

LOSS EXPERIENCE: (Do Not Write In "See Attached." Please Write "0" On Each Line, If Applicable. **Do Not** Leave Any Line Blank. **Do Not** Use "N/A" Or "/" Or "\" Or "-".)

1. Within The Past (5) Years, Has There Been An Individual Auto, GL, Law Enforcement, Public Officials, Or EPLI Claim Where The Incurred Amount (Paid Plus Reserved) Exceeded \$250,000? Yes No
2. Within The Past (5) Years, Has There Been A Year In Which The Total Incurred Losses (Paid Plus Reserved) Exceeded \$350,000 With Regards Any Of The Following Lines Of Primary Liability Coverage: AL; GL; Law Enforcement/Police Professional; Fire Department/EMT E&O; Public Officials; Or Employment Practices? Yes No

Current Year	Total # Of Automobile Liability Claims:	_____	Incurred Losses: \$	_____
	Total # Un/Underinsured Motorists Claims:	_____	Incurred Losses: \$	_____
	Total # GL Claims:	_____	Incurred Losses: \$	_____
	Total # Employers Liability Claims:	_____	Incurred Losses: \$	_____
	Total # Law Enforcement Claims:	_____	Incurred Losses: \$	_____
	Total # Public Officials Liability Claims:	_____	Incurred Losses: \$	_____
	Total # Employment Practices Claims:	_____	Incurred Losses: \$	_____
First Prior Year	Total # Automobile Liability Claims:	_____	Incurred Losses: \$	_____
	Total # Un/Underinsured Motorists Claims:	_____	Incurred Losses: \$	_____
	Total # GL Claims:	_____	Incurred Losses: \$	_____
	Total # Employers Liability Claims:	_____	Incurred Losses: \$	_____
	Total # Law Enforcement Claims:	_____	Incurred Losses: \$	_____
	Total # Public Officials Liability Claims:	_____	Incurred Losses: \$	_____
	Total # Employment Practices Claims:	_____	Incurred Losses: \$	_____
Second Prior Year	Total # of Automobile Liability Claims:	_____	Incurred Losses: \$	_____
	Total # Un/Underinsured Motorists Claims:	_____	Incurred Losses: \$	_____
	Total # GL Claims:	_____	Incurred Losses: \$	_____
	Total # Employers Liability Claims:	_____	Incurred Losses: \$	_____
	Total # Law Enforcement Claims:	_____	Incurred Losses: \$	_____
	Total # Public Officials Liability Claims:	_____	Incurred Losses: \$	_____
	Total # Employment Practices Claims:	_____	Incurred Losses: \$	_____

RETROACTIVE DATES: (Only Applicable To Underlying Policies Which Are Written On A Claims-Made Basis)

- The Information Sought In This Section Applies To The Policies Which Will Be Underlying Our Policy At Its Inception.

Underlying Policy Type:

Retroactive Date:

1. Public Officials Liability _____ / _____ / _____ Full Prior Acts
2. Employment Practices Liability _____ / _____ / _____ Full Prior Acts
3. Fire Department/EMT E&O Liability _____ / _____ / _____ Full Prior Acts
4. Other: _____ / _____ / _____ Full Prior Acts
5. Other: _____ / _____ / _____ Full Prior Acts

PRIOR UMBRELLA / EXCESS CARRIER INFORMATION:

Carrier: _____
 Current Limit: \$ _____ Renewal Limit: \$ _____
 Premium: \$ _____ Renewal Premium: \$ _____

SCHEDULE OF UNDERLYING INSURANCE:

1. Are All Underlying Carriers Rated A- / VI Or Better By A.M. Best?

Yes No

<u>POLICY TYPE:</u>	<u>INSURER:</u>	<u>LIMITS:</u> Per Occurrence / Agg.	<u>PREMIUM:</u>	<u>POLICY NUMBER & PERIOD:</u>
Automobile Liability	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
General Liability	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
Employers Liability	_____	____ k / ____ k / ____ k	\$	#: _____ ____/____/____ - ____/____/____
Employee Benefits Liability	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
Law Enforcement / Police Professional Liability	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
Public Officials Liability (POL)	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
EPLI (Employment Practices) (Only If EPLI Written On Separate Policy From POL)	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
Fire Department/EMT E&O Liability (Only If Fire Department/ EMT E&O Written On Separate Policy From POL or GL)	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
Umbrella	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____

UNDERLYING PROGRAM REQUIREMENTS:

All Underlying Carriers Must Be Rated **A- / VI** Or Better By A. M. Best [Unless: (1) Otherwise Specified In Our Quote, Binder, Or Policy; Or, (2) An Exception Is Made, In Writing, By McGowan & Company]. Our Policy May Exclude Coverage Over Certain Underlying Liability Policies, Despite The Fact That Such Underlying Policies Are Written Through Carriers Rated A- / VI Or Better With The Warranted Minimum Limits Specified Below; Please Examine The Quote (Under "Modifications Of Coverage") &/Or The Policy To Determine Whether Or Not A Specific Excess Liability Coverage Is Excluded By Our Excess Policy. If An Insured Qualifies For And Desires To Receive Excess Liability Coverage In Our Excess Policy Over An Underlying Policy Type Specified Below, Such Insured Warrants That It Carries The Underlying Policy Type And Warranted Minimum Limits Specified Below. Excess Liability Coverage Will Not Be Provided By Our Excess Policy Over An Underlying Liability Policy Type Specified Below Unless That Underlying Liability Policy Type Is Written Through A Carrier Rated A- / VI Or Better With The Warranted Minimum Limits Specified Below [Unless We Have Made An Exception (See Above)]:

UNDERLYING POLICY TYPE:

1. Comprehensive General Liability
2. Automobile Liability
3. Employers Liability
4. Employee Benefits Liability
5. Liquor Liability
6. Law Enforcement/Police Professional Liability

WARRANTED MINIMUM LIMITS:

1. \$ 1,000,000 / \$2,000,000
2. \$ 1,000,000 Combined Single Limit
3. \$ 1,000,000 / \$1,000,000 / \$1,000,000
4. \$ 1,000,000 / \$ 1,000,000
5. \$ 1,000,000
6. \$ 1,000,000 / \$1,000,000

UNDERLYING PROGRAM REQUIREMENTS:

(Continued)

7.	Public Officials Liability	7.	\$ 1,000,000 / \$1,000,000
8	Employment Practices Liability	8.	\$ 1,000,000 / \$1,000,000
9.	Fire Department/EMT Errors & Omissions Liability	9.	\$ 1,000,000 / \$1,000,000
10.	EMT Professional Liability	10.	\$ 1,000,000 / \$1,000,000

• Insured Warrants That:

(1) All General Liability Policies Will:

- (a) Contain An Endorsement Or Policy Language Which Provides For Defense Costs Outside The Limits;
- (b) Be Written On An "Occurrence" Form.

(2) It Understands That Our Policy Is Not A "Pure Umbrella" (I.E.- Our Policy Will Not "Drop Down" And Pay Claims Which Are Either Not Covered By The Underlying Policy Or Which The Underlying Carrier Fails To Pay Because Of That Underlying Carrier's Bankruptcy Or Insolvency); Rather Our Policy Contains Unique Terms, Conditions, And Exclusions; Our Policy May Contain Elements Of An Umbrella And An Excess Policy (I.E.- A "Follow Form" Policy," A.K.A. - An "Excess Liability" Policy). Insured Agrees To Be Bound By The Terms And Conditions Of Our Contract, Not By What It Believes The Terms "Umbrella," "Excess Policy," Or "Excess Liability Policy" Imply.

PUBLIC OFFICIAL LIABILITY EXPOSURES:

1. Current Policy Is Written On A:

1.	<input type="checkbox"/> Claims-Made Basis	<input type="checkbox"/> Occurrence Basis
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2. Have Any Of The Following Situations Occurred Within The Last Five (5) Years:

(a) Strike, Slowdown, Or Other Disruption By Employees?	2.(a)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Disputes Involving Integration, Segregation, Discrimination, Or Violation Of Civil Rights?	2.(b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Grand Jury Investigation, Recall Proceedings, Or Indictments Of Any Elected Or Appointed Officials?	2.(c)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Are Personnel Policies And Procedures Outlined In A Manual?

3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(a) If "No," By Ordinance?	3.(a)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If "No," By Collective Bargaining?	3.(b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) If "No," By Civil Service?	3.(c)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Does The Municipality:

(a) Use An Employment Application For All Job Applicants?	4.(a)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Use Any Tests To Screen Applicants For Employment Or To Promote Employees?	4.(b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Have A Formal Orientation Program For All New Employees?	4.(c)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Publish An Employment Handbook?	4.(d)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," Is It Distributed Annually To All Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(e) Provide Regular, Written Performance Evaluations For All Employees?	4.(e)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have A Formally Implemented And Adopted Anti-Sexual Harassment Policy?	4.(f)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," Is It Distributed Annually To All Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(g) Have A Written Procedure For Handling Employee Complaints Of Discrimination And Sexual Harassment?	4.(g)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Have A Policy On AIDS Or On Assisting Employees With Life-Threatening Or Communicable Diseases?	4.(h)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Have A Policy On Accommodating The Disabled As Required By The Americans With Disabilities Act?	4.(i)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Comply With The Family Medical Leave Act?	4.(j)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Does The Municipality Require Terminations To Be Reviewed By Its:

(a) Legal Department?	5.(a)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Outside Counsel?	5.(b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Does Legal Counsel Attend All Meetings Of Planning And Zoning Boards?

6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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LAW ENFORCEMENT EXPOSURES:

- 1. # Full-Time Officers With Arrest Powers: _____
Part-Time Officers With Arrest Powers: _____

- 2. # Auxiliary Officers With Arrest Powers: _____
Auxiliary Officers Without Arrest Powers: _____

- 3. Does The Municipality Employ The Following Screening Procedures:
 - (a) Psychological Testing? 3.(a) Yes No
 - (b) Criminal Investigation? 3.(b) Yes No
 - (c) Reference Checks? 3.(c) Yes No

- 4. Does The Municipality Have A Policies And Procedures Manual? 4. Yes No
 - (a) Date Of Manual: 4.(a) _____
 - (b) Most Recent Update: 4.(b) _____

- 5. Does The Municipality Have Written Policies Covering:
 - (a) Deadly Force? 5.(a) Yes No
 - (b) Hot Pursuit? 5.(b) Yes No

- 6. Does The Municipality Permit "Moonlighting"? 6. Yes No
 - (a) Have A Written Policy With Regards "Moonlighting"? 6.(a) Yes No

- 7. Canine Unit? 7. Yes No

- 8. Mounted Unit? 8. Yes No

JAIL OPERATIONS EXPOSURES:

- 1. Does The Municipality Operate A: Jail Holding Cell Detention Cell Not Applicable

- 2. State Certified Capacity: 2. _____ N/A

- 3. Jailer On Duty Hourly For (24) Hours? 3. Yes No N/A

- 4. Suicide Attempts In Past Three (3) Years? 4. Yes No N/A
If "Yes," Please Detail Preventative Measures Take To Eliminate Re-occurrence On A Separate Sheet Of Paper.

- 5. Are There Smoke Detectors In The Jail, Holding Cell, Or Detention Areas? 5. Yes No N/A

- 6. Are There Audio/Video Systems In The Jail, Holding Cells, Or Detention Areas? 6. Yes No N/A

- 7. How Often Are Walk-Throughs Done? 7. _____

- 8. Are Juveniles And Females Held Separately? 8. Yes No N/A

- 9. Is The Facility Operated Under A Federal Or State Court Order? 9. Yes No N/A

- 10. Is The Facility Operating In Violation Of Federal Or State Standards? 10. Yes No N/A

ARE THERE ANY OTHER EXPOSURES OF WHICH WE SHOULD BE AWARE? Yes No

If "Yes," Please Provide Details:

OUR EXCESS POLICY'S TERMS AND CONDITIONS:

S.I.R.: \$10,000 (Or As Required By Statutory Law)
(Unless Specified Otherwise In Our Quote, Binder, Or Policy)

Limit Of Insurance: \$ 5,000,000 Or \$ 10,000,000 Available

1. **Available Follow Form Coverages:** Public Officials Liability; Employment Practices Liability; Personal Injury; Employee Benefit Plan Liability; Automobile Liability; Hired & Non-Owned Automobile Liability; Law Enforcement / Police Professional Liability; Fire Department/EMT Errors & Omissions Liability (Including Emergency Medical Technicians Professional Liability); Employers Liability; Contractual Liability; Host Liquor Liability, Liquor Liability; Claims-Made Follow Form; Municipality Amendatory Endorsement. "Follow Form" Coverages Are Available Only At The Request Of The Insured And, Then, Only With The Underwriter's Pre-Approval.
2. **Exclusions:** Engineers, Architects or Surveyors Professional Liability (Except To The Extent Provided By The Primary Public Officials Liability Policy, If "Follow Form" Coverage Pre-Approved By Underwriter); War Or Terrorism; Intentional Acts (Except Usage Of Reasonable Force To Protect Persons Or Property); Failure to Supply; Injury to Volunteer Firemen; Inverse Condemnation; Care, Custody & Control - Real & Personal; Uninsured & Underinsured Motorists/No-Fault (Offered To GACPG And Its Membership, But Waived & Declined); Subsidence; Lead Liability; Asbestos; Known Injury Or Damage; Mold, Fungus & Spores; Municipality Amendatory Endorsement. Any Additional Exclusions Or Restrictions Of Coverage Applicable To The Primary Policies Will Also Apply To Our Excess Policy. SEE QUOTE, BINDER & POLICY FOR OTHER RESTRICTIONS AND EXCLUSIONS.
3. **Miscellaneous:** Unimpaired Aggregate Limits Endorsement (Does Not Apply To Entities That Have Concurrent Primary And Excess Effective Dates); Severability Of Insurance Endorsement.
4. This Policy Will Not "Drop Down" Below The Minimum Warranted Limits Stated By The Insured In The Signed And Completed Application. Any Failure To Disclose Or Misrepresentation On Behalf Of The Insured Shall Void Coverage Retroactive To The Inception Date Of The Policy Or To Any Retroactive Date Agreed Upon At Binding. This Excess Policy Will Not Extend Over Any Coverage Provided To The Insured By The Sub-Limits Of Any Primary Liability Policy.
5. The Most That We Will Pay Per Occurrence Or In The Aggregate During The Policy Period Is The Limit Of Liability Stated On The Declarations Page.

TO BIND COVERAGE, WE WILL REQUIRE:

Full Premium And Fee Payments Are Due At Inception, As Well As The Following Underwriting Information, Which Constitutes A "Complete Underwriting File":

1. A Written Request To Bind;
 2. Fully Completed "Our American Cities" Excess Program Application Signed By The Insured And The Broker;
 3. Three (3) Years Of *Currently-Valued* [Generated Within The Past Six (6) Months], *Carrier-Generated* Loss Runs.
- **PLEASE NOTE THAT WE MUST RECEIVE A "COMPLETE UNDERWRITING FILE" ON OR BEFORE THE BIND DATE. IF WE DO NOT, THE DATE THAT WE RECEIVE A "COMPLETE UNDERWRITING FILE" IS THE EARLIEST DATE THAT WE CAN BIND COVERAGE.**

