

**THE PUBLIC POLICY LIABILITY APPLICATION**

**I. GENERAL INFORMATION**

Applicant Name – (As to be shown on policy) : COUNTY OF CLEVELAND, NC  
Broker Name: \_\_\_\_\_

Risk Manager (or other Contact)/Title: KIM LESTER - PURCHASING/ INSURANCE  
Contact/Title: \_\_\_\_\_

Street Address: 311 E MARION ST Street Address: \_\_\_\_\_

PO BOX 1210 \_\_\_\_\_

City: SHELBY County: CLEVELAND City: \_\_\_\_\_ County: \_\_\_\_\_

State: NC Zip Code: 28150 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: 704 484 4840 Fax: 704 480-5496 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: WWW.CLEVELANDCOUNTY.COM Email: \_\_\_\_\_

Proposed Effective Date: 7/1/19 Need Quote By: \_\_\_\_\_

1. Is a full-time risk manager employed? Yes: ! No: !
2. What is the Bond Rating of the Entity? Moody's: A+ Standard & Poor's: AA
3. Has any insurance for the Entity been cancelled or non-renewed in the last 5 years? Yes: ! No: !  
If yes, please explain: \_\_\_\_\_
4. Please describe or attach information regarding risk management programs, training programs, or safety programs: \_\_\_\_\_  
USING SAFETY NATIONAL TRAINING PROGRAMS
5. How will you handle claims? In House: Yes: !\* No: !  
Independent Administrator/Adjustor: Yes: ! No: !  
Insurance Company: Yes: ! No: !

\* If you answered Yes to In-House claim handling, attached Supplemental Application must be completed.

**II. COVERAGES: List current and desired coverages below. EVERETTE FILLED OUT**

<b>Current Coverages:</b>	Carrier	Limits	Deductible/ SIR	Occurrence or Claims Made	Retro Date for Claims Made	Expiring Premium
General Liability	GENESIS	\$2,500,000	350,000	OCCURENC		\$
Law Enforcement Liability	GENESIS	INCLUDED IN GL	350,000	OCCURENC		\$
Automobile Liability	GENESIS	2,500,000	350,000	OCCURENC E		\$
E&O / EPLI	GENESIS	2,500,000	350,000	CLAIMS MADE	JULY 1, 2015	\$
Excess Liability		\$	\$			\$

<b>Desired Coverages:</b>	Limits	Deductible/ SIR	Occurrence or Claims Made	Retro Date for Claims Made

General Liability	SAME AS EXPIRING	\$		
Law Enforcement Liability	\$	\$		
Automobile Liability	\$	\$		
E&O / EPLI	\$	\$		
Excess Liability	\$	\$		

### III. EXPOSURES **GIVE TO SHANE TO FILL OUT**

#### General Liability:

Population: 98,244 Miles of Streets/Roads: \_\_\_\_\_ Total Payroll: \$34,121,196

#### Please provide year-end financial information for the past five years:

Year	Total Revenue	Total Expenses	Accumulated Surplus or Deficit
<b>2018</b>	\$ 124,217,660	\$131,029,521	\$102,151,162
2017	\$ 118,851,955	\$ 114,984,471	\$ 116,998,730
2016	\$ 121,403,793	\$ 114,586,996	\$ 114,809,972
2015	\$ 123,163,584	\$ 111,549,922	\$
2014	\$ 119,284,786	\$ 113,513,301	\$
2013	\$ 113,772,635	\$ 156,864,253	\$ loss 41M hospital sale
2012	\$114,185,652	\$ 107,201,796	\$
2011	\$ 105,970,795	\$ 108,761,234	\$

#### Please provide Net Operating Expenditures for the current fiscal year utilizing the following calculation:

1. Total Operating Expenditures \$ 131,029,521 \_\_\_\_\_
2. Deductions:
  - a. Capital improvements (any purchase or improvement of any individual item of personal or real property which is bonded or financed): \$ \_\_\_\_\_
  - b. Expenditure for independent contractor operations (where contractor carries adequate insurance): \$ \_\_\_\_\_
  - c. Welfare benefits (not administrative costs): \$ \_\_\_\_\_
  - d. Expenditures on exposures which are separately rated below:
 

EMTs/Nurses/Paramedics:	\$ _____
Housing Projects:	\$ _____
Law Enforcement Liability:	\$ _____
Schools or Colleges:	\$ _____
Streets/Highways/Roads:	\$ _____
Utilities:	\$ _____
3. Total Net Operating Expenditures (subtract item 1 from total of items 2 a through 2 d): \$ 131,029,521 \_\_\_\_\_

#### Law Enforcement:

Police Officers: Full-time/armed: **111** Full-time/non-armed: 0 Volunteers: **0**  
 Part-time/armed: **15** Part-time/non-armed: 0

1. Do all sworn officers receive police academy and firearms training prior to appointments? Yes: ! No: !  
 If No, please explain: \_\_\_\_\_
2. How many hours of academy and initial training are provided to each sworn officer? **648**
1. How many hours of subsequent annual training is provided to each sworn officer?  
 Departmental Policy/Procedure: **24** Firearms: **14**  
 Other (please indicate): \_\_\_\_\_
4. a. Do you have a policy & procedure manual covering all Law Enforcement operations? Yes: ! No: !  
 If Yes, does it include: hot pursuit, firearms, etc.? Please explain: **INCLUDES VEHIACE PURSUITS, USE OF DEADLY FORCES AND USE OF PEPPER SPRAY AND TASER**
- b. Indicate the date the manual was most recently updated: 2010 UPDATED ANNUALLY
5. Is Law Enforcement Department CALEA certified? Yes: ! No: !

**Jails:**

Facilities: Number penal: 1 Total Square footage: \_\_\_\_\_ Number holding cells: 114 Inmate/jailer ratio: 21:1  
Maximum capacity: Male: 240 Female: 0 Current capacity: Male: 214

Female: Females are located in the Law Enforcement Center old Jail. 68

Staffing: Full-time jailers/correctional officers: 65 Part-time jailers/correctional officers: 8

1. Are all jailers/correctional officers trained in the suicide prevention program? Yes: ! No: !  
Date of most current inspection by Department of Corrections: 2/20/19 (Attach copy of report)
2. Do all jailers/correctional officers receive formal or state-mandated training prior to appointment? Yes: ! No: !  
EACH OFFICER IS INITALLY HIRED AND MUST RECEIVE STATE MANDATED TRAINING WITHIN A YEAR
3. How many hours of academy and initial training are provided to each officer? 24
2. How many hours of subsequent annual training is provided to each officer?  
Departmental Policy/Procedure: 24 HRS Firearms: NA  
Other (please indicate): \_\_\_\_\_
5. a. Do you have a policy & procedure manual covering all jail/detention operations? Yes: ! No: !  
b. Indicate the date the manual was most recently updated: \_\_\_\_\_
6. Do you have a written jail suicide prevention program? Yes: ! No: !
7. a. Does the jail contract with outside medical providers for inmate medical services? Yes: ! No: !  
b. If Yes, please list provider's carrier and policy limits: SOUTHERN HEALTH PARTNERS WEEKLY DOCTOR VISIT ALONG WITH (1) RN AND (3) LPNS WHO PROVIDE 16 HOURS OF SERVICE DAILY.. THE SERVICES CONSIST OF HEALTH AND PHYSICALS MEDICATION AND SICK CALL REQUEST

**Additional Exposures:**

Utilities: (Indicate payroll excluding clerical) Water: \$ NA Sewage treatment plant: \$ NA  
Electric: \$ NA Gas: \$ NA

Housing Projects: Number of locations: NA Number of units: \_\_\_\_\_

Swimming Pools: Number of pools: NA Number of pools with lifeguards: \_\_\_\_\_ Number of water parks: \_\_\_\_\_

Stadiums (5,000+ capacity): Seating capacity: NA Annual receipts: \$ \_\_\_\_\_

Exhibition/Convention Center: Capacity: \_\_\_\_\_ Square footage: \_\_\_\_\_

Principal uses: LEGRAND CENTER CONVENTION CENTER, E MARION ST SHELBY NC 28150

- Amusement parks: Yes: ! No: !
- Ski facilities: Yes: ! No: !
- Golf courses: Yes: ! No: ! If Yes, number of courses: \_\_\_\_\_
- Watercraft: Yes: ! No: ! If Yes, please describe: \_\_\_\_\_
- Lakes/Reservoirs Yes: ! No: ! If Yes, please describe: \_\_\_\_\_

**Incidental Medical Malpractice:**

1. Nurses: Full-time: 61 Part-time: \_\_\_\_\_ Volunteer: \_\_\_\_\_
2. Physicians: Full-time: 1 actual physician; 6 physician extenders/physician assistants Part-time: \_\_\_\_\_  
Volunteer: \_\_\_\_\_
3. EMTs/Paramedics: Full-Time 70 Part Time 39
4. Does physician, nurse or other healthcare provider carry E&O professional medical malpractice coverage? Yes: ! No: !
5. a. Number of medical clinics: 1

- b. Are there operations performed other than outpatient services? Yes: ! **No: !**  
 If Yes, please describe specifically: \_\_\_\_\_
- c. Does the Entity **purchase separate insurance** for these facilities? Yes: ! **No: !**  
 If Yes, please list carrier and limits: \_\_\_\_\_  
 If No, does the Entity contract out medical services for these facilities? Yes: ! **No: !**

**Schools/Colleges:**

Daycare Operations: Number of locations: 0 \_\_\_\_\_ Number of children: \_\_\_\_\_  
 Ratio of children to care providers: \_\_\_\_\_ Age range of children: \_\_\_\_\_

Schools – Primary (Grades K-8): Number of students/ADA: 0 \_\_\_\_\_ Number of teachers: \_\_\_\_\_

Schools – Secondary (Grades 9-12): Number of students/ADA: 0 \_\_\_\_\_ Number of teachers: \_\_\_\_\_

Adult Education: Number of students: 0 \_\_\_\_\_ Number of teachers: \_\_\_\_\_

Vocational or Trade Schools: Number of students: 0 \_\_\_\_\_ Number of teachers: \_\_\_\_\_

Colleges: Yes: ! **No: !** If Yes, supplemental application is required.

**Landfills:**

1. Number of landfills: **2** \_\_\_\_\_

**List location of each:**

**Self McNeilly Facility-(MSW) Municipal Solid Waste. 250 Fielding Rd. Cherryville, N.C. 28021**

**Airport Road Facility- (C & D) Construction & Demolition. 1609 Airport Rd. Shelby, N.C. 28150**

2. Are landfills owned and operated by Entity? **Yes: !** No: !  
 If No, please explain: \_\_\_\_\_
3. Are all landfills fenced? **Yes: !** No: !  
 If No, please explain: \_\_\_\_\_
4. Are all landfills locked and guarded? **Only locked** **Yes: !** No: !
5. Does the public have access? Yes: ! **No: !**

**Dams:**

1. Number of dams: N/A  
 List location and hazard index of each: \_\_\_\_\_
2. Downstream exposure: Residential: 0 \_\_\_\_\_ Commercial: \_\_\_\_\_  
 Industrial: \_\_\_\_\_
3. Are annual inspections conducted? (Attach latest inspection report) Yes: ! No: !
4. Are all dams owned and operated by Entity? Yes: ! No: !  
 If No, please explain: \_\_\_\_\_

**Public Officials Liability:**

- 1. Employees: Full-time: 846 Part-time: 250
- 2. Do you have a written human resources manual? Yes: ! No: !

If Yes, what year was this manual updated? 2015

Please indicate if the manual contains a policy/procedure for the following:

- Written application for employment: Yes: ! No: !
- Legally-prohibited discrimination: Yes: ! No: !
- Employee disciplinary actions: Yes: ! No: !
- Terminations, layoffs, early retirements: Yes: ! No: !
- Employee appraisals/reviews: Yes: ! No: !
- Sexual molestation/sexual harassment: Yes: ! No: !

- 3. Is there any employee training you provide as respects the above? Yes: ! No: !

- 4. Do you have an employee handbook? Yes: ! No: !

If Yes, is it distributed to all employees? **EVERYTHING IS DISCUSSED DURING NEW EMPLOYEE ORIENTATION AND CERTAIN HARD COPIES ARE DISTRIBUTED; LENGTHY POLICIES ARE ALSO DISCUSSED AND ARE AVAILABLE TO EMPLOYEES ON COUNTY'S WEBSITE**

Yes: ! No: !

If Yes, is employee signature required? Yes: ! No: !

- 5. Employee turnover for the last 3 years: Full-time employees hired: 2017 123

% 2016 % 2015 11% / 2014 9% / 2013 8.5%

Part-time employees hired: 28

Full-time employees terminated: 110

Part-time employees terminated: 43

- 6. What is the advance review procedure for employee termination? ? **DEPENDS ON THE SEVERITY OF THE SITUATION; LEGAL COUNSEL IS CONSULTED**

Is legal counsel consulted? Yes: ! No: !

- 7. Are there any facts or circumstances that may result in employment-practice claims being made against you? Yes: ! No: !

If Yes, please provide a listing of each instance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. LOSS HISTORY – Other than Automobile Liability**

Please provide 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.

- 1. Does Insured reserve only to retention level? Yes: ! No: !

If Yes, excess claims information must be provided.

- 2. If losses are not broken out by General Liability, Law Enforcement Liability and Public Officials Liability, please confirm that these are all included in the information you have provided? Yes: ! No: !

If No, please explain: \_\_\_\_\_

- 3. Attach a list of all opened and closed claims excess of \$50,000. Include date of loss, description of claim/injury, total incurred and paid amounts.

- 4. Attach company loss runs----**HAS ALREADY BEEN EMAILED FROM EVERETTE**

**General Liability:**

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**Law Enforcement Liability:**

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**Public Officials Liability:** (list needed from HR)

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	



If Yes, please describe: \_\_\_\_\_

7. Are employees, or families of employees, allowed to use company autos for non-business/personal use? Yes: ! **No: !**

If Yes, please describe: \_\_\_\_\_

## VI. LOSS HISTORY – Automobile Liability

### I HAVE ATTACHED THE CURRENT VEHICLE LIST

Please provide 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.

- Does Insured reserve only to retention level? Yes: ! No: !  
If Yes, excess claims information must be provided.
- Attach a list of all opened and closed claims excess of \$50,000. Include date of loss, description of claim/injury, total incurred and paid amounts.
- Attach company loss runs.

#### Automobile Liability:

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
7/1/15 – 6/30/16		\$75,317	\$92,268	
7/1/16-3/30/17		\$56,586	\$56,586	
7/1/17-3/30/18		\$38,241	\$40,639	
7/1/18-4/10/19	68	\$133,706	\$75,697	

## VII. Signature

### FRAUD WARNING

#### Notice to Applicants of all states except Colorado, New York, and Pennsylvania:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

#### 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 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 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 Pennsylvania Applicants:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

\*\*\*\*\*

Completion of this questionnaire creates no obligation upon the applicant to accept insurance or upon Genesis Management and Insurance Services Corporation to offer insurance. However, in the event that any insurance offering is accepted by the applicant or is issued by Genesis, this questionnaire will form the basis for the acceptance and insurance.

Signature: SHANE FOX \_\_\_\_\_

Name: SHANE FOX Title: FINANCE DIRECTOR

Company: COUNTY OF CLEVELAND, NC

Address: PO BOX 1210

City: SHELBY State: NC Zip: 28151

[Please see Supplemental Claims Information page below.](#)

[Please also see Supplemental Application for Sexual Abuse and Molestation Coverage below.](#)

## The Public Policy

### Supplemental Claims Information

1. Please provide name, address, phone number and key contact of the proposed claim handler:

Contact Name: KIM LESTER \_\_\_\_\_ Telephone #: 704 484 4840 \_\_\_\_\_  
 Company Name: COUNTY OF CLEVELAND, NC \_\_\_\_\_  
 Address: PO BOX 1210 \_\_\_\_\_  
 City: SHELBY \_\_\_\_\_ State: NC \_\_\_\_\_ Zip: 28151 \_\_\_\_\_

2. Please list the names, experience levels and authority levels of the claims handling staff:

Name	Experience	Authority Level
KIM LESTER	19 YEARS	

3. Who is responsible for reporting claims to the excess carrier?

KIM LESTER

4. Are reserves established for each reported claim? Yes: ! No: !

If No, please explain: \_\_\_\_\_

5. Describe method utilized in setting reserves: Case by case: ! Formula: !

Please explain: \_\_\_\_\_

6. Who establishes the reserves? COMPENSATION CLAIMS \_\_\_\_\_

7. Are you in compliance with GASB 10? Yes: ! No: !

8. Describe your claim system: Manual: ! Automated: !

If Automated, is software internally-programmed? Yes: ! No: !

If Automated, is software vendor-programmed? Yes: ! No: !

9. If vendor-programmed, please provide name of vendor: \_\_\_\_\_

10. How often are claim reports generated: MONTHLY \_\_\_\_\_

11. Do your claim reports include details on the current status of each claim, as well as the paid amount, incurred amount and description of loss? Yes: ! No: !

12. How is litigation handled? Legal Staff: Yes: ! No: !

Independent Counsel: Yes: ! No: !

Both: Yes: ! No: !

13. Are all claim files and reports centralized and coordinated by one individual? Yes: ! No: !

## The Public Policy

### Supplemental Application for Sexual Abuse and Molestation Coverage

1. Are there rules or guidelines prohibiting closed door one-on-one meetings? Yes: ! No: !
2. Are there written complaint procedures and are they displayed prominently? Yes: ! No: !
3. Do you have an anonymous complaint reporting system in place? Yes: ! No: !  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Are all prospective employees checked with the child abuse register and with law enforcement agencies for criminal records?  
**CRIMINAL HISTORY CHECK PERFORMED ON EACH NEW HIRE** Yes: ! No: !
5. Has any current employee refused to be fingerprinted or screened by law enforcement? Yes: ! No: !
6. Have any employees been subject of a child abuse/neglect investigation? Yes: ! No: !  
If so, what was the result of the investigation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Have there ever been any alleged or actual incidents regarding any abuse or molestation? Yes: ! No: !  
Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. If transportation is provided, please describe driver screening and controls: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you require background checks on third party contractors providing service to you? Yes: ! No: !  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_