



Program Manager:
McGowan Governmental Underwriters
 (A Division of McGowan & Company, Inc.)
 Home Office – 20595 Lorain Road
 Fairview Park, OH 44126
 Phone: (440) 333-6300 / Fax: (440) 333-3214

www.mguins.com

Submitted By:

Agency: _____
 Address: _____

 Contact: _____
 Phone/Fax: () - / () - _____
 E-Mail: _____

**Public Entities
 Application for Insurance & Purchasing Group Membership**

Applicant Information & General Information Section

NAMED INSURED: _____

MAILING ADDRESS: _____

LIMIT OF LIABILITY REQUESTED: \$5,000,000 \$10,000,000 Other: _____

RATABLE EXPOSURES: (Do Not Leave Any Line Blank. If The Answer To A Given Question Is "None," Please Write "0" In The Space Provided. Do Not Write In "N/A" Or "\ " Or "/" Or "- ".)

<p><i>Demographic Information:</i></p> <p>1. Population: 1. _____</p> <p>2. Number of Employees: 2. _____</p> <p>3. Form of Government: <input type="checkbox"/> Strong Mayor <input type="checkbox"/> Strong Council <input type="checkbox"/> City Manager</p> <p>4. Date of Incorporation: 4. _____</p> <p>5. Miles of Streets: 5. _____</p> <p>6. Miles of Sewers: 6. _____</p>	<p><i>Automobile Exposures:</i></p> <p>1. # of Police Vehicles: 1. _____</p> <p>2. # of Fire Vehicles: 2. _____</p> <p>3. # of Owned Private Passenger: 3. _____</p> <p>4. # of Owned Light Vehicles: 4. _____</p> <p>5. # of Owned Medium Vehicles: 5. _____</p> <p>6. # of Heavy Vehicles: 6. _____</p> <p>7. # ADA Vans: 7. _____</p> <p>8. Does the underlying Automobile Liability policy provide Under / Uninsured Motorists coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>Financial Information:</i></p> <p>1. Net Operating Expenses (Current Yr.): 1. _____</p> <p>2. Sewer Dept. Payroll: 2. _____</p> <p>3. Street Dept. Payroll: 3. _____</p>	<p><i>Watercraft Exposures:</i></p> <p>1. Does the Insured own any Watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">(a) # Motorized Watercraft: (a) _____</p> <p style="padding-left: 40px;">(b) # Non-Motorized Watercraft: (b) _____</p>

LOSS EXPERIENCE: (Do Not Write In "See Attached." Please Write "0" On Each Line, If Applicable. **Do Not** Leave Any Line Blank. **Do Not** Use "N/A" Or "/" Or "\ " Or "-".)

1. Within The Past (5) Years, Has There Been An Individual Auto, GL, Law Enforcement, Public Officials, Or EPLI Claim Where The Incurred Amount (Paid Plus Reserved) Exceeded \$100,000? Yes No
2. Within The Past (5) Years, Has There Been A Year In Which The Total Incurred Losses (Paid Plus Reserved) Exceeded \$350,000 With Regards Any Of The Following Lines Of Primary Liability Coverage: AL; GL; Law Enforcement/Police Professional; Fire Department/EMT E&O; Public Officials; Or Employment Practices? Yes No
3. Five (5) Years Currently Valued, Carrier Generated, Hard Copy Loss Runs Are Required To Provide A Rate Indication. These Currently Valued, Carrier Generated, Hard Copy Loss Runs Will Become Part Of This Application And Are Subject To The Warranties, Terms And Conditions Set Forth In "The Anti-Fraud Agreement Insurance Terms & Conditions & Agreement, Membership Terms & Conditions (Including Fee Disclosure) & Agreement" On Page 8 Of The Application.

RETROACTIVE DATES: (Only Applicable To Underlying Policies Which Are Written On A Claims-Made Basis)

- The Information Sought In This Section Applies To The Policies Which Will Be Underlying Our Policy At Its Inception.

<u>Underlying Policy Type:</u>	<u>Retroactive Date:</u>	
1. Public Officials Liability	____ / ____ / _____	<input type="checkbox"/> Full Prior Acts
2. Employment Practices Liability	____ / ____ / _____	<input type="checkbox"/> Full Prior Acts
3. Fire Department/EMT E&O Liability	____ / ____ / _____	<input type="checkbox"/> Full Prior Acts
4. Other: _____	____ / ____ / _____	<input type="checkbox"/> Full Prior Acts
5. Other: _____	____ / ____ / _____	<input type="checkbox"/> Full Prior Acts

PRIOR UMBRELLA / EXCESS CARRIER INFORMATION:

Carrier: _____	Renewal Limit: \$ _____
Current Limit: \$ _____	Renewal Premium: \$ _____
Premium: \$ _____	

SCHEDULE OF UNDERLYING INSURANCE:

1. Are All Underlying Carriers Rated A- / VI Or Better By A.M. Best? Yes No

<u>POLICY TYPE:</u>	<u>INSURER:</u>	<u>LIMITS:</u> Per Occurrence / Agg.	<u>PREMIUM:</u>	<u>POLICY NUMBER & PERIOD:</u>
Automobile Liability	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
General Liability	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
Employers Liability	_____	____ k / ____ k / ____ k	\$	#: _____ ____/____/____ - ____/____/____
Employee Benefits Liability	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
Law Enforcement / Police Professional Liability	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
Public Officials Liability (POL)	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
EPLI (Employment Practices) (Only If EPLI Written On Separate Policy From POL)	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
Fire Department/EMT E&O Liability (Only If Fire Department/ EMT E&O Written On Separate Policy From POL or GL)	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____
Umbrella	_____	____ MM / ____ MM	\$	#: _____ ____/____/____ - ____/____/____

UNDERLYING PROGRAM REQUIREMENTS:

All Underlying Carriers Must Be Rated **A- / VI** Or Better By A. M. Best [Unless: (1) Otherwise Specified In Our Quote, Binder, Or Policy; Or, (2) An Exception Is Made, In Writing, By McGowan & Company]. Our Policy May Exclude Coverage Over Certain Underlying Liability Policies, Despite The Fact That Such Underlying Policies Are Written Through Carriers Rated A- / VI Or Better With The Warranted Minimum Limits Specified Below; Please Examine The Quote (Under "Modifications Of Coverage") &/Or The Policy To Determine Whether Or Not A Specific Excess Liability Coverage Is Excluded By Our Excess Policy. If An Insured Qualifies For And Desires To Receive Excess Liability Coverage In Our Excess Policy Over An Underlying Policy Type Specified Below, Such Insured Warrants That It Carries The Underlying Policy Type And Warranted Minimum Limits Specified Below. Excess Liability Coverage Will Not Be Provided By Our Excess Policy Over An Underlying Liability Policy Type Specified Below Unless That Underlying Liability Policy Type Is Written Through A Carrier Rated A- / VI Or Better With The Warranted Minimum Limits Specified Below [Unless We Have Made An Exception (See Above)]:

UNDERLYING POLICY TYPE:

1. Comprehensive General Liability
2. Automobile Liability
3. Employers Liability
4. Employee Benefits Liability
5. Liquor Liability
6. Law Enforcement/Police Professional Liability

WARRANTED MINIMUM LIMITS:

1. \$ 1,000,000 / \$2,000,000
2. \$ 1,000,000 Combined Single Limit
3. \$ 1,000,000 / \$1,000,000 / \$1,000,000
4. \$ 1,000,000 / \$ 1,000,000
5. \$ 1,000,000
6. \$ 1,000,000 / \$1,000,000

UNDERLYING PROGRAM REQUIREMENTS:

(Continued)

7.	Public Officials Liability	7.	\$ 1,000,000 / \$1,000,000
8	Employment Practices Liability	8.	\$ 1,000,000 / \$1,000,000
9.	Fire Department/EMT Errors & Omissions Liability	9.	\$ 1,000,000 / \$1,000,000
10.	EMT Professional Liability	10.	\$ 1,000,000 / \$1,000,000

• Insured Warrants That:

(1) All General Liability Policies Will:

- (a) Contain An Endorsement Or Policy Language Which Provides For Defense Costs Outside The Limits;
- (b) Be Written On An "Occurrence" Form.

(2) It Understands That Our Policy Is Not A "Pure Umbrella" (I.E.- Our Policy Will Not "Drop Down" And Pay Claims Which Are Either Not Covered By The Underlying Policy Or Which The Underlying Carrier Fails To Pay Because Of That Underlying Carrier's Bankruptcy Or Insolvency); Rather Our Policy Contains Unique Terms, Conditions, And Exclusions; Our Policy May Contain Elements Of An Umbrella And An Excess Policy (I.E.- A "Follow Form" Policy," A.K.A. - An "Excess Liability" Policy). Insured Agrees To Be Bound By The Terms And Conditions Of Our Contract, Not By What It Believes The Terms "Umbrella," "Excess Policy," Or "Excess Liability Policy" Imply.

PUBLIC OFFICIAL LIABILITY EXPOSURES:

1. Current Policy Is Written On A:

1.	<input type="checkbox"/> Claims-Made Basis	<input type="checkbox"/> Occurrence Basis
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2. Have Any Of The Following Situations Occurred Within The Last Five (5) Years:

(a) Strike, Slowdown, Or Other Disruption By Employees?	2.(a)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Disputes Involving Integration, Segregation, Discrimination, Or Violation Of Civil Rights?	2.(b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Grand Jury Investigation, Recall Proceedings, Or Indictments Of Any Elected Or Appointed Officials?	2.(c)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Are Personnel Policies And Procedures Outlined In A Manual?

3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(a) If "No," By Ordinance?	3.(a)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If "No," By Collective Bargaining?	3.(b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) If "No," By Civil Service?	3.(c)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Does The Municipality:

(a) Use An Employment Application For All Job Applicants?	4.(a)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Use Any Tests To Screen Applicants For Employment Or To Promote Employees?	4.(b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Have A Formal Orientation Program For All New Employees?	4.(c)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Publish An Employment Handbook?	4.(d)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," Is It Distributed Annually To All Employees?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Provide Regular, Written Performance Evaluations For All Employees?	4.(e)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have A Formally Implemented And Adopted Anti-Sexual Harassment Policy?	4.(f)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," Is It Distributed Annually To All Employees?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Have A Written Procedure For Handling Employee Complaints Of Discrimination And Sexual Harassment?	4.(g)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Have A Policy On AIDS Or On Assisting Employees With Life-Threatening Or Communicable Diseases?	4.(h)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Have A Policy On Accommodating The Disabled As Required By The Americans With Disabilities Act?	4.(i)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Comply With The Family Medical Leave Act?	4.(j)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Does The Municipality Require Terminations To Be Reviewed By Its:

(a) Legal Department?	5.(a)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Outside Counsel?	5.(b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Does Legal Counsel Attend All Meetings Of Planning And Zoning Boards?

6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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LAW ENFORCEMENT EXPOSURES:

- 1. # Full-Time Officers With Arrest Powers: _____
Part-Time Officers With Arrest Powers: _____

- 2. # Auxiliary Officers With Arrest Powers: _____
Auxiliary Officers Without Arrest Powers: _____

- 3. Does The Municipality Employ The Following Screening Procedures:
 - (a) Psychological Testing? 3.(a) Yes No
 - (b) Criminal Investigation? 3.(b) Yes No
 - (c) Reference Checks? 3.(c) Yes No

- 4. Does The Municipality Have A Policies And Procedures Manual? 4. Yes No
 - (a) Date Of Manual: 4.(a) _____
 - (b) Most Recent Update: 4.(b) _____

- 5. Does The Municipality Have Written Policies Covering:
 - (a) Deadly Force? 5.(a) Yes No
 - (b) Hot Pursuit? 5.(b) Yes No

- 6. Does The Municipality Permit "Moonlighting"? 6. Yes No
 - (a) Have A Written Policy With Regards "Moonlighting"? 6.(a) Yes No

- 7. Canine Unit? 7. Yes No

- 8. Mounted Unit? 8. Yes No

JAIL OPERATIONS EXPOSURES:

- 1. Does The Municipality Operate A: Jail Holding Cell Detention Cell Not Applicable

- 2. State Certified Capacity: 2. _____ N/A

- 3. Jailer On Duty Hourly For (24) Hours? 3. Yes No N/A

- 4. Suicide Attempts In Past Three (3) Years? 4. Yes No N/A
If "Yes," Please Detail Preventative Measures Take To Eliminate Re-occurrence On A Separate Sheet Of Paper.

- 5. Are There Smoke Detectors In The Jail, Holding Cell, Or Detention Areas? 5. Yes No N/A

- 6. Are There Audio/Video Systems In The Jail, Holding Cells, Or Detention Areas? 6. Yes No N/A

- 7. How Often Are Walk-Throughs Done? 7. _____

- 8. Are Juveniles And Females Held Separately? 8. Yes No N/A

- 9. Is The Facility Operated Under A Federal Or State Court Order? 9. Yes No N/A

- 10. Is The Facility Operating In Violation Of Federal Or State Standards? 10. Yes No N/A

GENERAL LIABILITY EXPOSURES: *Do You Own Or Operate, Or Is The Entity Responsible For Operating:
(If you've answered Yes to any of the questions below please provide copies of primary coverage supplemental application)*

1. Beaches, Lakes? 1. Yes No
 (a) # Beaches Or Lakes: (a) _____
 (b) # Lifeguards On Duty Per Session: (b) _____
2. Pools? 2. Yes No
 (a) # Lifeguards On Duty Per Session: (a) _____
 (b) Are All Diving Boards Under One Meter In Height? (b) Yes No
 (c) Are Working Anti-Vortex Devices In Place? (c) Yes No
3. Fireworks Display? 3. Yes No
 (a) Is Display Subcontracted? (a) Yes No
4. Bridges? 4. Yes No
 (a) Total #: (a) _____
 (b) Any Longer Than 100 Feet? (b) Yes No
 (c) Comply With Federal, State, And Local Standards? (c) Yes No
 (d) Any Closed Or Condemned? (d) Yes No
 (e) Who Maintains The Bridges? (e) Insured
 3rd Party
5. Airports/Aircraft? 5. Yes No
6. Amusement Parks? 6. Yes No
7. Dams, Levees, Dikes Or Reservoirs? 7. Yes No
 (a) Year Built: _____
 (b) Purpose: Flood Control Water Supply
 Irrigation Power
 (c) Construction: Earth Timber
 Concrete Other
 (d) Frequency Of Inspections: _____
 By Whom: _____
 (e) Dimensions - _____ Ft.
 Across: _____ Ft.
 Height: _____ Ft.
 Top/Bottom Width _____ / _____ Ft.
 Capacity (In Gallons): _____
8. Fairs, Carnivals, And Festivals? 8. Yes No
 (a) Number During Year: (a) _____
 (b) Largest Crowd At Single Event: (b) _____
 (c) Are Bleachers Used? (c) Yes No
 (d) Are Alcoholic Beverages Served? (d) Yes No
9. Parks / Playgrounds? 9. Yes No
10. Skateboard Parks? 10. Yes No
 (a) Posted "Use At Own Risk"? (a) Yes No
11. Recreation Center? 11. Yes No
 (a) Food Receipts: (a) _____
 (b) Liquor Receipts: (b) _____
12. Marinas? 12. Yes No

- (a) Gas Docks: (a) Yes No
13. Day Care, Camps, Nurseries, Child Care, Or Custodial Exposures For Any Persons Under The Age Of 18? 13. Yes No
 (a) Facility Licensed? (a) Yes No
 (b) Years In Operation: (b) _____
 (c) Number Of Teachers: (c) _____
 (d) Average # Daily Attendees:
 0-2 3-5 6-9 10-Over
14. Golf Courses? 14. Yes No
 (a) Food & Beverage Receipts: (a) \$ _____
 (b) Alcoholic Beverages Receipts: (b) \$ _____
15. Health Clinics? 15. Yes No
16. Hospitals And Nursing Homes? 16. Yes No
17. Housing Projects? 17. Yes No
 (a) # Of Subsidized Units: (a) _____
18. Ice Skating Or Roller Rinks? 18. Yes No
 (a) # Of Ice Rinks: (a) _____
 (b) # Of Roller Rinks: (b) _____
19. Mechanical Amusement Devices?? 19. Yes No
20. Zoos? 20. Yes No
21. Any Landfills, Dumps, Refuse Piles, Or Incinerators? 21. Yes No
 (a) Any Superfund Sites? (a) Yes No
- POLLUTION IS EXCLUDED ON OUR POLICY.**
22. Does the City Own Or Operate Any Of The Following?
 (a) Gas Utility: (a) Yes No
 (b) Water Utility: (b) Yes No
 (c) Electric Utility: (c) Yes No
 If Answer Is "Yes," Does Entity Generate Power? Yes No
23. Public Equestrian Facilities? 23. Yes No
24. Public Transit System? 24. Yes No
25. Animal Pounds? 25. Yes No
26. Any Tunnels In Excess Of 100ft? 26. Yes No
27. Underlying "silent" on Abuse & Molestation? 27. Yes No
28. Fracking Operations? 28. Yes No
 (a) If Yes, Is It Subcontracted? (a) Yes No
 (b) If Yes, Is There Hold Harmless / Evidence of Insurance? (b) Yes No

ARE THERE ANY OTHER EXPOSURES OF WHICH WE SHOULD BE AWARE? Yes No

If "Yes," Please Provide Details:

OUR EXCESS POLICY'S TERMS AND CONDITIONS:

S.I.R.: \$10,000 (Or As Required By Statutory Law)
(Unless Specified Otherwise In Our Quote, Binder, Or Policy)

Limit Of Insurance: \$ 1,000,000 to \$ 10,000,000 Available

1. Available Follow Form Coverages: Public Officials Liability; Employment Practices Liability; Personal Injury; Employee Benefit Plan Liability; Automobile Liability; Hired & Non-Owned Automobile Liability; Law Enforcement / Police Professional Liability; Fire Department/EMT Errors & Omissions Liability (Including Emergency Medical Technicians Professional Liability); Employers Liability; Contractual Liability; Host Liquor Liability, Liquor Liability; Claims-Made Follow Form; Municipality Amendatory Endorsement. "Follow Form" Coverages Are Available Only At The Request Of The Insured And, Then, Only With The Underwriter's Pre-Approval.
2. Exclusions: Engineers, Architects or Surveyors Professional Liability (Except To The Extent Provided By The Primary Public Officials Liability Policy, If "Follow Form" Coverage Pre-Approved By Underwriter); War Or Terrorism; Intentional Acts (Except Usage Of Reasonable Force To Protect Persons Or Property); Failure to Supply; Injury to Volunteer Firemen; Inverse Condemnation; Care, Custody & Control - Real & Personal; Uninsured & Underinsured Motorists/No-Fault (Offered To GACPG And Its Membership, But Waived & Declined); Subsidence; Lead Liability; Asbestos; Known Injury Or Damage; Mold, Fungus & Spores; Municipality Amendatory Endorsement. Any Additional Exclusions Or Restrictions Of Coverage Applicable To The Primary Policies Will Also Apply To Our Excess Policy. SEE QUOTE, BINDER & POLICY FOR OTHER RESTRICTIONS AND EXCLUSIONS.
3. Miscellaneous: Unimpaired Aggregate Limits Endorsement (Does Not Apply To Entities That Have Concurrent Primary And Excess Effective Dates); Severability Of Insurance Endorsement.
4. This Policy Will Not "Drop Down" Below The Minimum Warranted Limits Stated By The Insured In The Signed And Completed Application. Any Failure To Disclose Or Misrepresentation On Behalf Of The Insured Shall Void Coverage Retroactive To The Inception Date Of The Policy Or To Any Retroactive Date Agreed Upon At Binding. This Excess Policy Will Not Extend Over Any Coverage Provided To The Insured By The Sub-Limits Of Any Primary Liability Policy.
5. The Most That We Will Pay Per Occurrence Or In The Aggregate During The Policy Period Is The Limit Of Liability Stated On The Declarations Page.

TO BIND COVERAGE, WE WILL REQUIRE:

Full Premium And Fee Payments Are Due At Inception, As Well As The Following Underwriting Information, Which Constitutes A "Complete Underwriting File":

1. A Written Request To Bind;
 2. Fully Completed "Our American Cities" Excess Program Application Signed By The Insured And The Broker;
 3. Three (3) Years Of *Currently-Valued* [Generated Within The Past Six (6) Months], *Carrier-Generated* Loss Runs.
- **PLEASE NOTE THAT WE MUST RECEIVE A "COMPLETE UNDERWRITING FILE" ON OR BEFORE THE BIND DATE. IF WE DO NOT, THE DATE THAT WE RECEIVE A "COMPLETE UNDERWRITING FILE" IS THE EARLIEST DATE THAT WE CAN BIND COVERAGE.**

Uninsured & Underinsured Motorists Liability Coverage Options Selector

- I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that i or the organization which I represent will be surcharged \$50,000.00 for this coverage.

Terrorism Coverage Options Selector

- I decline to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization which I represent will have no Certified "Acts of Terrorism" coverage.
- I would like to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization which I represent will be surcharged 10% of our ordinary premium for this coverage.

Fact Statements & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Program Reauthorization Act of 2007

Fact Statements & Fraud Notice. The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/OR Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application. The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Great American Cities PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable)[Premiums, Fees, Taxes & Surcharges Will Be Individually-Detailed On Applicant's Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (hereinafter "EOI")]; (6) That It Understands And Agrees That Any Additional Material Supplied By Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of This Application For Insurance; (7) That It Understands And Agrees That This Application Shall Be The Basis Of The Contract Should A Policy &/Or EOI Be Issued, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (8) That It Understands And Agrees That This Application Will Become A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [15 U.S.C. §3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant to Terrorism Risk Insurance Program Reauthorization Act of 2007. By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant to Terrorism Risk Insurance Program Reauthorization Act of 2007" Which Appears At www.purchasinggroups.com.

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker's Income.

(Version v2013.11.01)

_____, 20____
Signature of Applicant Date

_____, 20____
Signature of Insurance Broker Date

Print Name: _____

Print Name: _____

Title: _____

Title: Insurance Broker