



PUBLIC ENTITY MANAGEMENT LIABILITY
ADDITIONAL INFORMATION REQUEST

THE INFORMATION BEING REQUESTED MAY BE FOR A CLAIMS-MADE POLICY. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

Coverage Type: Occurrence Claims Made

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s):	Today's Date:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):

INSURANCE COVERAGE AND LIMITS INFORMATION

<i>Requested Each Wrongful Act Limit/Aggregate Limit</i>	<i>Requested Deductible</i>	<i>Requested Retroactive Date (Claims-Made Only)</i>

- Has claims-made coverage been continuous back to the retroactive date?..... Yes No N/A
If yes, state the continuous claims-made retroactive date (mm/dd/yyyy): _____
- Do you require initial and periodic training of your elected/appointed officials regarding governance and transparency matters (including open meetings, ethics, hearing regulations or any other state requirements)?..... Yes No
- Do you have a formal written Conflict of Interest Policy which requires disclosure? Yes No
- Complete the following chart:

<i>Policies/Procedures/Training</i>	<i>Check if you have the following in place:</i>
Handling of citizen complaints including documentation of notice and action taken	<input type="checkbox"/>
Hearing for zoning/land use matters, variances and appeal processes	<input type="checkbox"/>
Hearing for licenses or permits (commercial, residential or other) and appeal processes	<input type="checkbox"/>
Master plan for economic development - today and into the future	<input type="checkbox"/>

- Do you engage legal counsel to participate in the following:
 - Attendance at all meetings involving land use and zoning matters? Yes No
 - Review land use/zoning regulations before adoption or revision? Yes No
 - Appeal process for variances in land use or zoning matters including denials? Yes No
- Have you had any disputes or claims involving: zoning, land use, economic development, condemnation, adverse possession or adverse use of property? Yes No

7. Have you had any disputes or claims involving the approval of building permits, design, or code enforcement? Yes No
8. Have you been in default on the principal or interest of any bond, debt or obligation in the last 3 years? Yes No

If yes, explain: _____

9. In the next 12 months, do you anticipate:
- a. Any acquisition or incorporation of any operation, land, or entity? Yes No
- b. Any sale or discontinuation of any operation, land, or entity? Yes No

10. To your knowledge, does any official or employee have any knowledge of any act, error or omission that might give rise to a claim or suit against him/her/applicant?..... Yes No
- If yes, please describe: _____

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

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.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, NEW YORK, OHIO, AND 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 such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA: 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.

MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.