

Benchmark

MANAGEMENT GROUP, INC.

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

Public Entity Application Public Officials Liability Section

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: _____ Effective Date: _____

A. COVERAGE REQUESTED

- Limit of Liability: Each Wrongful Act: \$ _____ Annual Aggregate: \$ _____
- Coverage desired: Claims Made Claims Made and Reported
- Deductible requested: \$ _____; or
SIR Requested: \$ _____ With LAE Included Without LAE Included
TPA Name, Address, Telephone, and Facsimile: _____
- Land use planning and zoning coverage option? Yes No
- Consent to Settle Coverage Option? Yes No

B. UNDERWRITING INFORMATION

- Name of municipal attorney: _____ Name of municipal engineer: _____
- Do you have a formal procedure in place for requests for variance to land development statutes? Yes No
- Do you have a written master plan for development? Yes No
When was it adopted/ revised? _____ (date)
- Do you engage in any planning and zoning activities? Yes No
 - Do planning and zoning officials receive training regarding "open meeting" and hearing regulations? Yes No
 - Does your municipal attorney attend all meetings of the planning and zoning board? Yes No
- Do you own or operate a landfill that has been designated as a hazardous waste or Superfund Site by the EPA? Yes No
- Do you own or operate any nuclear power plants? Yes No
- Has there been continuous claims made coverage for the past five (5) years? Yes No
If no, please explain: _____
- Have any of the following occurred within the last five (5) years? (If any answer is yes, provide a detailed narrative on a separate sheet of paper.)
 - Grand jury investigations or indictments of any public officials? Yes No
 - Disputes or claims alleging the wrongful granting or refusal to grant zoning changes, building permits or similar allowances? Yes No

- c. Disputes or claims alleging wrongful approval of building designs or specifications?..... Yes No
- d. Disputes or claims alleging civil rights violations in regards to poor environmental quality in a neighborhood? Yes No

C.	UTILITIES/AUTHORITIES
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- 1. Does the entity administer any of the following?
 - a. Gas Utility* Yes No
If yes, complete supplementary questionnaire G.
 - b. Electric Utility* Yes No
If yes, complete supplementary questionnaire F.
 - c. Water Utility Yes No
If yes, complete supplementary questionnaire E.
 - d. Sewer Utility Yes No
If yes, complete supplementary questionnaire E.
 - e. Port Authority* Yes No
If yes, complete supplementary questionnaire N.
 - f. Transit Authority* Yes No
If yes, complete supplementary questionnaire N.
 - g. Airport Authority* Yes No
If yes, complete supplementary questionnaire N.
 - h. Housing Authority* Yes No
If yes, complete supplementary questionnaire H.
 - i. Schools* Yes No
If yes, complete supplementary questionnaire J.

*(*Note: There is no coverage for loss that results from the conduct of duties by or for such utility or authority unless specifically added to the policy.)*