

National Casualty Company
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 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Insurance Company
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EUCLID MANAGERS®

**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; 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)		All other law enforcement agency employees, including clerical, crossing guards and all personnel not listed above	

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): \$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

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