

PUBLIC OFFICIALS AND EMPLOYMENT LIABILITY APPLICATION

This application will be attached to and become a part of the policy.

I. GENERAL INFORMATION

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1. Name of entity to be insured: **CITY OF NORTH MIAMI**
-
2. Physical address: **776 NE 125TH STREET**
-
3. Mailing address (if different): **-----**
-
4. City: **NORTH MIAMI** County: **DADE** State: **FLORIDA** Zip: **33161**
-
5. Contact Person: **KAREN MUIR** Title: **RISK MANAGER** Phone: **(305) 895 -- 9892**
-
6. Do you have a risk manager? Full time Part time No; If part time, how many hours per week?
-
7. If so, please provide name: **SAME AS THE ABOVE** Phone: () --
-
8. You operate as a: Municipality Town/Township County District Authority Commission Other
-
9. If "other", please explain:
-
10. When was your entity organized or incorporated? **1926**
-
11. Population (If district or authority, show service population): Current? **60,565** Last Census? **2010**
-
12. Do you have a seasonal change in population of more than 25% during the year? Yes No
-
13. What is the largest city within 25 miles? **MIAMI**
-
14. Total number of employees: Full-time? **351** Part-time? **10** Seasonal? **47** Volunteers? **36**
-
15. Total number of board members: Elected? **6** Appointed? **--** If appointed, by whom? **--**
-
16. How many employees hold professional designations? Attorney(s), **3** Accountant(s), **4** Engineer(s), **3** Architect(s) -
-
17. Who acts as general counsel? Name: **REGINE MONESTIME** Employer: **CITY OF NORTH MIAMI**
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18. Do you have your own Law Enforcement department? Yes No
-
19. If not, do you have a contract for these services? Yes No **N/A**
-
20. Total number of Law Enforcement employees: Full-time? **160** Part-time? **14** Volunteers? **6**
-
-

II. INSURANCE INFORMATION

1. Please complete the following chart based on coverage currently in force. Please indicate where coverage is not in force.

| | Policy Type | Policy Number | Company Name | Expiration | Limits | Deductible | Premium |
|---|----------------------|---------------|---------------|------------|-------------|-----------------------|-----------|
| a | Public Officials | P019516088-04 | INDIAN HARBOR | 10/01/14 | \$2 MILLION | \$50,000 | \$104,303 |
| b | Employment Practices | SAME AS | THE | ABOVE | | | |
| c | Police Liability | LEI9517154-04 | INDIAN HARBOR | 10/31/14 | \$2 MILLION | \$25 K/\$75 AGGREGATE | \$178,733 |
| d | General Liability | NONE | | | | | |
| e | Pkg. incl. GL/LE/PO | NONE | | | | | |

2. Does your current Public Officials Liability coverage have a Retroactive Date? If so, what is it? Yes No

3. Does your current policy provide coverage for employment related practices? Yes No

4. Has your Public Officials Liability coverage ever been denied, canceled or non-renewed? Yes No
If so, please explain:

5. Please tell us what terms you are interested in this year.

| | Limits of Liability | Deductible | Effective Date | Bid Date |
|----------|---------------------|------------|----------------|----------|
| Option 1 | \$2,000,000 | \$50,000 | 10/1/14 | |
| Option 2 | | | | |

III. UTILITIES / AUTHORITIES

Which of the following operations do you own, operate, or administer?

| Operation | Yes | No | Annual Budget | No. of employees | | Number of Users | | |
|---|-----|--|--|------------------|----------------|-----------------|-------------|------------------------|
| | | | | Full-time | Part-time | Industrial | Residential | Commercial *irrigation |
| 1. Water Utility | X | | \$44,531,575 | 25 | 9 | 663* | 17,727 | 2813 |
| 2. Sewer Utility | X | | Included above | Included above | Included above | | 11,267 | 2028 |
| 3. Gas Utility | | | | | | | | |
| Do you produce Gas? | | Do you own or operate any gas wellheads or pipelines? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 4. Electric Utility | | | | | | | | |
| Do you generate power? | | | If yes, what is your source? | | | | | |
| 5. Airport Authority | | | | | | | | |
| Do you operate the airport? | | | Average number of commercial flights per week? | | | | | |
| | | | Average number of private flights per week? | | | | | |
| Do you lease to a third party? | | | If leased, to whom? | | | | | |
| Aviation Liability Coverage: | | | Carrier: | | | Limits: | | |
| Are expansions or changes of operations or runways expected? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If Yes, please explain: | | | | | |

| | | | | | | | | | |
|---|--|------------------|--|--|----------------------------------|--|--|--|--|
| 6. Housing Authority | | | | | | | | | |
| Number of conventional units? | | | | | How many Section 8 and 23 units? | | | | |
| 7. Transit Authority | | | | | | | | | |
| Type of vehicles? <input type="checkbox"/> Trains <input type="checkbox"/> Buses <input type="checkbox"/> Other, describe: | | | | | | | | | |
| 8. Port Authority | | | | | | | | | |
| Please check: <input type="checkbox"/> River <input type="checkbox"/> Ocean <input type="checkbox"/> Lake <input type="checkbox"/> Railroad <input type="checkbox"/> Other: | | | | | | | | | |
| 9. Schools | | | | | | | | | |
| 10. Medical/Health Care Facility | | Please describe: | | | | | | | |
| 11. Nuclear Facility | | | | | | | | | |
| 12. *Other | | | | | | | | | |

*List any other subsidiary boards, commissions, or authorities.

LAND USE AND PLANNING

1. Do you have a zoning commission? Yes No **PLANNING COMMISSION**

2. Does your legal counsel attend all meetings of the planning and zoning board? Yes No

3. Do officials receive training with respect to "open meetings" and hearing regulations? Yes No

4. Do you have a written master plan for economic development? If so, since when? Yes No **2007**

5. Do you have formally approved land use ordinances that have been reviewed by legal counsel? Yes No

6. Do you have a formal procedure to file for a variance to land use statutes? Yes No

7. How many variances have been requested in the last 12 months? **25** How many have been granted? **20**

8. Do you have a formal process for application and approval of permits and licenses? Yes No

9. Do you have a formal written policy prohibiting officers and/or board members from sitting on decisions in which they may have a conflict of interest? Yes No

10. Have you had any disputes or claims involving a wrongful "taking", zoning variance or land use right
 Yes No **3 CASES THAT HAVE BEEN CLOSED**

11. Have you had any disputes or claims involving the approval of building permits, design, or code enforcement?
 Yes No

12. Have you had any disputes, claims or complaints involving open or closed landfills in the last 5 years?
 Yes No

V. EMPLOYMENT PRACTICES AND PROCEDURES

1. Do you have a human resources coordinator? Full time Part time No **HUMAN RESOURCES MANAGER**

2. If not, who is ultimately responsible for employment matters?

3. Do you have a written employment manual including all personnel policies and procedures? Yes No

4. Do these supervisors receive training in the proper implementation of your policies and procedures? Yes No

5. When was this manual last updated? Date? // **CURRENTLY BEING UPDATED**

6. Is this manual reviewed by counsel experienced and qualified in employment law? Yes No

7. Is this manual distributed to all employees upon hiring? Yes No

8. If not, please explain why.

9. Do you have a written policy with respect to both sexual and non-sexual harassment? Yes No
10. Do you follow a formal written procedure for employee disputes/complaints? Yes No
11. Are all actions to dismiss or demote employees reviewed in advance by legal counsel? Yes No
12. Do you require that due process be served and documented for all proceedings involving dismissal demotion or suspension? Yes No
13. Are all probationary or disciplinary actions recorded in writing and signed by the employee? Yes No
14. Are you an Equal Opportunity Employer? Yes No
15. Has there been a layoff of employees or reductions in service in the last three years? Yes No **ONLY EARLY RETIREMENT**
16. Have you had a strike, slowdown, or other employee disruption in the last three years? Yes No
17. Has any person, former employee or job applicant filed a complaint or claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, or termination of employment? Yes No
18. Have you had any disputes involving integration, segregation, discrimination or violation of civil rights? Yes No
19. Have any complaints been filed with the EEOC within the last three years? Yes No
20. Have all disputes, complaints, and claims been reported to your current or prior Public Officials carriers? Yes No

Please provide a copy of your current employment manual including policies and procedures pertaining to sexual harassment, discrimination, and employee grievances. Available upon request

VI. FINANCIAL / BOND INFORMATION

1. Please complete the following chart using budget figures for the past three years

| Year | Revenues | Expenditures | Surplus(+)/Deficit(-) | Accumulated (+)/(-) |
|------|-------------|--------------|-----------------------|---------------------|
| 2013 | 94,715,573 | 104,258,858 | | |
| 2012 | 104,878,051 | 90,427,978 | | 99,301,449 |
| 2011 | 93,493,378 | 95,639,562 | | 84,520,959 |

2. What is the amount of your outstanding bonds? **16,605,000**

3. What is your latest bond rating? (Moody's or Standard Poor's) No current Rating

4. What was your previous bond rating? **A/A-1 Negative**

5. Has any bond issue been defeated within the past three years? **NO**

If yes, has the proposal been resubmitted, or is it expected to be resubmitted? **N/A**

6. Has your public entity been in default on the principal or interest on any bond? **NO**

7. If yes to any of these questions, please give details: **N/A**

VII. LOSS HISTORY

1. Has any claim been made against the entity, or any person in their capacity as an official or employee of the entity, in the last five years? If yes, please attach a narrative summary with details and status. Yes No

2. Does any official or employee have any knowledge of any fact, circumstance or situation which might reasonably be expected to give rise to a claim? If yes, please attach a narrative summary with details. Yes No

3. With respect to your Public Officials and Employment Practices Liability coverage, please complete the following table using the total dollars expended for both the settlements of claims and the expenses associated with defending those claims. "Reserves" refers to the estimated future expenses to resolve or dispose of the claims and includes both settlement and defense expenses.

| Year | Carrier | Premium | Number of Claims | Total Loss Paid and Reserved | Total Expenses Paid and Reserved | Total Incurred Losses + Expenses Incl Deductible |
|------|---------|----------|------------------|------------------------------|----------------------------------|--|
| | | | | | | |
| | | REFER TO | LOSS RUNS | PROVIDED | | |
| | | | | | | |
| | | | | | | |

Please provide a currently valued copy of your Public Officials and Employment Practices Loss Runs for the past five years.

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands this Application, and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the applicant's submission and Insurer's receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

The signing of this Application does not bind the undersigned to purchase the insurance, nor does review of the Application bind the insurance company to issue a policy. The applicant does hereby agree that this policy, if issued, is issued in reliance upon the truth of this application, including all requested attachments, which will be incorporated into and made a part of this policy.

Applicant's Authorized Signature

Title

Date

VIII. INSURANCE AGENCY INFORMATION (to be completed by your agent)

1. Producer's Name:

2. Agency:

3. Mailing Address:

4. City: State: Zip:

5. Phone Number: Fax Number:

6. Are you the incumbent agent? Yes No

7. Are you a licensed Surplus Lines Agent? Yes No License Number:

8. State Tax ID Number: