

Specialty Lines

UNDERWRITERS

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PUBLIC ENTITY—PROFESSIONAL RENEWAL QUESTIONNAIRE

Name of Public Entity: _____ Effective Date: _____

Renewal of policy(ies): _____

1. General

- a. Population served or number of users: _____
- b. Does any official or employee have knowledge of any 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
- c. Designee of entity to report claims and receive notices:
Name: _____ Title: _____

2. Law Enforcement Liability Yes No

- a. Limit of Liability: Same as expiring or New limits requested: \$ _____
- b. Deductible: Same as expiring or New deductible requested: \$ _____
- c. Consent to Settle Coverage Option Yes No
- d. Personnel:
- 1) Total number of law enforcement agency employees, including clerical: _____
- 2) Provide number of employees for each type listed:

Type of Employee	No.	Type of Employee	No.
Sheriff/chief; chief/deputy/deputy chief		Full-time detectives	
Personnel with rank of sergeant or higher		Full-time investigators	
Full-time personnel with regular street/road duties		Jail administrators	
Police dogs (patrol and attack dogs only)			

- e. Please list all changes below from last year: No Changes
- _____
- _____
- _____

3. Public Officials Liability Yes No

(Does not include Employment Practices Liability)

- a. Limit of Liability: Same as expiring or New limits requested: \$ _____
- b. Deductible: Same as expiring or New deductible requested: \$ _____

- c. Land use planning and zoning coverage Yes No
- d. Consent to Settle Coverage Option Yes No
- e. Does the entity administer any of the following?
 - 1) Gas Utility Yes No
 Number of: residential users: _____ commercial users: _____ industrial users: _____
 - 2) Electric Utility Yes No
 Number of: residential users: _____ commercial users: _____ industrial users: _____
 - 3) Water Utility Yes No
 Number of: residential users: _____ commercial users: _____ industrial users: _____
 - 4) Sewer Utility Yes No
 Number of: residential users: _____ commercial users: _____ industrial users: _____
 - 5) Port Authority Yes No
 - 6) Transit Authority Yes No
 - 7) Airport Authority Yes No
 - 8) Housing Authority Yes No
 Number of: conventional units: _____ Section 8 & 23 units: _____ Number of residents: _____
 - 9) Schools Yes No
- f. Please list all changes below from last year: No Changes

- 4. **Employment Practices Liability** (Claims Made coverage) Yes No
 - a. Limit of Liability: Same as expiring or New limits requested: \$ _____
 - b. Deductible: Same as expiring or New deductible requested: \$ _____
 - c. Extended Employment Practices Liability Coverage Options:
 - Back Wages Yes No
 Limit (per wrongful act): \$ _____
 - Mental Anguish Yes No
 - Non-Monetary Defense
 - Indemnity Coverage: Yes No
 Limits (per wrongful act/per policy period): \$ _____ / \$ _____
 - Company provides defense Yes No
 Limits (per wrongful act/per policy period): \$ _____ / \$ _____
 - d. Consent to Settle Coverage Option Yes No
 - e. Number of Employees: Full time: _____ Part time: _____ Seasonal: _____
 - f. Please list all changes below from last year: No Changes

- 5. **Emergency Dispatchers Liability** (Occurrence coverage) Yes No
 (For stand-alone 911 centers)
 - a. Limit of Liability: Same as expiring or New limits requested: \$ _____
 - b. Deductible: Same as expiring or New deductible requested: \$ _____

- c. Consent to Settle Coverage Option Yes No
- d. Fire Legal Liability Coverage Option Yes No
 \$50,000 limit or \$100,000 limit
- e. Additional Insured Coverage Option Yes No
Name of additional insured: _____
- f. Number of Dispatchers: Full time: _____ Part time: _____
- g. Please list all changes below from last year: No Changes

- 6. **Firefighters Professional Liability** (Claims Made coverage) Yes No
- a. Limit of Liability: Same as expiring or New limits requested: \$ _____
- b. Deductible: Same as expiring or New deductible requested: \$ _____
- c. Line of Duty Death Coverage Option Yes No
- d. Number of Firefighters: Paid: _____ Volunteer: _____
- e. Please list all changes below from last year: No Changes

Signature of Authorized Public Official

Date