



Public Risk Underwriters      Public Entity Application  
 PO Box 958455                      Renewal Application Muni  
 Lake Mary, FL 32795-8455      Coverage Term: 10/01/2022 to 10/01/2023  
 Phone:321-832-1450  
 Fax:321-832-1496

General Member Information	
Name: City of North Port	
Mailing: 4970 City Hall Blvd.	
City/State/Zip: North Port,FL,34286	
Physical: 4970 City Hall Blvd.	
City/State/Zip: North Port,FL,34286	
Member Contact Information	Additional Member Information
Contact: Sandy Knowles	FEIN: 596072227      NCCI Risk ID:
Title: Risk Management Coordinator	Population: 65,000
Phone #: 941-429-7135      Fax #:	County: Sarasota
Email: sknowles@cityofnorthport.com	Member Type: Municipality
Agency Information	Agency Contact Information
Agency: Public Risk Insurance Advisors	Contact: Melody Blake
Address: 300 North Beach Street	Phone #: 386-239-4050
City/State/Zip: Daytona Beach FL, 32114	Fax #: 386-239-4049
Phone #: 386-252-6176      Fax #: 386-239-4049	Email: melody.blake@bbrown.com

**CERTIFICATION**

The undersigned being authorized by and acting on behalf of the applicant and all persons/concerns seeking insurance, has read and understands this Application, including any appendices and/or supplements, and declares that all statements set forth herein are true, complete and accurate. The undersigned acknowledges and agrees that the submission and the Trust's receipt of such written report, prior to the inception of the coverage agreement applied for, is a condition precedent to coverage.

The signing of this Application does not bind the undersigned to purchase the coverage, nor does the review of same bind The Trust to issue a coverage agreement. This application shall be the basis of the contract, should one be issued.

This Application must be signed by the "Ranking Elected / Appointed Official" of the Entity making the application (e.g. Chair, President, Superintendent or Executive Director of the Educational Entity) or the Risk Manager (or ranking official) assigned this function.

SIGNATURE: _____
TITLE: _____
DATE: _____



**NOTICE TO APPLICANT**

For your protection, the following Fraud Warning is required to appear on this application:

**FLORIDA FRAUD STATEMENT**

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.



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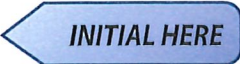
Agency: Public Risk Insurance Advisors

**Coverages Selected:**

Auto Liability	Y	Auto Physical Damage	Y
Boiler & Machinery	N	Crime	Y
Flood	Y	Garage Keepers	N
General Liability	Y	Inland Marine	N
Professional Liability	Y	Property	N
Cyber Liability	Y		

**Coverage/Exposure Summary:**

Line of Business	Exposure/ Coverage	Applicable/ Not Applicable
General Question	Application General Information	Applicable
General Question	Excess WC (Standard Limits are \$1M/\$1M/\$1M)	Applicable
General Question	SIR – TPA Information	Applicable
General Question	Stop Loss	Not Applicable
Auto Liability	Coverage	Applicable
Auto Physical Damage	Coverage	Applicable
Crime	Coverage	Applicable
Cyber Liability	Coverage	Applicable
Garage Keepers	Coverage	Not Applicable
General Liability	Coverage	Applicable
General Liability	Operations: Elder Care/Respite Care	Not Applicable
General Liability	Operations: Special Events, Fairs or Carnivals	Applicable
General Liability	Supervision Abuse Prevention (Required)	Applicable
Professional Liability	Law Enforcement	Applicable
Professional Liability	POL/ELL/EPLI	Applicable
Property	Coverage	Not Applicable





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 Member Name City of North Port  
 Agency: Public Risk Insurance Advisors

**APPLICATION GENERAL INFORMATION**

General Questions	Response
Account CSR:	Blake, Melody
Agent Name:	Martin, Michelle Sandy Knowles
Primary Member Contact:	
If New Primary Contact include name, phone and email address:	
Requested Effective Date:	10/01/2022
Requested Termination Date:	10/01/2023
Bid Date (if Applicable, Attach RFP copy):	
Need by Date:	08/04/2022
If new business, complete and attach the "Expiring Information" form. Template can be found under Help section on portal home page (Submission is not complete without this information).	
If with PGIT less than 5 years, complete and attach the "Loss Summary" form or a "No Known Losses" letter. Form can be found Help section on portal home page (Submission is not complete without this information).	
Member's FEIN	596072227
NCCI Risk Id #	
Population	65,000
Have you attached the most recent audited financials/budget?	Y
Please Enter Full Detail Description of Operations	Municipality with Law Enforcement
Installment Schedule: (Only Available for premium > 100k, pay plan is agency bill)	PKG - Annual
Do you have a Risk Manager? (if yes please provide name and number in comment box)	Y
Do you have a Human Resource or Personnel Department? (If No please describe handling of this function in comment box)	Y
Number of Full Time Police?	141
Number of Full Time Fire?	121
Number of Full Time all other Personnel?	502
Number of Part Time Police?	0
Number of Part Time Fire?	0
Number of Part Time All Other Personnel including Seasonal personnel?	85
Number of Volunteers Police?	13
Number of Volunteers Fire?	0
Number of Volunteers All Others?	28
Police - Estimated Payroll	\$13,930,663.00
Fire - Estimated Payroll	\$11,498,822.00
All Other - Estimated Payroll	\$31,507,811.00





**Public Entity Application**  
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**COVERAGE INFORMATION- PROFESSIONAL LIABILITY- PUBLIC OFFICIALS & EMPLOYMENT PRACTICES**

**THIS IS AN APPLICATION FOR "CLAIMS MADE AND REPORTED" COVERAGE**

POL/EPLI General Questions	Response
1 - POL Limit:	\$2,000,000
2 - POL Deductible:	\$100,000 SIR
3 - EPLI Limit:	\$2,000,000
4 - EPLI Deductible:	\$100,000 SIR
5 - POL Retro Date	10/01/1987
6 - EPLI Retro Date	10/01/1987
7 - If New Business - Who is your current POL/EPLI carrier?	
8 - If new business - What is your current POL/EPLI Limit?	
9 - If new business - What is your current POL/EPLI Deductible?	
10 - If new business, is your current coverage claims made or occurrence?	
11 - Has your POL/EPLI coverage ever been cancelled or non-renewed? (If yes describe answer in comment box)	N
12 - Total Number of Board Members?	5
13 - Are Board members Elected? (Y/N) (If no, describe who they are appointed by in comment box)	Y
14 - Number of employees who hold professional designations	30
15 - Has any bond issue been defeated within the past three years?	N
16 - If yes, has the proposal been resubmitted or is it expected to be resubmitted?	
17 - Has the public entity been in default on the principal or interest on any bond?(If yes please provide details in comment box)	N
18 - Do you have a zoning commission? (Y/N)	Y
19 - Does your legal counsel attend all meetings of the planning and zoning board?	Y
20 - Do officials receive training with respect to open meetings and hearing regulations?	Y
21 - Do you have a written master plan for economic development? (If Yes, please indicate the 4 digit year it was updated in the comment box)	Y
22 - Do you have formally approved land use ordinances that have been reviewed by legal counsel?	Y
23 - Do you have a formal procedure to file for a variance to land use statutes?	Y
24 - Do you have a formal process for application and approval of permits and licenses?	Y
25 - Do you have a formal written policy prohibiting elected officials and/or board members from sitting on decisions in which they may have a conflict of interest?	Y
26 - If with Preferred less than 5 years, have you had any disputes or claims involving a wrongful taking, zoning variance or land use right? (If yes, provide details in comment box). Please note providing details here does not qualify as reporting a claim.	N
27 - If with Preferred less than 5 years, have you had any disputes or claims involving the approval of building permits, design, or code enforcement? (If yes, provide details within comment box.) Please note providing details here does not qualify as reporting a claim	N





**Public Entity Application**

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28 - If with Preferred less than 5 years, have you had any disputes, claims, or complaints involving open or closed landfills? (If yes, provide details within the comment box.)	N
29 - Number of employees reported on IRS Form 1099(no FEIN) and/or who have written employment agreements	4
30 - Total % of involuntary turnover during the last 3 years (Ex. 2)	2
31 - Total % of voluntary turnover during the last 3 years (Ex. 5)	8
32 - Average # of years of employment for all employees (Ex. 4)	7
33 - Do supervisors receive training in the proper implementation of your policies and procedures?	Y
34 - Is training documented in their personnel file?	Y
35 - Enter 4 digit year employment manual written or last updated.	2019
36 - Is employment manual reviewed by counsel experienced and qualified in employment law?	Y
37 - Do policies and procedures comply with state and federal guidelines?	Y
38 - Is this manual distributed to all employees upon hiring? (If No, please explain why not in the comment box)	Y
39 - Do you have a written policy with respect to both sexual and non-sexual harassment?	Y
40 - Do you follow a formal written procedure for employee disputes/complaints?	Y
41 - Are all actions to dismiss or demote employees reviewed in advance by legal counsel?	N
42 - Do you require that due process be served and documented for all proceedings involving dismissal, demotion, or suspension?	Y
43 - Are all probationary or disciplinary actions recorded in writing and signed by the employee?	N
44 - Have job descriptions been drafted for regular full-time positions?	Y
45 - Are you an Equal Opportunity Employer?	Y
46 - Over the last 5 years has any person made a claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, or termination of employment? (If yes, explain in the comment box.). Please note providing details here does not qualify as reporting a claim.	Y
47 - Answer if with Preferred less than 5 years. Has any claim been made against the entity or any person in their capacity as an official or employee of the entity? (If yes, explain in the comment box.). Please note providing details here does not qualify as reporting a claim.	N
48 - 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, explain in the comment box.). Please note providing details here does not qualify as reporting a claim.	N



**Public Entity Application**

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Member Name: City of North Port

Agency: Public Risk Insurance Advisors

**COVERAGE INFORMATION - CYBER LIABILITY GENERAL QUESTIONS**

THIS IS AN APPLICATION FOR CLAIMS MADE AND REPORTED COVERAGE

Cyber Liability	Response
1 - Cyber Retro Date	10/01/2011
2 - Do you have anti-virus software installed and enabled on all desktops and servers (excluding database servers) and is it updated on a regular basis?	Y
3 - Do you have firewalls installed on all external gateways?	Y
4 - Do you take regular backups (at least weekly) of all critical data?	Y
5 - If confidential information is stored on laptops, flash drives and other mobile devices, is the information stored in an encrypted format?	N
6 - Is data "at rest" (servers, etc.) stored in an encrypted format?	Y
7 - Is multi-factor authentication required for all employees when accessing email through a website or cloud based service?	N
8 - Is multi-factor authentication required for all remote access to the network provided to employees, contractors, and 3rd party service providers?	Y
IN ADDITION TO REMOTE ACCESS, IS MULTI-FACTOR AUTHENTICATION REQUIRED FOR THE FOLLOWING, INCLUDING ACCESS PROVIDED TO 3RD PARTY SERVICE PROVIDERS:	
9 - All internal and remote admin access to directory services	N
10 - All internal and remote admin access to network backup environments	N
11 - All internal and remote admin access to network infrastructure	N
12 - All internal and remote admin access to the organization's endpoints/servers	N
13 - Have you suffered a claim or loss in the last five years, in relation to cyber liability or cyber security? If yes, describe:	N
14 - Are you aware of any circumstances or complaints against you in relation to data protection or security, PII (Personally Identifiable Information), PHI (Protected Health Information) or any other actual or potential security violations or breaches either currently or in the past five years? If so, please describe (Please note providing details here does not qualify as reporting a claim)	N





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PROFESSIONAL LIABILITY- POL/EPLI/ CYBER

IT IS AGREED THAT IF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION NOT LISTED/DISCLOSED HEREIN, THEN ANY CLAIM BASED UPON, ARISING OUT OF, OR ATTRIBUTABLE THERETO, IS EXCLUDED FROM THE COVERAGE BEING APPLIED FOR.

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

The signing of this Application does not bind the undersigned to purchase coverage, nor does the review of this Application bind Preferred to issue a coverage agreement. This Application shall, however, be the basis of the contract, should a coverage agreement be issued.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



*This Application must be signed by the "Ranking Elected / Appointed Official" of the Entity making the application (e.g. Mayor /Manager / equivalent Officer) or the Risk Manager (or ranking official) assigned this function.*

SIGNATORY ABOVE IS ALSO TO INITIAL EACH AND EVERY PAGE OF THIS APPLICATION.

IMPORTANT NOTICE: SHOULD THE SIGNED APPLICATION DIFFER IN ANY WAY FROM THE APPLICATION SUBMITTED FOR UNDERWRITING/RATING PURPOSES, THE TERMS, CONDITIONS AND PREMIUM AS REFLECTED ON SUBJECT TO CHANGE.





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**COVERAGE INFORMATION - GENERAL QUESTIONS**

Excess WC (Standard Limits are \$1M/\$1M/\$1M)	Response
1 - WC Limit Requested (standard is \$1M/\$1M/\$1M):	\$1M/\$1M/\$1M
2 - Self Insurance Retention Requested (\$350,000 Minimum):	\$350,000.00
3 - Is a formal drug free program in operation?	Y
4 - Is a formal safety program in operation?	Y
5 - Is there a formal Return to Work – Light Duty program for all operational areas?	Y
6 - Does employer have a safety committee?	Y
7 - If Yes, is there management participation?	Y
8 - Is there a formal review of all workplace accidents?	Y
9 - Do past, present, or discontinued operations involve storing, treating, discharging, applying, disposing, or transporting hazardous materials? If yes, describe:	Y WTP and WWTP
10 - Any work performed underground or above 15 feet? If yes, describe:	N
11 - Any work performed on docks, barges, vessels, bridges, or over water? If yes, describe:	Y Water control structures
12 - Are sub-contractors used? If yes, describe:	Y
13 - Are Work Comp COI's required for sub-contractors/ vendors?	Y
14 - Do employees travel out of state? If yes, describe:	Y Conferences
15 - Do you lease employees to or from other employers? If yes, describe:	Y For temp employment
16 - Any group transportation provided? If yes, describe:	N
17 - Are physicals required after offers of employment are made? If yes, list which departments or positions require physicals.	Y Special Risk, Mandatory roles FD & PD
18 - Are there any occupational disease exposures involved in the operation including asbestos, silica, dust, hazardous chemicals, radiation, communicable disease or any other occupational disease exposure? If Yes, describe.	Y FD & PD, WWTP, WTP
19 - Is there any owned, leased or chartered aircraft? If yes, complete aviation supplemental application.	N
20 - Is there any owned, leased or chartered watercraft? If yes, describe operation.	N
21 - Any employees who may be subject to the Longshore and Harbor Workers' Compensation Act, Jones Act or Federal Employer's Liability Act? If yes, describe.	N
22 - Do operations include electric utility? If yes, describe:	N
23 - Any power generation?	N
24 - Any power distribution?	N
25 - # Lineman	
26 - Amount of payroll associated with lineman:	
27 - Do operations include gas utility? If yes, describe.	N
28 - Do operations include a penal facility? If yes, describe.	N
29 - Do operations include amusement park or similar facility? If yes, describe.	N







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30 - Do you provide in house medical for first aid injuries? If yes, who provides treatment?	N
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**Public Entity Application**

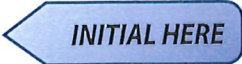
Coverage Term: 10/01/2022 to 10/01/2023

Member Name: City of North Port

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**COVERAGE INFORMATION - GENERAL QUESTIONS**

SIR - TPA Information	Response
1 - Are claims handled for the contract period only? (Y/N)	N
2 - If no, are claims handled until settlement?	Y
3 - Term of Contract	1 YEAR
4 - Name of the Entity's Attorney:	Amber Stayton
5 - Is the Entity's Attorney an employee or is the attorney/firm on retainer?	Employee
6 - Will the Entity's Attorney provide litigation for the coverage party?	Y
7 - Does the Entity maintain a contingent liability reserve for self insured Loss?	Y
8 - To what dollar level is the reserve funded?	\$850,000.00
9 - Name of Contracted TPA (If PGCS, enter PGCS and skip to the next section)	Relation Insurance Services
TPA Contact Full Name	Jeff Fischer
TPA Street Address	700 SE Central Parkway
TPA City	Stuart
TPA State	FL
TPA Postal Code	34994
TPA Email	jeff.fischer@relationinsurance.com
TPA Phone	772-919-8677
10 - Do you understand this is not an application for a TPA Quote? TPA quote is to be sought from a Preferred approved TPA.	Y





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**COVERAGE INFORMATION - Auto Liability**

Coverage	Response
1 - AL Limit:	\$2,000,000
2 - AL Territory:	2T - Gulf Coast (2T)
3 - AL Deductible:	\$100,000 SIR
4 - Medical Payment limit:	\$0
5 - Uninsured/Underinsured motorist limit (Maximum \$100,000):	\$0
6 - Hired and Non-Owned Liability? (Y/N)	Y
7 - If symbol 10 for AL is required, provide definition:	
8 - How often do you inspect vehicles for safety hazards?	Daily
9 - Are safety inspection records maintained?	Y
10 - Are vehicles assigned to specific drivers with back up drivers?	N
11 - Do you own any 15 Passenger Vans with Model Year 2006 or older? (If yes, provide Member's policy/procedure with regards to how many passengers are transported in each van, seatbelts, other safety procedures, etc. in comments box)	N
12 - Are 15 passenger vans used for passenger transportation?	N
13 - Do you own/operate Autonomous Vehicles? If so Autonomous Vehicle Supplemental Application is required.:	No
PLEASE ENTER 4 DIGIT YEAR FOR DATE WRITTEN, LAST UPDATED OR "NONE" for the next 5 questions	
14 - Fleet Management Safety Manual:	2018
15 - Driver Training Program:	2018
16 - MVR Criteria:	2018
17 - Formal Written Accident Reporting Procedure:	2018
18 - Employee Disciplinary Program for Driver Safety	2018





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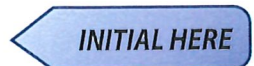
**Coverage Term:** 10/01/2022 to 10/01/2023

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**COVERAGE INFORMATION - Auto Physical Damage**

Coverage	Response
1 - Collision Auto Symbol:	10
2 - Comprehensive Auto Symbol:	10
3 - Symbol 10 definition, if required:	Per Symbol 2, except only vehicles valued over \$40K or more. Agreed Value on Fire Trucks
4 - Hired Physical Damage Limit (0/35K/50K/75K/100K):	
5 - Hired Physical Damage Deductible:	\$0.00

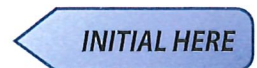




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**COVERAGE INFORMATION- CRIME**

Coverage	Response
1 - Employee Dishonesty Blanket Limit (faithful performance included):	\$500,000
2 - Employee Dishonesty Deductible:	\$1,000
3 - Theft, Disappearance or Destruction Limit	\$500,000
4 - Theft, Disappearance or Destruction Deductible	\$1,000
5 - Computer Fraud Limit	\$500,000
6 - Computer Fraud Deductible	\$1,000
7 - Forgery or Alteration Limit	\$500,000
8 - Forgery or Alteration Deductible	\$1,000
9 - Does the applicant check for past criminal records (theft of money and securities, robbery, etc.) on rateable employees?	Y
10 - How frequently are audits performed? (weekly, monthly, quarterly, annually)	Annually
11 - Who performs the audit?	CPA
12 - Is countersignature of checks required?	Y
13 - Are your bank accounts reconciled by someone not authorized to deposit or withdraw?	Y
14 - Number of employees handling money(accountants,bookkeepers, cashiers, check signers,etc.):	40
15 - Number of messengers:	10
16 - Number of guards accompanying messenger:	0
17 - Is banking done by your internal staff or by other outside professionals?	Internal Staff





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**COVERAGE INFORMATION - General Liability**

Coverage	Response
1 - GL Occurrence Limit	\$2,000,000
2 - GL Deductible	\$100,000 SIR
3 - Employee Benefits Occurrence Limit	\$2,000,000
4 - Medical Expense Limit (Max \$5,000)	\$0
5 - Total number of Housing Authority units	0
6 - If Housing Authority, please give number of section 8 units (including USDA units)	0
7 - Number of hotel units owned/operated by member	0
8 - Do you require all contractors & vendors with whom you do business to provide a contractual hold harmless and certificate of Insurance.	Y
9 - Do you require groups using your facilities to provide a contractual hold harmless and Certificate of Insurance?	Y
10 - Do you require groups using your facilities to make you an additional insured on their insurance policy?	Y
11 - Do you have an ADA coordinator? If so please provide name.:	Christine McDade
12 - If you are a special district, are you responsible for sidewalk maintenance?	
<b>CHECK YES/ NO FOR EACH OF THE FOLLOWING EXPOSURES</b>	
13 - Athletic Fields & Activities	Y
14 - Airports/Aircraft (Coverage limited to Premises Liability Only)	N
15 - Bleachers/Auditoriums/Stadiums	Y
16 - Do you sponsor/operate Children/Youth Programs?	Y
17 - Do you sponsor/operate Sr. Adult Program?	N
18 - Do you sponsor/operate programs for emotionally/mentally challenged individuals?	N
19- Electric Power Distribution(Power Generation excluded)	N
20 - EMT's/Paramedics (Incl Fire Dept & Other 1st Responders)	Y
21 - Exhibition/Convention Center	N
22 - Gas Utility Distribution (Generation Excluded)	N
23 - Golf Course	N
24 - Hospitals, Nursing Homes, Medical Facilities (Coverage limited to Premises Liability only, Medical Malpractice excluded)	N
25 - Law Enforcement(See Law Enforcement section for coverage questions)	Y
26 - Marinas (Premises Liability only excludes Marina Operators Liability)	N
27 - Detention Facilities (See Law Enforcement section for coverage questions)	N
28 - Restaurants/Snack Bars/Food Beverage Carts	N
29 - Skate Parks	Y
30 - Swimming Pools/Water Parks/Splash Parks	Y
31 - Wastewater Treatment	Y
32 - Water Utility	Y
33 - Watercraft (Coverage limited to craft less than 52ft excludes paying passengers)	N





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34 - Wharves/Piers/Docks (Excluding Marina Ops Liability)	Y
35 - Drones (if yes, and you are requesting coverage complete the Unmanned Aircraft/Drone supplemental application found in the pool forms and documents)	

**COVERAGE INFORMATION- General Liability**

<b>Operations: Elder Care/ Respite Care</b>	<b>Response</b>
1 - Number of Elder Care/Respite Care locations	0
2 - Ratio of clients to care providers	

**COVERAGE INFORMATION- General Liability**

<b>Operations: Special Events, Fairs, or Carnivals</b>	<b>Response</b>
1 - If you have fireworks displays, how many a year do you have?	1
2 - Do you contract out the fireworks display to a licensed Pyrotechnician?	Y





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**COVERAGE INFORMATION- General Liability**

Supervision Abuse Prevention (Required)	Response
1 - Who in the Entity has been designated to handle claims (include name, address, telephone number and email)?	Sandy Knowles
2 - With respect to Claims Incidents, etc., do you have a written procedure for obtaining information?	Y
ENTER YES/NO FOR ALL OPERATIONS LISTED BELOW	
3 - Camps(Residential): (Yes/No)	N
4 - Camps with overnight stays: (Yes/No)	N
5 - Daycare Centers/Nursery Schools - Children or Adult Care: (Yes/No)	N
6 - Juvenile Detention Centers: (Yes/No)	N
7 - Medical Services and Professionals - Doctors, Psychiatrists, Visiting Nurse Services: (Yes/No)	N
8 - Mental Institutions: (Yes/No)	N
9 - Orphans or Foster Homes, including Social Service Agencies responsible for the Foster Home evaluation and/or placement: (Yes/No)	N
10 - Religious/Clergy/Church Organizations	N
11 - Schools - public or private elementary, junior high or high school: (Yes/No)	N
12 - Social Service Counselors - Social Workers, Psychologists: (Yes/No)	N
13 - Special Needs Educational Facilities: (Yes/No)	N
14 - Substance Abuse Facilities with overnight stays: (Yes/No)	N
15 - Substance Abuse Facilities without overnight stays: (Yes/No)	N
16 - Youth Organizations (Sports, Scouts, YMCA/YWCA, Big Brothers/Sisters, etc): (Yes/No) - If yes please specify in Comment field	N
17 - Is there a Sexual Abuse Prevention Program in effect?	Y
18 - Has a written policy been established clearly expressing management's commitment to sexual abuse prevention?	Y
19 - Have written procedures encompassing rules, a code of conduct and disciplinary measures been established for all staff and/or volunteers, which clearly define the policy and consequences of non-adherence?	Y
20 - Has a mechanism been developed to ensure that sexual abuse prevention policies and procedures are implemented and enforced throughout the organization?	N
21 - Is there a Sexual Abuse Prevention Coordinator that reports to a member of management?	N
22 - Are management/staff trained in policies and procedures relating to the Sexual Abuse Prevention Program?	Y
23 - Do policies and procedures include an incident reporting and follow-up mechanism?	Y
24 - Are standard applications used for all prospective employees or volunteers?	Y
25 - Is there a minimum of two background checks for prospective employees with documentation maintained in file?	N







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Member Name: City of North Port

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26 - Do background checks include checks with "Sex Offender Hot-lines", State Police, State Department of Social Services, or similar public agencies? (where applicable)	Y
27 - In the past five years have any employees or officers been terminated for cause related to sexually abusive behavior?	N
28 - Are records maintained documenting adherence to all applicable policies and procedures, e.g., hiring and screening, code of conduct, training, incident and follow-up procedures?	Y
29 - Are you aware of any circumstance that may result in a sexual abuse claim? If Yes, explain in the comment box. (Please note providing details here does not qualify as reporting a claim)	N
30 - Have any members of the staff been transferred because of allegations of sexual abuse?	N



**Public Entity Application**  
**Coverage Term:** 10/01/2022 to 10/01/2023  
**Member Name:** City of North Port  
**Agency:** Public Risk Insurance Advisors

**COVERAGE INFORMATION - Professional Liability**

Law Enforcement	Response
1 - Law Liability Limit:	\$2,000,000
2 - Law Liability Deductible:	\$100,000 SIR
3 - Please provide the title of person responsible for Law Enforcement Operations:	Police Chief
4 - Please provide the contact information for person responsible for Law Enforcement Operations:	Todd Garrison, tgarrison@northportpd.com
5 - Are you a party to any mutual aid agreements? (Please list or answer "None".)	Yes
6 - Do you provide contracted services to any other entities? (Please list or answer "No".)	No

PLEASE COMPLETE THE FOLLOWING BY ENTERING NUMBER OF EMPLOYEES, ACCOUNT FOR EACH EMPLOYEE ONLY ONCE IN THEIR PRIMARY CLASSIFICATION.

7 - Full-time with arrest powers	141
8 - Part-time with arrest powers	0
9 - Full-time jailers	0
10 - Part-time jailers	0
11 - Volunteers w/arrest powers	3
12 - Volunteer Jailers w/arrest powers	0
13 - Volunteers without arrest powers	10
14 - All other police personnel	45
15 - Canines	5
16 - Horses	0
17 - Do you handle your own dispatching?	Y
18 - Do you dispatch for any other entities?	N
19 - Do your Law Enforcement dispatchers also dispatch for emergency medical and fire fighting services?	Y
20 - Are all incoming calls recorded?	Y
21 - Average # of months tapes are maintained (Ex. 12)	7 Years
22 - How many hours of training do dispatchers receive?	40
23 - Do you participate in any internship or ride-along programs?	No
24 - Do you own, operate, or maintain any fixed or rotary wing aircraft?	No
25 - Do you own, operate, or maintain any watercraft?	No
26 - What is the current annual operating budget for the law enforcement agency?	\$24,888,010.00

WHICH OF THE FOLLOWING ARE INCLUDED IN YOUR SELECTION PROCESS PRIOR TO EMPLOYMENT:

27 - Written Exam?	Y
28 - Psychological Exam?	Y
29 - Background and employment investigation?	Y
30 - Do all law enforcement officers meet your state's minimum standards for training and receive certification?	Y





**Public Entity Application**

Coverage Term: 10/01/2022 to 10/01/2023

Member Name: City of North Port

Agency: Public Risk Insurance Advisors

31 - Is all employee training, both past and present, documented and kept on file?	Y
32 - Does your agency have a Field Training Program for new employees?	Y
33 - What is the Average Salary of your current full-time sworn officers?	\$69,713.00
34 - What is the Average # of Years of Service of your current full-time sworn officers?	8
<b>ARE OFFICERS REQUIRED TO COMPLETE TRAINING IN THE USE OF:</b>	
35 - Baton/PR-24/ASP?	Y
36 - Chemical Irritants?	Y
37 - Electronic Control Device (Stun gun or Taser)?	Y
38 - Carotid control hold?	Y
39 - Other, please describe.	
40 - Are all officers required to complete a Defensive Driving Program?	Y
41 - Do all officers receive training in simulated or actual high speed pursuit?	Y
42 - Do all officers receive training in First Aid?	Y
43 - Do all officers receive training in CPR?	Y
44 - Do all officers receive training in the use of Defibrillators?	Y
45 - Do you maintain a formal Policies and Procedures Manual	Y
46 - Do all employees receive their own copy?	Y
47 - Enter 4 digit year manual was last updated?	2020
48 - Is your manual regularly reviewed by competent legal counsel?	Y
<b>DO YOU HAVE FORMAL WRITTEN POLICIES AND PROCEDURES PERTAINING TO THE FOLLOWING SUBJECTS: (Y/N)</b>	
49 - Use of deadly force?	Y
50 - Use of non-deadly force?	Y
51 - Vehicle high-speed pursuit?	Y
52 - Domestic Violence?	Y
53 - Search and seizure?	Y
54 - Intoxicated arrestees?	Y
55 - Communicable diseases?	Y
56 - Employee moonlighting?	Y
57 - Has any claim been made or suit filed against the entity or any person in their capacity as an official or employee of the entity in the last five years? If with Preferred less than 5 years, please describe with details in the comment field including status. Please note providing details here does not qualify as reporting a claim.	Y
58 - 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 provide summary with details in the comment. Please note providing details here does not qualify as reporting a claim.	N
59 - Has the Law Enforcement coverage been cancelled or non-renewed within the last five years? If Yes please describe in the comment field.	N
60 - Do you have a detention facility of any kind? If no, you may skip the remaining questions and go to the next coverage section.	N





**Public Entity Application**

Coverage Term: 10/01/2022 to 10/01/2023

Member Name: City of North Port

Agency: Public Risk Insurance Advisors

**WHICH OF THE FOLLOWING BEST DESCRIBES YOUR FACILITY?**

61 - Temporary holding facility (under 8 hours - no overnight)	
62 - Temporary holding cell (from 8 to 24 hours)	
63 - Jail - for persons serving time, awaiting trial or transfer	
64 - Enter 4 digit year facility was built (Ex. 2000)	
65 - Enter 4 digit year facility was last renovated (Ex. 2011)	
66 - What is the state certified capacity?	0
67 - What is the average daily inmate population?	0

**DOES YOUR FACILITY HOUSE HAVE THE FOLLOWING (Y/N)**

68 - Adult prisoners only?	
69 - Males and females?	
70 - Violent and non-violent prisoners?	

**IS YOUR FACILITY EQUIPPED WITH SURVEILLANCE SYSTEMS TO MONITOR ACTIVITY IN THE FOLLOWING AREAS? (Y/N)**

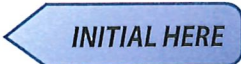
71 - Individual detention cells?	
72 - Secured common areas?	
73 - Booking area?	
74 - Sally port?	

**WHEN WAS YOUR FACILITY LAST INSPECTED BY THE FOLLOWING? ENTER 4 DIGIT YEAR.**

75 - State Corrections Officials?	
76 - Fire Inspectors?	
77 - Department of Health?	
78 - Do you have standard fire protection systems including smoke detectors and fire alarms?	
79 - How many hours of training are required prior to employment as a guard or jailer?	0
80 - Do dispatchers serve as jailers?	
81 - If so, do they receive the same training?	
82 - Do you employ or contract with Doctor(s)?	
83 - Do you employ or contract with Nurse(s)?	
84 - Do you employ or contract with Dentist(s)?	
85 - Do you employ or contract with Psychologist(s)?	
86 - Do each of the above maintain their own professional errors and omissions liability coverage?	
87 - Has anyone ever successfully committed suicide in your facility? If yes, please place explanation in comment box.	
88 - How many attempted suicides have there been in your facility in the last three years?	0
89 - Has your facility ever been subject to a court order or Consent Decree?	
90 - What is the average occupancy percentage of your facility?	0

**DO YOU HAVE FORMAL WRITTEN DETENTION CENTER POLICIES AND PROCEDURES FOR:**

91 - Intake screening and classification?	
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**Public Entity Application**

**Coverage Term:** 10/01/2022 to 10/01/2023

**Member Name:** City of North Port

**Agency:** Public Risk Insurance Advisors

92 - Medical screening?	
93 - Suicide detection and prevention?	
94 - Periodic walk-through of the facility?	
95 - Administration and control of medication?	
96 - Use of force?	
97 - Emergency evacuation?	
98 - Communicable diseases?	
99 - Enter 4 digit year your manual was last updated (Ex. 2015)	
100 - Is your manual reviewed by legal counsel?	





Named Covered Party: City of North Port

Agreement Number: 10/01/2022 to 10/01/2023

Coverage Provided By: Preferred Governmental Insurance Trust

Quote Number: PX FL1 0582501 22-08 01 - 1 SIR\$100K

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORISTS LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting there from. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the Coverage Agreement. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability coverage agreements include Uninsured Motorist coverage at limits equal to the Bodily Injury limits in your coverage agreement unless you select a lower limit offered by the Trust, or reject Uninsured Motorist entirely. Please indicate whether you desire to entirely reject Uninsured Motorist coverage, or, whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your Coverage Agreement:

a. I hereby reject Uninsured Motorist coverage.

b. I hereby select the following Uninsured Motorist limits which are lower than my Bodily Injury Liability Limits:  
each person (enter limit if applicable)  
each accident

c. I hereby select Uninsured Motorist coverage limits equal to my Bodily Injury Liability limits. (If you select this option disregard the bold face statement above.)

**ELECTION OF NON-STACKED COVERAGE**

(Do not complete if you have rejected Uninsured Motorist)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorists coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this Coverage Agreement will apply only to the extent of coverage (if any) which applies to that vehicle in this Coverage Agreement. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist coverage available on any one vehicle for which you are a Named Covered Party, covered family member, or covered resident of the Named Covered Party's household. This Coverage Agreement will not apply if you select the coverage available under any other Coverage Agreement issued to you or the Coverage Agreement of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your Coverage Agreement limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your Coverage Agreement limits would automatically change during the Coverage Agreement term if you increase or decrease the number of autos covered under the Coverage Agreement.

I hereby elect the non-stacked form of Uninsured Motorist coverage.

I understand and agree that selection of any of the above options applies to my liability Coverage Agreement and future renewals or replacements of such Coverage Agreement which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Trust or my agent know in writing.

Signature \_\_\_\_\_

Title \_\_\_\_\_



Name \_\_\_\_\_

Date \_\_\_\_\_

The brief description of coverage contained in this document is being provided as an accommodation only and is not intended to cover or describe all Coverage Agreement terms. For more complete and detailed information relating to the scope and limits of coverage, please refer directly to the Coverage Agreement documents. Specimen forms are available upon request.



**SIGNATURE PAGE**

Policy#: PX FL1 0582501 22-08 01 - 1  
SIR\$100K

Named Covered Party: City of North Port

Effective: 10/01/2022

Termination: 10/01/2023

I hereby confirm that the limits/coverages as shown here, corresponding with the Coverage Agreement, are correct:

N/A	<b>Property</b>  TIV: Not Included
N/A	<b>Inland Marine</b> Blanket Unscheduled IM: Not Included Scheduled Inland Marine: Not Included Total All Inland Marine: Not Included
N/A	<b>Property TRIA (Terrorism Risk Insurance Act) coverage</b>
X	<b>Crime</b>
X	<b>General Liability</b>  Ratable Payroll: \$43,006,633
X	<b>Law Enforcement Liability</b>  Officers: 144
X	<b>Professional Liability</b>  Employees: 890
X	<b>Automobile</b> 606 <b>Units - Auto Liability</b>
X	150 <b>Units - Comprehensive</b>
	150 <b>Units - Collision</b>
N/A	<b>Stop Loss Aggregate:</b> Not Included Applies to:
X	<b>Excess Workers' Compensation</b>  Payroll: \$56,937,296
N/A	I confirm that I have received a copy of Preferred's Current Interlocal Agreement (last amended October 1, 2004) and Amendment A (effective October 1, 2013).
N/A	I confirm having read and agreed to the terms as laid out in the attached Preferred Participation Agreement (which also requires a signature).

A signed copy of the following is also required where applicable: First Page of Preferred Application; Professional Liability Application; Uninsured Motorist Rejection/Election Form; SIR Signature Page.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_



Coverage is provided by Preferred Governmental Insurance Trust

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**PUBLIC ENTITY**  
**SELF INSURED RETENTION SCHEDULE AND TPA INFORMATION**  
**SIGNATURE PAGE**

Covered Party: City of North Port  
 Agreement No: PX FL1 0582501 22-08 01 - 1 SIR\$100K

<input type="checkbox"/>	PROPERTY		Each Occurrence
<input type="checkbox"/>	INLAND MARINE		Each Occurrence
<input type="checkbox"/>	CRIME		Each Occurrence
<input checked="" type="checkbox"/>	GENERAL LIABILITY (includes Employee Benefits)	\$100,000 SIR	Each Occurrence
<input checked="" type="checkbox"/>	LAW ENFORCEMENT LIABILITY	\$100,000 SIR	Each Occurrence
<input checked="" type="checkbox"/>	PUBLIC OFFICIALS LIABILITY	\$100,000 SIR	Each Claim
<input checked="" type="checkbox"/>	EMPLOYMENT PRACTICES	\$100,000 SIR	Each Claim
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY	\$100,000 SIR	Per Person/ Per Accident
<input type="checkbox"/>	AUTOMOBILE PHYSICAL DAMAGE- COMP		Each Accident
<input type="checkbox"/>	AUTOMOBILE PHYSICAL DAMAGE- COLL		Each Accident
<input type="checkbox"/>	GARAGE KEEPERS		Each Accident
<input checked="" type="checkbox"/>	EXCESS WORKERS COMPENSATION	\$350,000	Each Occurrence

**THIRD PARTY ADMINISTRATOR INFORMATION**

If no information appears below of if there is a discrepancy, please make the necessary changes on the lines provided.

**TPA Name & Address:**

Relation Insurance Services  
 700 SE Central Parkway  
 Stuart FL 34994

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**TPA Primary Contact:**

Name: Jeff Fischer  
 Phone: 772-919-8677  
 Email: jeff.fischer@relationinsurance.com

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**QUARTERLY REPORTING REQUIREMENT**

Per PGIT MN-903, page 2, Section C, you agree to submit a claim status update for all claims to us on a quarterly basis in an acceptable electronic Excel Spreadsheet per layout included at time of quote. The data should be emailed to [mwalck@publicrisk.com](mailto:mwalck@publicrisk.com) by the 15<sup>th</sup> day after the quarter ending.

I hereby agree to the reporting requirements and confirm the above information is correct.

**Authorized Signature:** \_\_\_\_\_



Please note: Failure to return a signed copy of this document could result in cancellation of coverage.

The brief description of coverage contained in this document is being provided as an accommodation only and is not intended to cover or describe all Coverage Agreement terms. For more complete and detailed information relating to the scope and limits of coverage, please refer directly to the Coverage Agreement documents. Specimen forms are available upon request.