



Public Entity Application
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Public Entity Application
 Renewal Application Muni
 Coverage Term: 10/01/2025 to 10/01/2026

General Member Information	
Name: City of North Port	
Mailing: 4970 City Hall Blvd	
City/State/Zip: North Port, Florida 34286	
Physical: 4970 City Hall Blvd	
City/State/Zip: North Port, Florida 34286	
Member Contact Information	Additional Member Information
Contact: Steve Lambert	FEIN: 59-6072227 NCCI Risk ID:
Title: Risk Management Coordinator	Population: 97,000
	County: Sarasota
Email: slambert@northportfl.gov	Member Type: Municipality
Agency Information	Agency Contact Information
Agency: The Gehring Group	Contact: Rodney Louis
Address: 3500 Kyoto Garden Dr	Phone#: 5616266797
City/State/Zip: Palm Beach Gardens , Florida 33410	Fax#: 5616266970
Phone#: (561) 626-6797 Fax#: (561) 626-6970	Email: rodney.louis@gehringgroup.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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Coverages Selected:

Auto Liability	Y	Auto Physical Damage	Y
Boiler & Machinery	N	Crime	Y
Flood	N	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	
General Question	Excess WC (Standards 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	Operations: 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
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APPLICATION GENERAL INFORMATION

General Questions	Response
Account CSR:	Rommi Mitchell
Agent Name:	Rodney Louis
Primary Member Contact:	Steve Lambert
If New Primary Contact include name, phone and email address:	Steve Lambert (941) 429-7138 slambert@northportfl.gov
Requested Effective Date:	10/01/2025
Requested Termination Date:	10/01/2026
Bid Date (if Applicable, Attach RFP copy):	
Need by Date:	8/8/2025
Is this new business? If it is new business, please complete and attach the 'Expiring Information' form. Template can be found under 'Agent Documents' at the top of the page (Application is not complete without this information).	No
Have you been with PGIT less than 5 years? If Yes - complete and attach the 'Loss Summary' form or a 'No Known Losses' letter. Template can be found under 'Agent Documents' at the top of the page (Application is not complete without this information).	No
Member's FEIN	59-6072227
NCCI Risk Id #	
Population	97,000
Have you attached the most recent audited financials/budget?	
Please Enter Full Detail Description of Operations	
Installment Schedule: (Only Available for premium > 100k, pay plan is agency bill)	Annual
Do you have a Risk Manager? (If yes, please provide name and number in comment box)	Yes Steve Lambert (941) 429-7138
Do you have a Human Resource or Personnel Department? (If No please describe handling of this function in comment box)	Yes
Number of Full Time Police?	179
Number of Full Time Fire?	146
Number of Full Time all other Personnel?	606
Number of Part Time Police?	0
Number of Part Time Fire?	0
Number of Part Time All Other Personnel including Seasonal personnel?	91
Number of Volunteers Police?	24
Number of Volunteers Fire?	0
Number of Volunteers All Others?	15
Police - Estimated Payroll	\$21,025,120
Fire - Estimated Payroll	\$14,051,508
All Other - Estimated Payroll	\$43,190,660



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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?	Claims Made
11 - Has your POL/EPLI coverage ever been cancelled or non-renewed? (If yes describe answer in comment box)	No
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)	Yes
14 - Number of employees who hold professional designations	31
15 - Has any bond issue been defeated within the past three years?	No
16 - If yes, has the proposal been resubmitted or is it expected to be resubmitted?	No
17 - Has the public entity been in default on the principal or interest on any bond? (if yes, please provide details in comment box)	No
18 - Do you have a zoning commission? (Y/N)	Yes
19 - Does your legal counsel attend all meetings of the planning and zoning board?	Yes
20 - Do officials receive training with respect to open meetings and hearing regulations?	Yes
21 - Do you have a written master plan for economic development? (If yes, please select the year)	
22 - Do you have formally approved land use ordinances that have been reviewed by legal counsel?	Yes
23 - Do you have a formal procedure to file for a variance to land use statutes?	Yes
24 - Do you have a formal process for application and approval of permits and licenses?	Yes
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?	Yes
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.	
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	



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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.)	
29 - Number of employees reported on IRS Form 1099(no FEIN) and/or who have written employment agreements	3
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)	16%
32 - Average # of years of employment for all employees (Ex. 4)	6
33 - Do supervisors receive training in the proper implementation of your policies and procedures?	Yes
34 - Is training documented in their personnel file?	Yes
35 - Enter 4 digit year employment manual written or last updated.	2025
36 - Is employment manual reviewed by counsel experienced and qualified in employment law?	Yes
37 - Do policies and procedures comply with state and federal guidelines?	Yes
38 - Is this manual distributed to all employees upon hiring?	Yes
39 - Do you have a written policy with respect to both sexual and non-sexual harassment?	Yes
40 - Do you follow a formal written procedure for employee disputes/complaints?	Yes
41 - Are all actions to dismiss or demote employees reviewed in advance by legal counsel?	Yes
42 - Do you require that due process be served and documented for all proceedings involving dismissal, demotion, or suspension?	Yes
43 - Are all probationary or disciplinary actions recorded in writing and signed by the employee?	Yes
44 - Have job descriptions been drafted for regular full-time positions?	Yes
45 - Are you an Equal Opportunity Employer?	Yes
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.	Yes
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.	
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.	



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COVERAGE INFORMATION - CYBER LIABILITY GENERAL QUESTIONS
THIS IS AN APPLICATION FOR CLAIMS MADE AND REPORTED COVERAGE

Cyber Liability	Response
1 - Cyber Retro Date	10/1/2011
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?	Yes
3 - Do you have firewalls installed on all external gateways?	Yes
4 - Do you take regular backups (at least weekly) of all critical data?	Yes
5 - If confidential information is stored on laptops, flash drives and other mobile devices, is the information stored in an encrypted format?	Yes
6 - Is data "at rest" (servers, etc.) stored in an encrypted format?	Yes
7 - Is multi-factor authentication required for all employees when accessing email through a website or cloud based service?	Yes
8 - Is multi-factor authentication required for all remote access to the network provided to employees, contractors, and 3rd party service providers?	Yes
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	Yes
10 - All internal and remote admin access to network backup environments	Yes
11 - All internal and remote admin access to network infrastructure	Yes
12 - All internal and remote admin access to the organization's endpoints/servers	Yes
13 - Have you suffered a claim or loss in the last five years, in relation to cyber liability or cyber security? If yes, describe:	No ON 1 AND 3 AND 4 = n TO INTERNAL
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)	No



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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 and 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 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 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
3 - Is a formal drug free program in operation?	Yes
4 - Is a formal safety program in operation?	Yes
5 - Is there a formal Return to Work – Light Duty program for all operational areas?	Yes
6 - Does employer have a safety committee?	Yes
7 - If Yes, is there management participation?	Yes
8 - Is there a formal review of all workplace accidents?	Yes
9 - Do past, present, or discontinued operations involve storing, treating, discharging, applying, disposing, or transporting hazardous materials? If yes, describe:	Yes
10 - Any work performed underground or above 15 feet? If yes, describe:	No
11 - Any work performed on docks, barges, vessels, bridges, or over water? If yes, describe:	Yes WATER CONTRO STRUCTURES
12 - Are sub-contractors used? If yes, describe:	Yes
13 - Are Work Comp COI's required for sub-contractors/ vendors?	Yes
14 - Do employees travel out of state? If yes, describe:	Yes
15 - Do you lease employees to or from other employers? If yes, describe:	Yes
16 - Any group transportation provided? If yes, describe:	No
17 - Are physicals required after offers of employment are made? If yes, list which departments or positions require physicals.	Yes
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.	Yes
19 - Is there any owned, leased or chartered aircraft? If yes, complete aviation supplemental application.	No
20 - Is there any owned, leased or chartered watercraft? If yes, describe operation.	No
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.	No
22 - Do operations include electric utility? If yes, describe:	No
23 - Any power generation?	No
24 - Any power distribution?	No
25 - # Lineman	0
26 - Amount of payroll associated with lineman:	\$0
27 - Do operations include gas utility? If yes, describe.	No
28 - Do operations include a penal facility? If yes, describe.	No
29 - Do operations include amusement park or similar facility? If yes, describe.	No
30 - Do you provide in house medical for first aid injuries? If yes, who provides treatment?	No



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COVERAGE INFORMATION - GENERAL QUESTIONS

SIR-TPA Information	Response
1 - Are claims handled for the contract period only?	No
2 - If no, are claims handled until settlement?	Yes
3 - Term of Contract	10/1/2025 - 10/1/2028
4 - Name of the Entity's Attorney:	Michael Golen
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?	Yes
7 - Does the Entity maintain a contingent liability reserve for self insured Loss?	Yes
8 - To what dollar level is the reserve funded?	\$850,000
9 - Name of Contracted TPA (If PGCS, enter PGCS and skip to the next section)	Commercial Risk Management
TPA Contact Full Name	Dena McKenzie
TPA Street Address	2002 N Lois Ave, Ste 600
TPA City	Tampa
TPA State	Florida
TPA Postal Code	33607
TPA Email	dmckenzie@crm.su.com
TPA Phone	813-289-3900
10 - Do you understand this is not an application for a TPA Quote? TPA quote is Y to be sought from a Preferred approved TPA.	Yes



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COVERAGE INFORMATION - Auto Liability

Coverage	Response
1 - AL Limit:	\$2,000,000
2 - AL Territory:	N/A
3 - AL Deductible:	\$100,000 SIR
4 - Medical Payment limit:	
5 - Uninsured/Underinsured motorist limit (Maximum \$100,000):	
6 - Hired and Non-Owned Liability? (Y/N)	Y
7 - If symbol 10 for AL is required, provide definition:	N/A
8 - How often do you inspect vehicles for safety hazards?	Daily
9 - Are safety inspection records maintained?	Yes
10 - Are vehicles assigned to specific drivers with back up drivers?	No
11 - Do you own any 15 Passenger Vans with Model Year 2006 or older?	No
12 - Are 15 passenger vans used for passenger transportation? (If yes, provide Member's policy/procedure with regards to how many passengers are transported in each van, seatbelts, other safety procedures, etc.)	No
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:	2022
17 - Formal Written Accident Reporting Procedure:	2024
18 - Employee Disciplinary Program for Driver Safety	2024



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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:	



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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?	Yes
10 - How frequently are audits performed? (weekly, monthly, quarterly, annually)	Annually
11 - Who performs the audit?	CPA
12 - Is countersignature of checks required?	Yes
13 - Are your bank accounts reconciled by someone not authorized to deposit or withdraw?	Yes
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?	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)	N/A
5 - Total number of Housing Authority units	0
6 - If Housing Authority, please give number of section 8 units (including USDA units)	
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.	Yes
9 - Do you require groups using your facilities to provide a contractual hold harmless and Certificate of Insurance?	Yes
10 - Do you require groups using your facilities to make you an additional insured on their insurance policy?	Yes
11 - Do you have an ADA coordinator? If so please provide name.:	STEVE LAMBERT
12 - If you are a special district, are you responsible for sidewalk maintenance?	
CHECK YES/ NO FOR EACH OF THE FOLLOWING EXPOSURES	
13 - Athletic Fields & Activities	Yes
14 - Airports/Aircraft (Coverage limited to Premises Liability Only)	No
15 - Bleachers/Auditoriums/Stadiums	Yes
16 - Do you sponsor/operate Children/Youth Programs?	Yes
17 - Do you sponsor/operate Sr. Adult Program?	No
18 - Do you sponsor/operate programs for emotionally/mentally challenged individuals?	No
19 - Electric Power Distribution(Power Generation excluded)	No
20 - EMT's/Paramedics (Incl Fire Dept & Other 1st Responders)	Yes
21 - Exhibition/Convention Center	No
22 - Gas Utility Distribution (Generation Excluded)	No
23 - Golf Course	No
24 - Hospitals, Nursing Homes, Medical Facilities (Coverage limited to Premises Liability only, Medical Malpractice excluded)	No
25 - Law Enforcement(See Law Enforcement section for coverage questions)	Yes
26 - Marinas (Premises Liability only excludes Marina Operators Liability)	No
27 - Detention Facilities (See Law Enforcement section for coverage questions)	No
28 - Restaurants/Snack Bars/Food Beverage Carts	No
29 - Skate Parks	Yes
30 - Swimming Pools/Water Parks/Splash Parks	Yes
31 - Wastewater Treatment	Yes
32 - Water Utility	Yes
33 - Watercraft (Coverage limited to craft less than 52ft excludes paying passengers)	No
34 - Wharves/Piers/Docks (Excluding Marina Ops Liability)	Yes



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35 - Drones (if yes, and you are requesting coverage complete the Unmanned Aircraft/Drone supplemental application found in the pool forms and documents)	No
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COVERAGE INFORMATION- General Liability

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

COVERAGE INFORMATION- General Liability

Operations: Special Events, Fairs, or Carnivals	Response
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?	Yes



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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)?	STEVE LAMBERT
2 - With respect to Claims Incidents, etc., do you have a written procedure for obtaining information?	Yes
ENTER YES/NO FOR ALL OPERATIONS LISTED BELOW	
3 - Camps(Residential): (Yes/No)	No
4 - Camps with overnight stays: (Yes/No)	No
5 - Daycare Centers/Nursery Schools - Children or Adult Care: (Yes/No)	No
6 - Juvenile Detention Centers: (Yes/No)	No
7 - Medical Services and Professionals - Doctors, Psychiatrists, Visiting Nurse Services: (Yes/No)	No
8 - Mental Institutions: (Yes/No)	No
9 - Orphans or Foster Homes, including Social Service Agencies responsible for the Foster Home evaluation and/or placement: (Yes/No)	No
10 - Religious/Clergy/Church Organizations	No
11 - Schools - public or private elementary, junior high or high school: (Yes/No)	No
12 - Social Service Counselors - Social Workers, Psychologists: (Yes/No)	No
13 - Special Needs Educational Facilities: (Yes/No)	No
14 - Substance Abuse Facilities with overnight stays: (Yes/No)	No
15 - Substance Abuse Facilities without overnight stays: (Yes/No)	No
16 - Youth Organizations (Sports, Scouts, YMCA/YWCA, Big Brothers/Sisters, etc): (Yes/No) - If yes please specify in Comment field	No
17 - Is there a Sexual Abuse Prevention Program in effect?	Yes
18 - Has a written policy been established clearly expressing management's commitment to sexual abuse prevention?	Yes
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?	Yes
20 - Has a mechanism been developed to ensure that sexual abuse prevention policies and procedures are implemented and enforced throughout the organization?	No
21 - Is there a Sexual Abuse Prevention Coordinator that reports to a member of management?	No
22 - Are management/staff trained in policies and procedures relating to the Sexual Abuse Prevention Program?	Yes
23 - Do policies and procedures include an incident reporting and follow-up mechanism?	Yes
24 - Are standard applications used for all prospective employees or volunteers?	Yes
25 - Is there a minimum of two background checks for prospective employees with documentation maintained in file?	No
26 - Do background checks include checks with "Sex Offender Hot-lines", State Police, State Department of Social Services, or similar public agencies? (where applicable)	Yes
27 - In the past five years have any employees or officers been terminated for cause related to sexually abusive behavior?	No



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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?	Yes
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)	No
30 - Have any members of the staff been transferred because of allegations of sexual abuse?	No



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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 Harrison 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	165
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	50
15 - Canines	5
16 - Horses	0
17 - Do you handle your own dispatching?	Yes
18 - Do you dispatch for any other entities?	No
19 - Do your Law Enforcement dispatchers also dispatch for emergency medical and fire fighting services?	Yes
20 - Are all incoming calls recorded?	Yes
21 - Average # of months tapes are maintained (Ex. 12)	84
22 - How many hours of training do dispatchers receive?	960
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?	\$37,969,420
WHICH OF THE FOLLOWING ARE INCLUDED IN YOUR SELECTION PROCESS PRIOR TO EMPLOYMENT	
27 - Written Exam?	Yes
28 - Psychological Exam?	Yes
29 - Background and employment investigation?	Yes
30 - Do all law enforcement officers meet your state's minimum standards for training and receive certification?	Yes



Public Entity Application

Coverage Term: 10/01/2025 to 10/01/2026

Member Name: City of North Port

Agency: The Gehring Group

31 - Is all employee training, both past and present, documented and kept on file?	Yes
32 - Does your agency have a Field Training Program for new employees?	Yes
33 - What is the Average Salary of your current full-time sworn officers?	\$98,488
34 - What is the Average # of Years of Service of your current full-time sworn officers?	8.85

ARE OFFICERS REQUIRED TO COMPLETE TRAINING IN THE USE OF:

35 - Baton/PR-24/ASP?	Yes
36 - Chemical Irritants?	Yes
37 - Electronic Control Device (Stun gun or Taser)?	Yes
38 - Carotid control hold?	Yes
39 - Other, please describe.	
40 - Are all officers required to complete a Defensive Driving Program?	Yes
41 - Do all officers receive training in simulated or actual high speed pursuit?	Yes
42 - Do all officers receive training in First Aid?	Yes
43 - Do all officers receive training in CPR?	
44 - Do all officers receive training in the use of Defibrillators?	Yes
45 - Do you maintain a formal Policies and Procedures Manual	Yes
46 - Do all employees receive their own copy?	Yes
47 - Enter 4 digit year manual was last updated?	2020
48 - Is your manual regularly reviewed by competent legal counsel?	Yes

DO YOU HAVE FORMAL WRITTEN POLICIES AND PROCEDURES PERTAINING TO THE FOLLOWING SUBJECTS: (Y/N)

49 - Use of deadly force?	Yes
50 - Use of non-deadly force?	Yes
51 - Vehicle high-speed pursuit?	Yes
52 - Domestic Violence?	Yes
53 - Search and seizure?	Yes
54 - Intoxicated arrestees?	Yes
55 - Communicable diseases?	Yes
56 - Employee moonlighting?	Yes
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.	Yes
58 - Does any official or employee have any knowledge of any fact, circumstance, or situation with might reasonably be expected to give rise to a claim? If yes, please attach a narrative summary with details. Please note providing details here does not qualify as reporting a claim.	No
59 - Has the Law Enforcement coverage been cancelled or non-renewed within the last five years? If Yes please describe in the comment field.	No
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.	No

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)	



Public Entity Application
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65 - Enter 4 digit year facility was last renovated (Ex. 2011)	
66 - What is the state certified capacity?	
67 - What is the average daily inmate population?	
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?	
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 explain	
88 - How many attempted suicides have there been in your facility in the last three years?	
89 - Has your facility ever been subject to a court order or Consent Decree?	
90 - What is the average occupancy percentage of your facility?	
DO YOU HAVE FORMAL WRITTEN DETENTION CENTER POLICIES AND PROCEDURES FOR:	
91 - Intake screening and classification?	
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?	Yes

Submission Checklist

For selected coverages, have you attached

New Business

Expiring Coverage Information - see Template in Portal Documents. Include target premium.

If requesting property coverage, provide a copy of the most recent appraisal.

All Coverages

5 years of currently valued loss runs (if with Preferred less than 5 years) except XS WC, see section below

Details on any claims in excess of \$50,000

Premium Loss Summary (if with Preferred less than 5 years)

Most recent audited financial or link to website that we can get it from

Liability Coverage

Policies & procedures (including incident response) related to your Sexual Abuse Prevention Program

List of all Sexual Abuse claims with a Total Incurred Amount in excess of \$10,000

Workers' Compensation - 1st Dollar Standalone application

Employee Concentration Form

Payroll Schedule by Class Code

Aviation supplemental if aviation class code requested

Worker's Compensation - SIR/ Excess coverage included in Package application

10 years of currently valued loss runs (if with Preferred less than 5 years)

Employee Concentration Form

Payroll Schedule by Class Code

Aviation Supplemental if aviation class code requested

Employment Practices Liability Employee

Handbook

Educators Legal Liability

Student Handbook

Automobile Liability

15 Passengers Vans older than 2006 - Copy of safety policy/procedures for Van usage

Property/Automobile/Inland Marine

Schedules in the Preferred template

-End of Application-