

GOVERNMENTAL ENTITY APPLICATION

HOUSING AND REDEVELOPMENT INSURANCE EXCHANGE

ALL REQUIRED APPLICATIONS MUST BE COMPLETED UN FULL IF YOU ENCOUNTER ANY DIFFICULTY,
PLEASE CALL FOR ASSISTANCE.

Phone (570) 961-5105 Fax (570) 961-2178

I. APPLICANT

Applicant: _____
Applicant Mailing Address: _____
Applicant Physical Address: _____
County: _____ Phone Number (____) _____
Date Submitted: _____ Bid Date: _____ Effective Date: _____
Date Quote is Needed: _____ Specimen Policies: YES NO

II. SUBMITTING AGENCY

Agency: _____
Mailing Address: _____
Phone Number: (____) _____ Producer: _____
Fax Number: (____) _____ Phone Number: (____) _____
Agent License No. _____ State: _____
Broker License NO. _____ State: _____
Surplus Lines License No. _____ State: _____
All Agents participating in this program must comply with their
State requirements. Please indicate your current resident license
number in the space provided.

PENNSYLVANIA FRAUD WARNING:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER
PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY
MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION
CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A
CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

Signature of Authorized Official Title Date

Signature of Agent or Broker Title Date

III: GENERAL INFORMATION

A. Coverages Requested: Complete pages 4-17 for all lines

	WORKERS COMPENSATION USE ACCORD APPLICATION
	COMMERCIAL GENERAL LIABILITY (P. 4-17)
	COMMERCIAL EXCESS LIABILITY (P. 5)
	PUBLIC OFFICIAL LIABILITY SUBMIT US RISK APPLICATION
	LAW ENFORCEMENT LIABILITY SUBMIT US RISK APPLICATION
	COMMERCIAL AUTOMOBILE (P. 19-20-B)
	PROPERTY AND ALLIED LINES (P. 21-23)
	BOILER & MACHINERY (P.24-26)

B. POPULATION: _____ TOTAL # OF EMPLOYEES: _____
 COUNTY: _____ DATE OF INCORPORATION: _____
 TOTAL PAYROLL: _____

C. FINANCIAL INFORMATION:

PLEASE ATTACH MOST RECENT BUDGET AND INDICATE: ADOPTED TENTATIVE

Have any budget deficits occurred in the past three years YES NO

If yes, please describe reasons/conditions leading to deficit.

IV. RISK MANAGEMENT

A. Contact for loss Control Inspection _____
 Title: _____ Phone Number: _____

B. Does the Entity have a Safety/Loss Control program? YES NO
 Are regular Safety/Loss Control meeting conducted? YES NO

If yes, how often?

Does the Entity have an Accident Investigation Program YES NO
 Does the Entity have a regular program to inspect and maintain
 all owned property(ies) YES NO

C. Does the Entity have a procedure to prevent and report Sexual Harassment? YES NO
 D. Is the Entity in compliance with the federally mandated Americans With Disabilities Act (A.D.A.)? YES NO

If yes to any above, please describe in detail on separate sheet.

V. PREMIUM AND LOSS HISTORY

This information must be provided for each line of coverage requested. We require, as minimum, the three most recent years loss information, but additional underwriting consideration may require five years experience.

Are company loss runs available? YES NO

Failure to provide all the requested premium and loss information may void your submission.

LINE	POLICY YEAR	PREMIUM	INCURRED LOSS	COMPANY	POLICY LIMIT	DEDUCTIBLE
CGL	TO					
	TO					
	TO					
PUBLIC OFFICIAL	TO					
	TO					
	TO					
LAW	TO					
	TO					
	TO					
AUTO LIAB.	TO					
	TO					
	TO					
AUTO PHYS. DAMAGES	TO					
	TO					
	TO					
PROPERTY	TO					
	TO					
	TO					
INLAND MARINE	TO					
	TO					
	TO					
UMBRELLA	TO					
	TO					
	TO					

Attach complete description of any losses paid or reserved over \$10,000 (past 3 years - whether or not covered by insurance)

Has any company canceled or declined to renew any of these coverage's?

Yes No If yes, explain _____ Does the applicant have knowledge of any incident(s), accident(s) or occurrence(s) which may result in a claim? Yes No If yes, explain _____

EXPERIENCE MODIFIER ATTACH LETTER OF AUTHORIZATION OF CURRENT EXPERIENCE MOD from PCRB

WORKERS COMPENSATION EXPERIENCE MOD : EFF. DATE OF MODIFIER