	<input type="checkbox"/>	<input type="checkbox"/>	
Health Care Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	

Is it a separate legal entity/corporation? YES NO

Is it a subsidiary of another entity/corporation? YES NO

If "yes," describe: _____

Is it a board or department? YES NO

If "yes," describe: _____

7. Current or previously carried Public Officials Liability or Errors and Omissions Coverage:

Company	Policy Term	Limit	Deductible	Premium

8. Has any similar insurance been declined, cancelled or not renewed? YES NO

If "yes," indicate company, termination date and reasons for termination on last page.

(If "YES" on any answer below, describe in detail.)

9. Has the public entity been in default on principal or interest of any bond? YES NO

10. Have any of the following situations occurred within the past five years?

a. Strike, slowdown or other disruption by the employees. YES NO

b. Layoff of employees or reduction in services. YES NO

c. 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

11. Does any official or employee have any knowledge of any act, error or omission which might give rise to a claim against them? YES NO

12. Do you presently self-insure any major activities? YES NO

If "yes," please describe: _____

13. Is there a safety director? YES NO

<i>Name</i>	<i>Duties</i>

14. Name, address and phone number of insurance consultant, if any:

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>

15. Any special form(s) or coverage requested? YES NO

If "yes," please describe: _____

16. List any additional insureds:

<i>Name</i>	<i>Address</i>	<i>Why Included</i>

17. Indicate all special Boards and Commissions to be included (attach a separate sheet if necessary)

<i>Name of Board/Commission</i>	<i>Interest/Duties</i>	<i>Corporation/Legal Entity</i>	
		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

III. CLAIMS HISTORY

1. Have you had Public Officials Errors and Omissions or Directors and Officers Errors and Omissions claims

during the last five years? YES NO

2. If "yes," complete the following: (attach additional sheets if necessary)

Date of Loss	Date Reported	Description	Amount Paid	Amount Reserved	Status	
					Open	Closed
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

V. PRIOR ACTS COVERAGE

1. Are you applying for coverage for prior acts? YES NO

If "yes," Retroactive Date you are requesting: _____

NOTE: Coverage for prior acts is granted at the Company's option and requires an additional premium payment. It is not granted automatically. Attach a copy of your previous policy declarations if you are requesting this coverage.

2. Are there any claims or suits pending against the applicant or any elected or appointed official, employee or volunteer acting on behalf of the applicant? YES NO

3. Are you aware of any incident, act, error or omission which might lead to a claim against the applicant?

YES NO

If "yes" explain: _____

4. If the answer to question 2 or 3 above is yes, have these incidents, claims or suits been reported to your previous carrier? YES NO

If "no," explain: _____

NOTE: SAVERS will not cover any claims or suits that were previously reported, or those incidents likely to lead to claims that were known by the applicant/insured but not reported to the insurance carrier(s) that provided coverage prior to SAVERS.

V. APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

No fact, circumstance or situation indicating the probability of a claim or action is now known to any public official or employee; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, it will be excluded from coverage under the policy for which this application is being made.

The official designated to receive any and all notices from the Company or their authorized representative concerning this coverage is _____, Title: _____.

The undersigned being authorized by, and acting on behalf of the applicant and all persons or concerns seeking coverage, has read and understands the application or proposal, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Company. The undersigned acknowledges and agrees that the submission and the Company's receipt of such written report prior to the inception of the policy, is a condition precedent to coverage.

The signing of the application or proposal does not bind the undersigned to purchase the coverage nor does review of the application or proposal bind the Company to issue a policy. It is agreed that this application or proposal shall be the basis of the coverage should a policy be issued.

IMPORTANT: ATTACH COPY OF LATEST BUDGET AND BID SPECIFICATIONS (IF APPLICABLE).

APPLICATION MUST BE SIGNED

SIGNED: _____
(City Official)

DATE: _____