

National Casualty Company
 Home Office: Madison, Wisconsin
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675

Public Entity Application Public Officials Liability Section

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: _____ Effective Date: _____

A. COVERAGE REQUESTED

1. Limit of Liability: Each Wrongful Act: \$ _____ Annual Aggregate: \$ _____
2. Coverage desired: Claims Made Claims Made and Reported
3. Deductible requested: \$ _____; or
 SIR Requested: \$ _____ With LAE Included Without LAE Included
 TPA Name, Address, Telephone, and Facsimile: _____
4. Land use planning and zoning coverage option? Yes No
5. Consent to Settle Coverage Option? Yes No

B. UNDERWRITING INFORMATION

1. Name of municipal attorney: _____ Name of municipal engineer: _____
2. Do you have a formal procedure in place for requests for variance to land development statutes? Yes No
3. Do you have a written master plan for development? Yes No
 When was it adopted/revised? _____ (date)
4. Do you engage in any planning and zoning activities? Yes No
 - a. Do planning and zoning officials receive training regarding "open meeting" and hearing regulations? Yes No
 - b. Does your municipal attorney attend all meetings of the planning and zoning board? Yes No
5. Do you own or operate a landfill that has been designated as a hazardous waste or Superfund Site by the EPA? Yes No
6. Do you own or operate any nuclear power plants? Yes No
7. Has there been continuous claims made coverage for the past five (5) years? Yes No
 If no, please explain: _____
8. Have any of the following occurred within the last five (5) years? (If any answer is yes, provide a detailed narrative on a separate sheet of paper.)
 - a. Grand jury investigations or indictments of any public officials? Yes No
 - b. Disputes or claims alleging the wrongful granting or refusal to grant zoning changes, building permits or similar allowances? Yes No

- c. Disputes or claims alleging wrongful approval of building designs or specifications? Yes No
- d. Disputes or claims alleging civil rights violations in regards to poor environmental quality in a neighborhood? Yes No

C.	UTILITIES/AUTHORITIES
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1. Does the entity administer any of the following?
 - a. Gas Utility* Yes No
If yes, complete supplementary questionnaire G.
 - b. Electric Utility* Yes No
If yes, complete supplementary questionnaire F.
 - c. Water Utility Yes No
If yes, complete supplementary questionnaire E.
 - d. Sewer Utility Yes No
If yes, complete supplementary questionnaire E.
 - e. Port Authority* Yes No
If yes, complete supplementary questionnaire N.
 - f. Transit Authority* Yes No
If yes, complete supplementary questionnaire N.
 - g. Airport Authority* Yes No
If yes, complete supplementary questionnaire N.
 - h. Housing Authority* Yes No
If yes, complete supplementary questionnaire H.
 - i. Schools* Yes No
If yes, complete supplementary questionnaire J.

*(*Note: There is no coverage for loss that results from the conduct of duties by or for such utility or authority unless specifically added to the policy.)*