

Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060
 Phone: (800) 752-8402 • Fax: (317) 776-6891
 www.roushins.com • Email: quote@roushins.com

Agency _____ Phone _____
 Address _____ Fax _____
 City _____ State _____ Zip _____

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: _____
- d. Expenditures for last year: _____

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:

Provide number of employees for each type listed:

Type of Employee	No.	Type of Employee	No.
Sheriff/Chief/Deputy Chief		Full time/jailers/matrons	
Personnel with rank of sergeant or higher		Part time/auxiliary/reserve officers	
Full-time personnel with regular street/road duties including detectives and investigators		Court security staff	
		Crossing guards	
Patrol and Attack Police Dogs (Please provide training certificates for dogs and handlers)		Civil process servers	
		Communication/dispatchers	
Jail administrator(s) Length of time in this position: _____		All other law enforcement agency employees not listed elsewhere in this table	

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

4. **Employment Practices Liability** 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): \$10,000 \$25,000 \$50,000 \$100,000 \$1,000,000

Mental Anguish Yes No

Non-Monetary Defense

Indemnity Coverage: Yes No

Limits (per wrongful act/per policy period): \$10,000/\$50,000 \$25,000/\$50,000 \$50,000/\$50,000

Company provides defense Yes No

Limits (\$100,000 per wrongful act/\$100,000 per policy period)

d. Consent to Settle Coverage Option Yes No

5. Number of Employees:

	Full-time	Part-time	Seasonal	Volunteers
No. of Employees				

a. If elected or appointed officials receive remuneration, include in employee count.

b. How many of your employees are:

(1) School employees? _____

(2) Law enforcement employees (including clerical personnel)? _____

(3) Paid fire department employees? _____

(4) Volunteer fire department employees? _____

c. If seasonal employees are included, how many months during the year are they utilized? _____

d. Please list all changes from last year below: No Changes

6. **Emergency Dispatchers Liability** 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 from last year below: No Changes

7. **Firefighters Professional Liability** 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 from last year below: No Changes

Signature of Authorized Public Official

Date