

STAR INSURANCE COMPANY

SAVERS PROPERTY & CASUALTY INSURANCE  
COMPANY

**MISSOURI PUBLIC ENTITY PROGRAM APPLICATION  
PUBLIC OFFICIALS/DIRECTORS & OFFICERS COVERAGE**

**I. GENERAL INFORMATION**

APPLICANT NAME: \_\_\_\_\_ POPULATION AT LAST CENSUS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ EXPIRATION DATE OF CURRENT POLICIES: \_\_\_\_\_

LIMITS OF INSURANCE REQUESTED:     300/300     500/500     1,000/1,000

DEDUCTIBLES REQUESTED:     500     1,000     2,500     5,000     Other: \_\_\_\_\_

INSURANCE CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

APPLICANT IS A:     City     County     Other: \_\_\_\_\_

TYPE OF ENTITY:     Individual     Partnership     Corporation     Other: \_\_\_\_\_  
                           For Profit     Not For Profit

DESCRIBE OPERATIONS: \_\_\_\_\_

**II. EXPOSURE DATA**

1. Do you maintain a budget reserve?     YES     NO    Average reserve: \$ \_\_\_\_\_

2. Explain any budget deficits: \_\_\_\_\_

3. Explain any bonding or financial repayment problems that are anticipated: \_\_\_\_\_

4. a. Number of members comprising governing board: \_\_\_\_\_

b. Number of employees full-time: \_\_\_\_\_ Part-time or seasonal employees: \_\_\_\_\_

c. Number of licensed or certified employees: \_\_\_\_\_; attorneys: \_\_\_\_\_; accountants: \_\_\_\_\_;  
architects or engineers: \_\_\_\_\_; building inspectors: \_\_\_\_\_; others: \_\_\_\_\_

(Example: utility operators, inspectors, teachers or instructors.)

5. a. Do you have personnel under retainer or contract?     YES     NO

b. If "yes," describe services provided: \_\_\_\_\_

c. Are certificates of insurance provided by personnel under retainer or contract?     YES     NO

6. Do you administer any of the following types of activities?

	YES	NO	Annual Revenues/Sales
School, incl. Vocational/Technical	<input type="checkbox"/>	<input type="checkbox"/>	
Airport	<input type="checkbox"/>	<input type="checkbox"/>	
Health Care Facility	<input type="checkbox"/>	<input type="checkbox"/>	
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	

Is it a separate legal entity/corporation?  YES  NO

Is it a subsidiary of another entity/corporation?  YES  NO

If "yes," describe: \_\_\_\_\_

Is it a board or department?  YES  NO

If "yes," describe: \_\_\_\_\_

7. Current or previously carried Public Officials Liability or Errors and Omissions Coverage:

Company	Policy Term	Limit	Deductible	Premium

*(If "YES" on any answer below, describe in detail.)*

8. Has the public entity been in default on principal or interest of any bond?  YES  NO

9. Have any of the following situations occurred within the last five years?

a. Strike, slowdown or other disruption by the employees.  YES  NO

b. Layoff of employees or reduction in services.  YES  NO

c. Any person, former employee or job applicant made claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement or termination of employment.

YES  NO

10. Does any official or employee have any knowledge of any act, error or omission which might give rise to a claim against them?      YES     NO

11. Do you presently self-insure any major activities?      YES     NO  
 If "yes," please describe: \_\_\_\_\_

12. Is there a Safety Director?      YES     NO

Name	Duties

13. Name, address and phone number of Insurance Consultant, if any:

Name	Address	Phone Number

14. Any special form(s) or coverage requested?      YES     NO  
 If "yes," please describe: \_\_\_\_\_

15. List any additional insureds:

Name	Address	Why Included

16. Indicate all special Boards and Commissions to be included (*attach a separate sheet if necessary*):

Name of Board/Commission	Interest/Duties	Corporation/Legal Entity	
		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**III. CLAIMS HISTORY**

1. Have you had Public Officials Errors and Omissions or Directors and Officers Errors and Omissions claims during the last five years?  YES  NO
2. If "yes," complete the following: *(Attach additional sheets if necessary.)*

Date of Loss	Date Reported	Description	Amount Paid	Amount Reserved	Status	
					Open	Closed
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**IV. PRIOR ACTS COVERAGE**

1. Are you applying for coverage for prior acts?  YES  NO

If "yes," Retroactive Date you are requesting: \_\_\_\_\_

**NOTE:** Coverage for prior acts is granted at the Company's option and requires an additional premium payment. It is not granted automatically. Attach a copy of your previous policy declarations if you are requesting this coverage.

2. Are there any claims or suits pending against the applicant, or any elected or appointed official, employee or volunteer acting on behalf of the applicant?  YES  NO

If "yes," explain: \_\_\_\_\_

3. Are you aware of any incident, act, error or omission which might lead to a claim against the applicant?

YES  NO

If "yes," explain: \_\_\_\_\_

4. If the answer to question 2 or 3 above is yes, have these incidents, claims or suits been reported to your previous carrier?  YES  NO

If "no," explain: \_\_\_\_\_

**NOTE:** SAVERS will not cover any claims or suits that were previously reported, or those incidents likely to lead to claims that were known by the applicant/insured but not reported to the insurance carrier(s) that provided coverage prior to SAVERS.

**V. APPLICANT ACKNOWLEDGMENT AND SIGNATURE**

No fact, circumstance or situation indicating the probability of a claim or action is now known to any public official or employee; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, it will be excluded from coverage under the policy for which this application is being made.

The official designated to receive any and all notices from the Company or their authorized representative concerning this coverage is \_\_\_\_\_, Title: \_\_\_\_\_.

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands the application or proposal, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy, which may render inaccurate, untrue or incomplete any statement made herein, will immediately be reported in writing to the Company. The undersigned acknowledges and agrees that the submission and the Company's receipt of such written report prior to the inception of the policy is a condition precedent to coverage.

The signing of the application or proposal does not bind the undersigned to purchase the coverage nor does review of the application or proposal bind the Company to issue a policy. It is agreed that this application or proposal shall be the basis of the coverage should a policy be issued.

**IMPORTANT: ATTACH COPY OF LATEST BUDGET AND BID SPECIFICATIONS (IF APPLICABLE).**

**APPLICATION MUST BE SIGNED**

APPLICANT SIGNATURE	APPLICANT TITLE	DATE
AGENT SIGNATURE	AGENT NAME (print)	DATE