

**PUBLIC OFFICIALS LIABILITY INSURANCE RENEWAL APPLICATION
CLAIMS MADE POLICY FORM**

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION

Section I - Applicant Information

1. Name of Public Entity: Town of East Bridgewater

a. E-Mail Address of Primary Contact: cseelig@eastbridgewater.ma.gov
johnson@eastbridgewater.ma.gov

2. Address: 175 Central Street

3. City: E. Bridgewater State: MA Zip: 02333

4. Current Population: 13,817 14,500

5. Do you administer any of these facilities:

A. Gas Utility: Yes ☐ No ☒

Annual Budget \$ _____

of residential users _____

of commercial users _____

Does the entity own any wellhead or pipeline?

Yes ☐ No ☒ (Gas generation is not eligible)

Is it a pass through facility? Yes ☐ No ☐

Responsible for gas lines? Yes ☐ No ☐

B. Electric Utility: Yes ☐ No ☒

Annual Budget \$ _____

of residential users _____

of commercial users _____

of industrial users _____

Does the entity generate electricity? Yes ☐ No ☐

Is it a pass through facility? Yes ☐ No ☐

Responsible for power lines? Yes ☐ No ☐

Are electro-magnetic levels monitored near high tension lines?

Yes ☐ No ☐

C. Water/Sewer: Yes ☒ No ☐

Is it EPA approved? Yes ☐ No ☐

If not, does it follow EPA standards and approved by a state agency similar to the EPA? Yes ☐ No ☐

How many Residential Connections: _____

How many Commercial Connections: _____

D. Port Authority: Yes ☐ No ☒

River ☐ Ocean ☐ Lake ☐

E. Airport: Yes ☐ No ☒

Is airport: owned ☐ operated ☐ leased ☐

Number of aviation shows: _____

Number of commercial flights a day: _____

F. Transit Authority: Yes ☐ No ☒

Number of employees: _____

Type of vehicles: _____

G. Housing Authority: Yes ☐ No ☒

Number of housing units: _____

Tallest Building (# stories): _____

H. Hospital: Yes ☐ No ☒

I. Redevelopment Authority: Yes ☐ No ☒

J. Council on Aging: Yes ☒ No ☐

of COA Employees: 3 full time, 2 part time, 2 per diem

Do You Provide Home Health Care Services? Yes ☒ No ☐

Is there billable Health Care Revenue? Yes ☒ No ☐

Are there Policies and Procedures in Place? Yes ☒ No ☐

Please Describe Any Home Health Care Services Provided by the COA: Does not provide

Section II - Employee Information

1. Total number of employees: 887 559
(Include School Department Staff if applicable)

2. Is your Municipal Attorney on Staff
Yes ☐ No ☒

2. Do you have policies and procedures on the following:

	Yes	No	In Writing?
a. Hiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Termination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Background Checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suspension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Sexual Harassment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Medical Leave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Grievance Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III - Zoning Information

1. Do you have zoning authority in your municipality? Yes ☒ No ☐
2. Do you have a planning and zoning board? Yes ☒ No ☐
3. Does your municipal attorney attend all meetings of your planning and zoning board? Yes ☐ No ☒
4. Advise the estimated number of building permits granted in the past year: 1234
5. Advise the estimated number of building permits denied in the past year: 0

Section IV - Financial Information

1. Provide budget figures for past year: Actual 2020
Revenues 50,420,000 Expenditures 48,800,000
52,304,000 appx 2021 53,600,000 FY22
2. Has state or federal aid been reduced or eliminated in the past year? Yes ☐ No ☒
3. What is the amount of outstanding bonds? \$ 38,841,408
4. What is your latest bond rating: S-P AA
5. Has any bond been defeated in the past year? Yes ☐ No ☒
If yes, what was bond for? _____
6. Has your public entity been in default on principal or interest on any bond? Yes ☐ No ☒
If yes, explain: _____

Note: You should report any incidents, facts, circumstances, acts or omissions that could reasonably be expected to result in a claim to your MIA Public Officials Liability Coverage within the policy period in order to preserve coverage under your policy.

Entity's Attestation - The authorized signer of this application attests to the best of his/her knowledge that statement set forth herein are true; that no fact, circumstances or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or signing of this application does not bind the signer to purchase the insurance, but is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.

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.

James J. Russell
Authorized signatory for entity
Interim Town Administrator
Title

7/27/2021
Date
508-328-1601
Phone Number

Section V - Operations Information

1. Have there been any strikes, slowdowns or disruptions in the past year? Yes ☐ No ☒
2. Have there been any layoffs or reduction in services in the past year? Yes ☐ No ☒
3. Do you have an emergency procedure for natural or terrorist catastrophe in place? Yes ☐ No ☐
If not, please attach an explanation as to why.
a. Does this procedure include containment and/or evacuation in case of any aforementioned catastrophe? Yes ☐ No ☐
If no, please attach an explanation.

Section VI - Claims Experience

1. Is the entity operating under any court orders? Yes ☐ No ☒
If yes, why? _____
2. Has any claim been made in the past year or is now pending against any person in their capacity as an official or employee of the public entity? Yes ☐ No ☒
3. Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim? Yes ☐ No ☒
4. Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment in the past year? Yes ☐ No ☒
5. Have there been any sexual harassment or civil rights claims in the past year? Yes ☐ No ☒

If yes to any of the above questions, please explain in a separate form or include them in Section VIII.