



ACE Municipal AdvantageSM Public Entity Liability Renewal Application

NOTICE

The Policy for which you are applying is written on a claims-made and reported basis. Only claims first made against the Insured and reported to the Company during the Policy Period are covered subject to the Policy Provisions.

The Limits of Liability stated in the Policy are reduced, and may be exhausted, by Claims Expenses. Claims Expenses are also applied against your Retention, if any. If you have any questions about coverage, please discuss them with your insurance agent.

INSTRUCTIONS

Please type or print all answers clearly. Answer all questions completely, leaving no blanks. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. If any questions, or any part thereof, do not apply, print N/A in the space. Insert checks in Yes or No answer boxes, if any. This application must be completed, signed, and dated by an authorized officer of your firm. Underwriters will rely on all statements made in this application.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Company under any Policy of a claim or potential claim. All such notices must be submitted to the Company pursuant to the terms of the Policy, if and when issued.

Please attach copies of the following:

- Audited Financial Statement or Budget for the most recent available fiscal year, if the applicant has more than \$500,000,000 in Annual Budget
- Minimum of last 3 years of liability claim loss runs (5 years desired)

1. Name of Public Entity: Bear Lake-Lake Board Year Established: 2016
2. Principal Address: 1502 Ruddiman Dr
- City: North Muskegon State: MI Zip: 49445
- Public Entity's Website www.blfb.org
3. Do you have a Full Time Risk Manager? ☐ Yes ☒ No
- Name of Risk Manager: _____ Phone Number: _____

GENERAL INFORMATION:

4. Population Trends: Please provide Population information:

	CURRENT YEAR	PRIOR YEAR	2 ND PRIOR YEAR
Population of Municipality	568	528	528

Seasonal increase in population? ☒ Yes ☐ No 8 %

6. Budget and Employment information for the Public Entity.

a. Please provide the annual budget and employee count of the Public Entity.

Please do not include that portion of the Annual Budget that is allocated to any of the following entities: schools, hospitals, clinics, nursing homes or other health care operations, jails or detention facilities, law enforcement agencies or fire fighting authorities.

Public Entity	Current Annual Revenue/Budget	Number of Employees	
		Full Time	Part Time
Bear Lake-Lake Board	\$ 98,976.00	0	0

b. If coverage is desired for any of the operations listed below, please provide the Budget and Employment information as requested.

Please note: Coverage for any of these operations is subject to the review and acceptance by the underwriter and will be provided by endorsement only

Public Entity	Current Annual Revenue/Budget	Number of Employees	
		Full Time	Part Time
Schools	\$		
Health Care Operations (hospitals, clinics, nursing homes, etc.)	\$		
Jails or detention facilities	\$		
Law enforcement agencies	\$		
Fire fighting authorities.	\$		

7. Does the Public Entity employ any of the following professional staff:

Lawyers

☐ Yes ☒ No

Total Number _____

Accountants

☐ Yes ☒ No

Total Number _____

Architects/Engineers

☐ Yes ☒ No

Total Number _____

FINANCIAL INFORMATION:

Please provide the following information. If "Yes" to any question below, or if the applicant has budget deficits in the past three years, please explain on a separate attachment.

8. a) Indicate fiscal year end date: 12/31/2025

b) Please provide a budget figure for the current and prior two fiscal years:

	CURRENT YEAR	PRIOR YEAR	2 ND PRIOR YEAR
Revenues	\$0.00	\$0.00	\$0.00
Expenditures	\$98,976.00	\$96,844.00	\$98,516.00
Outstanding Bond Issues	0	0	0
Budget Surplus (Deficit)	\$0.00	\$0.00	\$0.00

c) Has any State or Federal funding (aid) been eliminated in the past year?

☐ Yes ☒ No

d) Does the Public Entity anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years?

☐ Yes ☒ No

e) Has the Public Entity been in default on principal or interest on any bond?

☐ Yes ☒ No

9. Have there been any changes in the Public Entity's bond rating(s) over the past year?

☐ Yes ☒ No

PUBLIC ENTITY OPERATIONS

If the answer is "YES" to any question below, please attach details on a separate piece of paper

Over the past year have there been any changes to the **Public Entity's**:

- | | |
|---|---|
| Public Officials election or appointment process? | ☐ Yes ☒ No |
| Zoning provisions, policies and processes? | ☐ Yes ☒ No |
| Vendor contract bidding process and contract review process? | ☐ Yes ☒ No |
| Disaster planning document in place for both natural disasters and terrorist acts? | ☐ Yes ☒ No |
| Over the past year has the Public Entity begun to operate, license and/or regulate any child or elder care facilities, family child care or foster care homes, child adoption services, child welfare services, or public housing? | |
| | ☐ Yes ☒ No |

EMPLOYMENT PRACTICES

If the answer is "YES" to any question below, please attach details on a separate piece of paper

Over the past year have there been any changes to the **Public Entity's**:

- | | |
|---|---|
| 10. Human Resources or Personnel Department? | ☐ Yes ☒ No |
| 11. Employee orientation program? | ☐ Yes ☒ No |
| 12. Sensitivity training or discrimination/harassment prevention education? | ☐ Yes ☒ No |
| 13. Employee Performance evaluations procedures/process? | ☐ Yes ☒ No |
| 14. Out-placement program for laid off or disassociated Employees ? | ☐ Yes ☒ No |
| 15. Employee termination review process? | ☐ Yes ☒ No |
| 16. Employment handbook? | ☐ Yes ☒ No |

Regarding Third Party Liability exposure, does the **Public Entity**:

17. Over the past year has there been any changes to the **Public Entity's** policies or procedures:
- | | |
|--|---|
| a. Regarding Employee conduct when interacting with customers, clients, the general public or other third parties, | |
| b. Dealing with complaints from customers, clients or third parties for issues involving harassment or discrimination, or | ☐ Yes ☒ No |
| c. Regarding Diversity or cultural sensitivity training for employees who interact with customers, clients or the general public | |

If "Yes", please attach details on a separate piece of paper

CURRENT INSURANCE INFORMATION

- | | |
|---|---|
| 18. Over the past year have there been any changes to the Public Entity's General Liability coverage or insurer? | ☐ Yes ☒ No |
| 19. Over the past year have there been any changes to the Public Entity's Law Enforcement Liability coverage or insurer? | ☐ Yes ☒ No |

FRAUD WARNING STATEMENTS

NOTICE TO ARKANSAS, LOUISIANA AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO TENNESSEE AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS:

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

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT, ON BEHALF OF ALL PROPOSED INSURED, WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT, ITS SUBSIDIARIES, AND THEIR OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED, OMITTED, SUPPRESSED, CONCEALED, OR MISREPRESENTED IN THIS APPLICATION OR ITS ATTACHMENTS. THE APPLICANT UNDERSTANDS AND AGREES THAT IF, AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION AND ATTACHMENTS, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE INSURANCE MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT UNDERSTANDS AND AGREES THAT THE COMPANY, IN PROPOSING TO PROVIDE INSURANCE, HAS RELIED ON THIS APPLICATION AND ALL ATTACHMENTS, AND THAT THIS APPLICATION AND ALL ATTACHMENTS, ARE (1) MATERIAL AND THE BASIS OF THE CONTRACT WITH THE COMPANY, AND (2) DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

THE UNDERSIGNED OFFICER OF THE APPLICANT CERTIFIES AND WARRANTS THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT AND ITS SUBSIDIARIES.

Applicant's Signature:

(Must be signed by an Officer of the Applicant)

Paul Pek, Chair

Print Name and Title

____/____/____
Date (Mo./Day/Yr.)

FOR IOWA APPLICANTS ONLY:

Broker: Josh Helmstetter

Address: 56 Cesar E. Chavez Ave SW Grand Rapids MI 49503

FOR MISSOURI APPLICANTS ONLY:

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT THE POLICY FOR WHICH IT IS APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE THE POLICY'S LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, THE APPLICANT SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Applicant's Signature:

(Must be signed by an Officer of the Applicant)

Print Name and Title

____/____/____
Date (Mo./Day/Yr.)