

THE INFORMATION BEING REQUESTED MAY BE FOR A CLAIMS-MADE POLICY. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

Coverage Type: Occurrence Claims Made

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s): City of Longview		Today's Date: 04/23/2020
Proposed Effective Date (mm/dd/yyyy): 10/1/2020	Proposed Expiration Date (mm/dd/yyyy): 9/30/2021	

INSURANCE COVERAGE AND LIMITS INFORMATION

- Each Wrongful Management Liability Limit/Total Limit:
 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000 Other \$1mil / \$2mil
- Deductible: \$10,000 \$25,000 Other _____
- Do you currently carry Public Entity Management Liability Insurance? Yes No
- Continuous Claims-Made Retroactive Date: _____
- Do you require your newly elected/appointed officials to attend a formal training program? Yes No
*If yes, how often do officials take refresher training? **not required but strongly recommended***
- Does training include 'open meetings', 'ethics,' and 'hearing regulations'? Yes No
Please describe additional training topics: _____
- Do you have a procedure for handling citizen complaints? Yes No
If yes, does it include documentation of notice and action taken? Yes No
- Do you have a zoning commission? Yes No
- Does your legal counsel attend all meetings of the planning and zoning board? Yes No
- Do you have a formal written zoning and zoning appeal process? Yes No
- Do you have a written master plan for economic development? Yes No
If yes, when was it last revised? _____
- Do you have formally approved land use ordinances that have been reviewed by legal counsel? Yes No
- Do you have a formal written procedure for filing a variance (land use, zoning, licensing, permitting)? Yes No
- How many variances have been requested in the last 12 months? 13 How many have been granted? 10
- Do you have a formal process for application and approval of permits and licenses? Yes No
- Do you have a formal written Conflict of Interest Policy? Yes No
If yes, does it:
 - Require individual(s) to disclose the conflict/potential conflict? Yes No
 - Prohibit said individual(s) from influencing or voting on the matter in which there is conflict? Yes No

17. Have you had any disputes or claims involving: zoning, land use, economic development, condemnation, adverse possession or adverse use of property? Yes No
18. Have you had any disputes or claims involving the approval of building permits, design, or code enforcement? Yes No
19. Do you have any outstanding bonds? Yes No
If yes, what is the amount of your outstanding bonds? 147,575,356
- a. Has any bond been defeated in last 3 years? Yes No
If yes, explain: _____
- b. Have you been in default on the principal or interest of any bond, debt or obligation in the last 3 years? Yes No
If yes, explain: _____
20. In the next 12 months, do you anticipate:
- a. Any changes to policies and procedures regarding governance? Yes No
- b. Any changes in services, operations, or organization structure? Yes No
- c. Any changes in appointed board members or key employees? Yes No
- d. Any acquisition or incorporation of any operation, land, or entity? Yes No
- e. Any sale or discontinuation of any operation, land, or entity? Yes No
21. To your knowledge, does any official or employee have any knowledge of any act, error, or omission that might give rise to a claim or suit against him/her/applicant? Yes No
If yes, please describe: _____

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: x <i>B Hubbard</i>	Authorized Representative Name – Printed: Bonnie Hubbard	Date (mm/dd/yyyy): <i>04/27/2020</i>
Producer Signature*: x	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency: HUB International	Agency Contact: Cameron Jones	Agency Phone Number: 817-820-8163

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.