



Euclid Public Sector
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PUBLIC ENTITY—PROPERTY AND CASUALTY RENEWAL APPLICATION

Name of Public Entity: County of El Paso

Mailing Address: 500 E. Overland El Paso, Texas 79901

Effective Date: 10/1/22

Renewal of policy(ies): PEN000511002

1. General

Population: 100 Town protection class: 05

Provide five years company loss runs, valued within the past six months, for coverages requested.

2. Property Yes No

Please provide a current signed STATEMENT OF VALUES on all property to be covered.

a. Building Values \$ _____ Contents Values \$ _____

b. Inland Marine values (Attach a current schedule of any equipment)

Contractors Equipment: \$ _____ Miscellaneous Equipment: \$ _____

EDP Hardware: \$ _____ Software: \$ _____

c. Other changes to coverage/deductibles: _____ No changes

3. General Liability Yes No

a. Limit of Liability: Same as expiring or New limits requested: _____

Please provide a current operating budget for the Entity if other than sewer or water districts.

b. Provide payroll (less clerical) for any utilities operated:

Water: \$ _____ Sewage Disposal Plant: \$ _____

Electric Utility: \$ _____ Gas Utility: \$ _____

Sewer Mains or Connections: \$ _____ Number of Sewer Miles: _____

Other: _____

c. Emergency Services Operations (complete if exposure is to be covered under this policy):

Fire Dept.: No. of Paid: _____ No. of Volunteers: _____

No. of EMTs (full-time): _____ (part-time): _____

No. of Paramedics (full-time): _____ (part-time): _____

d. Streets and Roads: Number of miles paved: _____ Unpaved: _____

e. Provide receipts on golf courses: _____

Golfing: \$ _____ Golf cart rental: \$ _____

f. Please comment on any other changes in exposure, operations or deductible: No Changes

g. Please complete the checklist for current exposures for the Entity:

Classification	Exposure?		Any part of operation subcontracted to others?		Complete Questionnaire for exposures not previously reported
	Yes	No	Yes	No	
Airport and related facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED (E&O can be covered) Complete questionnaire N
Amusement parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED
Blasting operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item E)
Bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire A
Carnivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Cemeteries liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item I)
Chemical spraying (herbicides and pesticides)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item H)
Dams, levees or dikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire M
Day care, day camp, or nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire C
EMTs/Paramedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item A)
Exhibition and convention buildings (include arenas and auditoriums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire Q
Fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Fire department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item A)
Fireworks and other pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item D)
Garbage or refuse collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item G)
Golf courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item B)
Housing projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire H
Ice or roller rinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & C)
Lakes, reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Landfills/dumps/refuse sites/incinerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire D
Medical and ancillary care facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED
Parades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Parks and playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A through E)
Penal Institutions, jails, correctional institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED under General Liability

Classification	Exposure?		Any part of operation subcontracted to others?		Complete Questionnaire for exposures not previously reported
	Yes	No	Yes	No	
Racetracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item K)
Recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K
Rifle/Shooting ranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item F)
Schools and colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire J
Skate Parks—skateboarding/in-line skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & D)
Ski facilities and similar areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item K)
Stadiums, bleachers, grandstands (capacity over 5,000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item C)
Streets, roads, highways, bridges—existence, maintenance and construction hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire A
Swimming pools/beaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Transit/Port authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire N
Utilities: Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire E (Item A)
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire E (Item B)
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire F
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire G
Underground storage tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED for Pollution
Water slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Wharves, piers, docks, marinas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & G)
Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & H)
Zoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item J)
Describe unique exposures not identified above: <u>Election Polls/ Sheriff Dept meetings</u>					

4. **Automobile** Yes No

a. Limits of Liability: Same as expiring or New limits requested (Please complete ACORD 137)

b. Please attach a current ACORD 127 including current drivers list.

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

5. **Commercial Umbrella/Excess Liability**..... Yes No

a. Coverage: Umbrella Excess Liability

b. Limits:

\$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000 \$3,000,000/\$3,000,000

\$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000 Other: \$ _____ / \$ _____

Umbrella self-insured retention requested: \$10,000 Other: \$ _____

c. Coverage desired over: GL Auto EL PO Law EPL

d. Underlying Insurance:

Employers Liability:

Limits: \$ _____ Each Accident

\$ _____ Disease—Policy Limits

\$ _____ Disease—Each Employee

Carrier: _____

Policy Number: _____

Policy Dates: _____

e. Previous experience: If not described elsewhere, please give details of all liability claims exceeding \$25,000 or occurrences that may give rise to claim during the past five years.

ENTITY'S ATTESTATION AND FRAUD WARNING

FRAUD WARNING: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

NOTICE TO ALABAMA APPLICANTS: 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 is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA AND LOUISIANA APPLICANTS: "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."

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

NOTICE TO KANSAS APPLICANTS: An act committed by 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 statement as part of, or in support of, an application for the issuance 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.

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

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO NEW YORK APPLICANTS (FIRE INSURANCE APPLICATIONS): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

NOTICE TO NEW YORK APPLICANTS (AUTOMOBILE): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. **(Note: In Oklahoma the language must appear on the face of the policy, application and claims forms in 10 pt. font or larger).**

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 purposes 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.

NOTICE TO PENNSYLVANIA APPLICANTS (AUTOMOBILE): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.

NOTICE TO RHODE ISLAND APPLICANTS: 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.


The undersigned declares that to the best of his/her knowledge, the information set forth in this application is true and complete.

Name of Authorized Public Official/Position

Signature of Authorized Public Official

Date

Jim Brundage
Producer's Name

Agent Name:  _____ Agent License Number: _____