

Benchmark

MANAGEMENT GROUP, INC.

1730 Park Street, Suite 214 Naperville, IL 60563
Phone: (630) 778-7000 Fax: (630) 778-7007

Public Entity Application Applicant Information Section

New Renewal of Policy Number: _____

A. APPLICANT INFORMATION

1. Legal Name of Public Entity: _____
2. Mailing Address: _____
Street _____ City _____ State _____ Zip Code _____
3. Street Address: _____
County: _____
4. Phone: (____) _____ Fax: (____) _____ E-Mail: _____
5. Population Served: _____ Seasonal Population: _____
6. Type of Public Entity: City/Town/Village/Township/Borough County Public School District
 Public Water Utility Public Sewer Utility Public Housing Authority
 Other (fully describe): _____
7. Date quote is needed: _____ Bid Date: _____ Effective Date: _____
8. Specimen policies needed as part of bid specifications? Yes No
If a bid, please attach a copy of the bid specifications.

B. SUBMITTING AGENCY

All agents participating in this program must comply with their state licensing requirements.

1. Agency: _____
2. Producer's Name: _____
3. Mailing Address: _____
4. Phone: (____) _____ Fax: (____) _____
5. Agent Name and License Number (Applicable to Florida Agents Only): _____
6. Licensed Agent (Applicable in Iowa Only): _____
7. Are you the incumbent agent? Yes No

C. LOSS HISTORY (include insured and uninsured losses)

- Five (5) years' company loss runs, valued within the past six (6) months, must be attached for all coverages requested. (Law Enforcement requires seven [7] years' loss runs.) You can request this data from your agent or insurer.
- For the following lines of business**, complete the following table and attach a complete description of any and all losses (paid or reserved).

Line of Business	Policy Year	Premium	Incurred Losses	No. of Claims	Company	Deductible
Property	To					
	To					
	To					
	To					
	To					
Inland Marine	To					
	To					
	To					
	To					
	To					
Crime	To					
	To					
	To					
	To					
	To					
General Liability	To					
	To					
	To					
	To					
	To					
Automobile Liability	To					
	To					
	To					
	To					
	To					
Automobile Physical Damage	To					
	To					
	To					
	To					
	To					
Umbrella/Excess	To					
	To					
	To					
	To					
	To					

Line of Business	Policy Year	Premium	Incurred Losses	No. of Claims	Company	Deductible
Equipment Breakdown	To					
	To					
	To					
	To					
	To					
Law Enforcement	To					
	To					
	To					
	To					
	To					
Public Officials	To					
	To					
	To					
	To					
	To					
Employment Practices	To					
	To					
	To					
	To					
	To					
Emergency Dispatchers	To					
	To					
	To					
	To					
	To					
Firefighters Professional	To					
	To					
	To					
	To					
	To					

3. Has any claim been made, or is any claim now pending against the public entity or any person in his/her capacity as an official or employee of the public entity? Yes No
If yes, give details including the nature of the complaint and the current status.

4. Does any official or employee have knowledge of any losses, claims, litigation, or incident which may give rise to a claim? Yes No
If yes:
a. Give details including the nature of the incident and current status; and
b. Confirm that the incident has been reported to current carrier Confirmed

D. GENERAL INFORMATION

1. Financial Information: Please provide actual amounts from all sources for the last three (3) years:

Year	Revenue	Expenditures	Surplus (+)/Deficit (-) Provide an explanation for any significant surplus or deficit.	Accumulated Surplus

PLEASE ATTACH MOST CURRENT BUDGET FOR ALL DEPARTMENTS.

2. Bond Information:

- a. What is the amount of outstanding bonds? _____ No Bonds Outstanding
- b. What is your latest bond rating (Moody's or Standard & Poor's)? Rating: _____ No Current Rating
- c. Has your public entity been in default on principal or interest on any bond? _____ Yes No
If yes, explain: _____

3. Coverages Requested:

- Property, Inland Marine and Crime
- Commercial General Liability
- Public Officials Liability
- Emergency Dispatchers Liability (stand alone)
- Firefighters Professional Liability (stand alone)
- Law Enforcement Liability
- Employment Practices Liability
- Commercial Automobile
- Commercial Umbrella/Excess Liability

4. Current coverage information:

Coverage	Company Name	Expiration Date	Policy Limits	Premium	Deductible	Occurrence/ Claims Made	Retro Date
Property							
Earthquake							
Flood							
Inland Marine							
Crime							
General Liability							
Public Officials							
Emergency Dispatchers							
Firefighters Professional							
Law Enforcement							
Employment Practices							
Equipment Breakdown							
Automobile							
Excess/ Umbrella							

Has any such insurance been cancelled, declined or nonrenewed in the last five (5) years?..... Yes No
(Not applicable to Missouri applicants.)

If yes, explain: _____

E. RISK MANAGEMENT ANALYSIS

1. Contact for loss control inspection and/or mailings: _____

Title: _____ Phone: (____) _____ Fax: (____) _____

2. a. Does the entity have a safety/loss control program?..... Yes No

b. Are there regular safety/loss control meetings conducted?..... Yes No

If yes, how often? _____

c. Does the entity have an accident investigation program? Yes No

d. Are all premises periodically inspected for safety?..... Yes No

Frequency? _____

e. Is there a formal written program for preventative maintenance? Yes No

Frequency? _____

Buildings?..... Yes No

Equipment? Yes No

3. Does your entity have a disaster recovery plan in place? Yes No

4. Does your entity have a written procedure for terrorism preparedness? Yes No

5. Does your entity have someone charged with the responsibility of risk management?..... Yes No

If yes, full-time part-time

If part-time, who performs this function? _____

6. Is the entity in compliance with the federally mandated Americans With Disabilities Act (ADA)? Yes No

7. Do you fund or supply personnel to any commission, board, authority, administrative department or other similar unit that is **independently operated** or **not directly operated by you**? Yes No

If yes, please list (on a separate attachment) all those for which you desire coverage as additional insured(s) and provide a brief description of the relationship.

8. What is the largest city within a twenty-five (25) mile radius of your entity? _____ Population: _____

F. AUTHORIZED ENTITY REPRESENTATIVE

Your designee to report claims and receive notices: _____

Name: _____ Title: _____

NEW YORK AUTOMOBILE FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:

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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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.

The undersigned declares that to the best of his/her knowledge, the information set forth in this application is true and complete.

Signature of Authorized Public Official

Title

Date