



**PUBLIC RISK
UNDERWRITERS**

PUBLIC ENTITY PROGRAM

ITEMS NEEDED WITH SUBMISSION:

- 1.) Public Entity Information, Submitting Agency, Proposed Effective Date, Bid Date and Pricing Guidelines*
- 2.) Completed Accord Applications for each line of coverage needed*
- 3.) Completed Supplemental Applications for each line of coverage needed*
- 4.) Current and 3 prior year loss runs*

PUBLIC ENTITY PROSPECT PROGRAM

I. APPLICATION INFORMATION

- A. Name Insured _____
- B. Address _____ City _____
County _____ State _____ Zip Code _____
Phone: _____ Population (include resident students) _____
- C. Contact for inspection _____ email: _____

II. SUBMITTING AGENCY INFORMATION

- A. Agency Name _____
- B. Address _____ City _____ State _____ Zip Code _____
- C. Phone _____ Facsimile No _____
- D. Agent/Broker _____ Email: _____

III. PROPOSED EFFECTIVE DATE _____ BID DATE _____

IV. COVERAGE CARRIER PREMIUM X-DATE NOTES

- Genl Liab _____
- E & O _____
- Law _____
- Auto _____
- Prop _____
- I M _____
- B & M _____
- Umbr _____
- Other _____



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY Public Risk Underwriters of Indiana, LLC P.O. Box 1247 Kokomo, IN 46903-1247	CARRIER EMC Insurance Companies	NAIC CODE
CONTACT NAME: PHONE (A/C. No. Ext): (800) 382-8837 FAX (A/C. No.): (765) 868-3310 E-MAIL ADDRESS: sales@downeypublicrisk.com CODE: _____ SUBCODE: _____		COMPANY POLICY OR PROGRAM NAME PROGRAM CODE
POLICY NUMBER		
UNDERWRITER		UNDERWRITER OFFICE
STATUS OF TRANSACTION		
<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL		
AGENCY CUSTOMER ID:		

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$	<input checked="" type="checkbox"/> Public Officials	\$
<input type="checkbox"/> CRIME / MISCELLANEOUS CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input checked="" type="checkbox"/> PROPERTY	\$		\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE	
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
<input type="checkbox"/> LOSS SUMMARY		

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	Annual		No	\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: _____ WEBSITE ADDRESS: _____							
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: _____ WEBSITE ADDRESS: _____							
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #: _____ WEBSITE ADDRESS: _____							
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	TRUST

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
00001		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 1816
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

Township Government

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
						ITEM DESCRIPTION		
						REFERENCE / LOAN #:	INTEREST END DATE:	
						LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):
REASON FOR INTEREST:						E-MAIL ADDRESS:		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				Y
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text" value="Being Submitted"/>				
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
<input type="text" value="NAME OF TRUST"/>				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY Public Risk Underwriters of Indiana, LLC	CARRIER EMC Insurance Companies	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED

COVERAGES	LIMITS	PREMIUMS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	GENERAL AGGREGATE \$ 1,000,000 LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PREMIUMS PREMISES/OPERATIONS
DEDUCTIBLES NONE PROPERTY DAMAGE \$ _____ BODILY INJURY \$ _____ _____ \$ _____ PER CLAIM PER OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 1,000,000 PERSONAL & ADVERTISING INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000 MEDICAL EXPENSE (Any one person) \$ 5,000 EMPLOYEE BENEFITS \$ _____ \$ _____	PRODUCTS OTHER TOTAL

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1		Governmental Subdivision (Not state or federal municipality)	44100	Budget						
1		Include Products and/or Completed Operations								
1		Cemeteries								
1										
1										
1		Population								

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
 (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					Y
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					Y
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	
4. Sometimes					

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
Included						

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
		REFERENCE / LOAN #:				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	N
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	N
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	N
7. ANY PARKING FACILITIES OWNED/RENTED?	N
8. IS A FEE CHARGED FOR PARKING?	N
9. RECREATION FACILITIES PROVIDED?	N
10. IS THERE A SWIMMING POOL ON THE PREMISES?	N
11. SPORTING OR SOCIAL EVENTS SPONSORED?	N
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	N
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	N
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	N
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	N
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	N
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	N
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	N

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY NAME Public Risk Underwriters of Indiana, LLC		CARRIER EMC Insurance Companies	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	

PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:					
		BUILDING #:	BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
------------------------	--	--

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION			
SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$ DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>
			OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/>	PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
-------------------	---------------------------	-----------------------------	---------------	-------------	---------	-----------	-----------	----------	------------

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE
		# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST	ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			CERTIFICATE
	REFERENCE / LOAN #:		
		INTEREST IN ITEM NUMBER	
		LOCATION:	BUILDING:
		ITEM CLASS:	ITEM:
		ITEM DESCRIPTION	

REMARKS
Township Property Minimum \$3,000
Deductible \$100



INDIANA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY
Public Risk Underwriters

APPLICANT (First Named Insured)

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS		
LIABILITY	1 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000					
	2 <input type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$					
	3 <input checked="" type="checkbox"/> 8	PROPERTY DAMAGE \$					
PHYSICAL DAMAGE							
			TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$		
			COMPREHENSIVE	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8			
				3 <input type="checkbox"/> 7 <input type="checkbox"/>			
MEDICAL PAYMENTS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8			
	3 <input type="checkbox"/> 7 <input type="checkbox"/>			3 <input type="checkbox"/> 7 <input type="checkbox"/>			
UNINSURED MOTORIST	2 <input type="checkbox"/> 6	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COLLISION	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8			
	3 <input type="checkbox"/> 7	BI EACH ACCIDENT \$		3 <input type="checkbox"/> 7 <input type="checkbox"/>			
	4 <input type="checkbox"/>	PD \$ \$ DED					
UNDERINSURED MOTORIST	2 <input type="checkbox"/> 6	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$					
	3 <input type="checkbox"/> 7	BI EACH ACCIDENT \$					
	4 <input type="checkbox"/>						
HIRED/BORROWED LIABILITY	YES STATES NO IN	COST OF HIRE \$ <input checked="" type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE <input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS		NUMBER OF			
			COVERAGE IS:		PRIMARY	SECONDARY	
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS				

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
LIABILITY	41 <input type="checkbox"/> 46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	42 <input type="checkbox"/> 46			\$		
	42 <input type="checkbox"/> 47	BI EACH ACCIDENT \$		43 <input type="checkbox"/> 47					
	43 <input type="checkbox"/> 50	PROPERTY DAMAGE \$							
			SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 46	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP		\$		
				43 <input type="checkbox"/> 47	F <input type="checkbox"/> FTW <input type="checkbox"/>				
			COLLISION	42 <input type="checkbox"/> 46			\$		
				43 <input type="checkbox"/> 47					
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46	EACH PERSON \$	TOWING & LABOR	46 <input type="checkbox"/>			\$		
UNINSURED MOTORIST	42 <input type="checkbox"/> 46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	43 <input type="checkbox"/> 46	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45 <input type="checkbox"/>	PD \$ \$ DED	COMPREHENSIVE	48 <input type="checkbox"/> 49					
UNDERINSURED MOTORIST	42 <input type="checkbox"/> 46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/> 49					
	43 <input type="checkbox"/> 46	BI EACH ACCIDENT \$		49 <input type="checkbox"/>					
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS	COLLISION	48 <input type="checkbox"/> 49					\$
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ <input type="checkbox"/> IF ANY BASIS		STATES	# DAYS	# VEH			
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	HIRED PHYSICAL DAMAGE	NUMBER OF					
				COVERAGE IS:		PRIMARY	SECONDARY		
	OTHER			OTHER					
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY					

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
LIABILITY	61 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	62 <input type="checkbox"/>	67 <input type="checkbox"/>				\$
	62 <input type="checkbox"/>	68 <input type="checkbox"/>	BI EACH ACCIDENT \$		63 <input type="checkbox"/>	68 <input type="checkbox"/>				
	63 <input type="checkbox"/>	71 <input type="checkbox"/>	PROPERTY DAMAGE \$		64 <input type="checkbox"/>					
	64 <input type="checkbox"/>									
				SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	<input type="checkbox"/> F <input type="checkbox"/> FTW		\$
				COLLISION	62 <input type="checkbox"/>	67 <input type="checkbox"/>				\$
					63 <input type="checkbox"/>	68 <input type="checkbox"/>				
					64 <input type="checkbox"/>					
MEDICAL PAYMENTS	62 <input type="checkbox"/>	64 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/>					\$
	63 <input type="checkbox"/>	67 <input type="checkbox"/>			67 <input type="checkbox"/>					
UNINSURED MOTORIST	62 <input type="checkbox"/>	66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	63 <input type="checkbox"/>	67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64 <input type="checkbox"/>		PD \$ \$ DED	COMPREHENSIVE	69 <input type="checkbox"/>					
UNDERINSURED MOTORIST	62 <input type="checkbox"/>	66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		70 <input type="checkbox"/>					
	63 <input type="checkbox"/>	67 <input type="checkbox"/>	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	69 <input type="checkbox"/>					
	64 <input type="checkbox"/>				70 <input type="checkbox"/>					
NON-TRUCKERS HIRED/BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69 <input type="checkbox"/>					\$
	NO <input type="checkbox"/>		\$		70 <input type="checkbox"/>					
HIRED/BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO <input type="checkbox"/>		\$							
NON-OWNED LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE							
			EMPLOYEES	NUMBER OF						
	NO <input type="checkbox"/>		VOLUNTEERS							
			PARTNERS							
OTHER				OTHER						
<p>COVERED AUTO SYMBOLS</p> <p>(61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY</p> <p>(64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW</p> <p>(67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT</p> <p>(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY</p>										

ENDORSEMENTS

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) BODILY INJURY COVERAGE (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS I HAVE SELECTED ARE LESS THAN \$50,000 EACH ACCIDENT, I HAVE BEEN OFFERED UIMBI OF \$50,000.

1. I SELECT UMBI, UIMBI AND UMPD LIMITS SHOWN ON THIS APPLICATION. _____ (INITIALS)
2. I REJECT UMBI COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
3. I REJECT UIMBI COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
4. I REJECT UMPD COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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APPLICATION FOR THE LINEBACKER PUBLIC OFFICIALS AND EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM

Date

<p>Producer</p> <p>Public Risk Underwriters of Indiana, LLC P.O. Box 1247 Kokomo, IN 46903-1247</p> <p>Code Subcode</p>	<p>Name and Mailing Address:</p> <p>Website Address</p>		
<p>Effective Date</p>		<p>Expiration Date</p>	<p>Policy/Account Number:</p>

APPLICANT INFORMATION

YES NO

1. Applicant is a: City County Township Other _____
2. Type of entity: Governmental entity For profit Not for profit Other _____
3. The applicant has continuously been in existence since _____

Month
Year
4. a. Total expenditures for current fiscal year (other than for projects financed by bonds). \$ _____
- b. Total income for current fiscal year (other than borrowed funds). \$ _____
- c. Total accumulated deficit (other than bonds). \$ _____ Total accumulated surplus \$ _____
- d. Explain any current budget deficit and/or accumulated deficit or surplus.

5. Population served – most recent count _____ Number of Water Meters (if applicable) _____
 Total Number of Employees _____ Number of board members _____
6. List Subsidiary/Ancillary Boards or Committees and describe relationship with applicant, i.e., funding, degree of autonomy, etc. from applicant. _____

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Does the applicant own or operate any of the following: |
| | <input type="checkbox"/> | Hospital Facility |
| | <input type="checkbox"/> | Nursing Home Facility |
| | <input type="checkbox"/> | School |
| | <input type="checkbox"/> | Airport |
| | <input type="checkbox"/> | Housing Authority |
| | <input type="checkbox"/> | Transit Authority |
| | <input type="checkbox"/> | Gas or Electric Utility |
| <input type="checkbox"/> | <input type="checkbox"/> | Do any of the above have their own wrongful act coverage? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the applicant currently carry Commercial General Liability (CGL) insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you have your own law enforcement department? If yes, complete LE8000. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Optional coverages/restrictions on Linebacker Policy: Board Members and Organization Only as Insured? |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of Salary/Fringe Benefits (subject to availability) |
| <input type="checkbox"/> | <input type="checkbox"/> | Limited Professional E&O Endorsement (subject to eligibility) |
| <input type="checkbox"/> | <input type="checkbox"/> | Land Use Endorsement |

UNDERWRITING INFORMATION

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is the applicant involved in any disputes regarding integration, segregation, discrimination or civil rights? If yes, explain.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has there been any riot or civil commotion in the past three years? If yes, explain.
_____ |

UNDERWRITING INFORMATION (Cont'd)

YES NO

3. Has any assault and battery claim been made against the applicant or any of its officials or employees within the past three years? If yes, explain.

4. Has any bond proposal been defeated by the voters within the past three years?

5. If yes, was a modified proposal resubmitted or is it expected to be resubmitted?

Does applicant do any data processing or computer software development for others?

6. Have you had any disputes, claims or complaints involving appraisals or building permits, design or code enforcement?

7. Have you had any disputes, claims or complaints involving open or closed landfills in the last 5 years?

8. Have you had any disputes, claims or complaints involving wrongful taking, zoning or land use rights?

9. Does applicant employ, retain or otherwise consult with an attorney on matters involving zoning law changes, exercising right of eminent domain, antitrust, etc.?

If yes, does this attorney have professional liability coverage for errors or omissions while acting in such an advisory capacity?

If yes, please provide the professional liability insurer and professional liability limits.

Insurer

Limits

Provide details on all "yes" answers here or on a separate sheet if necessary.

EMPLOYMENT PRACTICES AND PROCEDURES

YES NO

1. Do you have a human resources coordinator?

2. Do you have a written employment manual including all personnel policies and procedures?
If yes, is it distributed to all employees?

3. Does the employee manual include a reservation of rights to change/modify/terminate policies?

4. Is the manual reviewed by counsel experienced and qualified in employment law?

5. Do you have a written policy with respect to sexual and non-sexual harassment?

6. Do you have a formal written procedure for employee disputes/complaints?

7. Do you have a written progressive disciplinary procedure?

8. Have any complaints been filed with the EEOC within the last 3 years? If yes, explain.

9. 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? If yes, explain.

10. Has any official or employee been involuntarily dismissed from employment in the past 3 years? If yes, explain.

11. Has there been any strike, slowdown or other disruption of applicant's employees in the past three years? If yes, explain.

INSURANCE INFORMATION

YES NO

1. Are there any pending or ongoing claims against anyone for whom insurance is intended hereunder which may fall within the scope of this proposed or similar insurance currently in effect or applied for, not previously described in this application? (If none, so state)

2. Has any similar insurance on behalf of the applicant has been declined, cancelled or renewal thereof refused, except as follows: (If answer is none, so state)/(Not applicable in MO)

3. The applicant and/or its officials and employees is not cognizant of any act, error or omission, or any Federal, State or Local legal actions which they have reason to suppose might afford valid grounds for a future claim which may fall within the scope of the proposed insurance, except as follows (If answer is none, so state).

4. The following named individual is authorized and designated to receive any and all notices from the Company or its authorized representative(s) concerning this insurance:

Name Title

5. Previous Insurer for this type of coverage for each of the last three years:

Company _____	Limits/Deductible _____	Premium _____
Company _____	Limits/Deductible _____	Premium _____
Company _____	Limits/Deductible _____	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?
 C. What was the retroactive date (if any) on the expiring policy? _____

6. Coverage requested: Claims Made Occurrence

**Aggregate
Each Policy**

7. Policy Limits desired:	Each Loss	Year
<input type="checkbox"/>	\$ 100,000	\$ 1,000,000
<input type="checkbox"/>	\$ 250,000	\$ 1,000,000
<input type="checkbox"/>	\$ 500,000	\$ 1,000,000
<input type="checkbox"/>	\$ 1,000,000	\$ 1,000,000
<input type="checkbox"/>	\$ 1,000,000	\$ 2,000,000

DECLARATION AND ATTESTATION

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 authorized signer of this application represents or warrants to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. The authorized signer also represents or warrants that any fact, circumstance or situation indicating the probability of a claim or action now known to any entity official or employee has been declared, and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind the insurance company to offer nor the authorized signer to accept insurance, but it is agreed this application and any attachments thereto shall be the basis of the insurance and will be incorporated by reference and made a part of the policy 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 _____
 Authorized Entity Representative Title Date

Submitted by _____
 Agent Date

APPLICABLE IN AL, GA, ID, IL, IN, IA, KS, MS, MO, MT, NH, NC, ND, PA, RI, SD, TN, WI AND WY

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.

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 NEBRASKA

Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

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 OKLAHOMA

Any person who knowingly and with intent to injure, defraud, or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud which is a felony.

APPLICABLE IN OREGON

Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

Applicant's Signature

Date



GOVERNMENTAL SUBDIVISION PRIOR ACTS QUESTIONNAIRE
 (Commercial General Liability, Commercial Auto Liability, Employee Benefit Liability,
 Linebacker/Law Enforcement)

Date

Producer Public Risk Underwriters of Indiana, LLC P.O. Box 1247 Kokomo, IN 46903-1247		Insured Name and Mailing Address:		
Code	Subcode	Website Address:		Policy/Account Number:
		Effective Date	Expiration Date	

1. Does Applicant know of any claim that has been made and/or is now pending which was not covered by the previous insurer(s) but could be covered under the scope of this insurance? Yes No

If yes, please describe:

2. Does the Applicant have any knowledge of an occurrence, which might result in a future claim under the scope of this insurance? Yes No

If yes, please describe:

3. Have you notified the previous insurer(s) in writing with details of all known claims as well as incidences which might lead to future claims within the scope of this insurance? Yes No

If no, please explain:

4. Prior Carrier(s)	CA Coverage	CGL Coverage	EBL Coverage	Linebacker/Law Enf.
a. Name of prior carrier	_____	_____	_____	_____
b. Policy Limits	_____	_____	_____	_____
c. Prior coverage eff/exp. date	_____	_____	_____	_____
d. Prior policy retroactive date	_____	_____	_____	_____
e. First year in claims made	_____	_____	_____	_____
f. What extended reporting period coverage is available?	_____	_____	_____	_____
g. Proposed retroactive date	_____	_____	_____	_____

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. The undersigned agrees that if the information supplied on this questionnaire changes between the date of this questionnaire and the effective date of the insurance, the undersigned will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind any insurance.

Signing of this questionnaire does not bind the undersigned to purchase insurance, but it is agreed that this questionnaire shall be a basis for the contract should a policy be issued.

This questionnaire 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

Date

Signed _____

Secretary

Date



CYBERSOLUTIONS QUESTIONNAIRE

Date

Producer: Code Subcode	Insured Name and Mailing Address: Website Address Effective Date Expiration Date Policy/Account Number
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Please complete the questions below if any of the following apply:

If the applicant is requesting a \$100,000 Data Compromise limit, complete questions 1, 2 and 3.

If the applicant is requesting a \$250,000 Data Compromise or \$250,000 Cyber limit, complete questions 1 through 5.

If the applicant is requesting a \$500,000 or \$1,000,000 Data Compromise limit; or is a Municipality requesting a \$100,000 Data Compromise limit, complete questions 1 through 10.

Please indicate whether each of the following apply to the applicant's information security procedures.

Yes No

- 1. Has the applicant suffered a breach of personal information in the last 12 months?
- 2. Does the applicant conduct background screens for prospective employees?
- 3. Is there a posted document retention/destruction policy in place?
- 4. Does the applicant centrally maintain regularly updated computer security measures on all computers, e.g. firewall, secured wireless connectivity, virus protection?
- 5. Are the applicant's employee, customer, and other physical records maintained in a separate and secure environment with limited access?
- 6. Is access to personal information restricted by job position?
- 7. Is there an employee responsible for the security and privacy of information?
- 8. Does the applicant have a comprehensive Information Security and Privacy Policy?
- 9. Does the applicant provide regular security training/information to all people who have access to personally identifying information, whether in paper or electronic format?
- 10. Are all users issued unique IDs and passwords when connecting to or accessing the internal network?

Additional information requested for Municipalities:

- 1. Is the Municipality responsible for collecting taxes?

Completed By	Position	Date
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