

LAW ENFORCEMENT LIABILITY APPLICATION

This application will be attached to and become a part of the policy.

I. GENERAL INFORMATION

1. Name of entity to be insured: _____
2. Physical address: _____
3. Mailing address (if different): _____
4. City: _____ County: _____ State: _____ Zip: _____
5. Contact Person: _____ Title: _____ Phone: () --
6. E-mail Address: _____ Web Page Address: http:\\www. _____
7. Do you have a risk manager? Full time Part time No; If part-time, how many hours per week?
8. If yes, please provide name: _____ Phone: () --
9. You operate as a: (please check all applicable operations).

<input type="checkbox"/> City/Municipality	<input type="checkbox"/> University/School Police	<input type="checkbox"/> Fish & Game	<input type="checkbox"/> Native American / Tribal
<input type="checkbox"/> Township	<input type="checkbox"/> Housing Authority	<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Hospital Police
<input type="checkbox"/> County	<input type="checkbox"/> Transit Authority	<input type="checkbox"/> River, Lake, or Dam Police	<input type="checkbox"/> Environmental Police
10. If other, please explain: _____
11. When was your entity organized or incorporated? _____
12. What is the current annual operating budget for the law enforcement agency? _____
13. Population (If district or authority, show service population): Current? _____ Last Census? _____
14. Do you have a seasonal population increase of more than 25% during the year? Yes No
15. What is the largest city within 25 miles? _____
16. Total number of employees: Full-time? _____ Part-time? _____ Volunteers? _____
17. Are you a party to any Mutual Aid Agreements? Yes No; If yes, with whom? _____
18. Do you provide contracted services for any other entities? Yes No; If yes, with whom? _____

Attachment: Please provide a copy of all contracts and agreements entered into with other entities.

II. INSURANCE INFORMATION

1. Please complete the following chart based on coverage currently in force. Please indicate where coverage is not in force.

	Policy Type	Policy Number	Company Name	Expiration	Limits	Deductible	Premium
a.	Police Liability						
b.	Public Officials						
c.	General Liability						
d.	GL/LE/PO Package						
2. What type of Law Enforcement Liability coverage do you currently have? Occurrence Claims-Made
3. If your current coverage is on a claims-made basis, what is the retroactive date? _____
4. Does your General Liability policy include coverage for your detention facilities? Yes No
5. Has your Law Enforcement Liability coverage ever been denied, canceled or non-renewed? Yes No
If so, please explain: _____
6. Please tell us what terms you are interested in this year.

	Limits of Liability	Deductible	Effective Date	Bid Date
Option 1				
Option 2				

III. HIRING AND TRAINING

<p>1. What are the minimum educational requirements for applicants? High School Diploma or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30 or more hours of college? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>60 or more hours of college? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Which of the following are included in your selection process prior to employment?</p> <p>Written Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Psychological Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Professional psychological evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Background and employment investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do all law enforcement officers meet your state's minimum standards for training and receive certification prior to assignment to regular street duty? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, how many hours of training?</i> _____</p> <p>4. If answer to #3 is "No", please explain.</p> <p>5. Do you follow written policies regarding in-service training or continuing education for all officers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, how many hours per year?</i> _____</p> <p>6. Is all employee training, both past and present, documented and kept on file? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7. Does your agency have a Field Training Program for new employees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, how many weeks?</i> _____</p> <p>8. Are officers required to complete training in the use of:</p> <p>Baton / PR-24 / ASP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Authorized</p> <p>Chemical irritants? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Authorized</p> <p>Stun gun or Taser? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Authorized</p> <p>Carotid control hold? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Authorized</p> <p>9. How often are officers certified for the following?</p> <p>Department issued handgun. <input type="checkbox"/> annual <input type="checkbox"/> bi-annual <input type="checkbox"/> Other</p> <p>Personal (off-duty) handgun. <input type="checkbox"/> annual <input type="checkbox"/> bi-annual <input type="checkbox"/> Other</p> <p>Shotgun. <input type="checkbox"/> annual <input type="checkbox"/> bi-annual <input type="checkbox"/> Other</p> <p>Other, please describe below. <input type="checkbox"/> annual <input type="checkbox"/> bi-annual <input type="checkbox"/> Other</p> <p>10. Are all officers required to complete a defensive driving program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Do all officers receive training in simulated or actual high speed pursuit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Do all officers receive training in:</p> <p>First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Use of defibrillators? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. What training is required of reserve and auxiliary officers?</p> <p><input type="checkbox"/> Same as full-time officers?</p> <p><input type="checkbox"/> Less than full-time officers? If less, explain below</p>
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IV. POLICIES AND PROCEDURES

<p>1. Do you maintain a formal Policies and Procedures Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do all employees maintain their own copy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is every employee held accountable for knowing the contents of the manual? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. When was your manual originally assembled? / /</p> <p>5. When was your manual last updated? / /</p> <p>6. Is your manual regularly reviewed by competent legal counsel? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. By whom?</p>	<p>8. Do you have formal written policies and procedures pertaining to the following subjects: <u>Last Updated</u></p> <p>Use of deadly force. <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Use of non-deadly force. <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Vehicle high-speed pursuit? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Domestic Violence? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Search and seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Intoxicated arrestees? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Communicable diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Employee moonlighting? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>
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Attachment: Please attach a copy of your current Law Enforcement Policies and Procedures Manual

V. RELATED OPERATIONS

<p>1. Do you handle your own dispatching? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you dispatch for any other entities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do your Law Enforcement dispatchers also dispatch for emergency medical and fire fighting services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Are all incoming calls recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. How long are the tapes maintained?</p> <p>6. How many hours of training do dispatchers receive?</p> <p>7. Do you participate in any internship or ride-along programs? If so, please attach explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>8. Do you own, operate or maintain any fixed or rotary wing aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p> <p>9. Do you authorize off-duty employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, who authorizes?</p> <p>Is there any moonlighting in bars or taverns? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you want coverage for moonlighting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please attach a list of all authorized employers.</p>
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VI. DETENTION FACILITY

If you do **NOT** have a detention facility of any kind, please check this box and skip to the next section. **No Detention Facility**

<p>1. Which of the following best describes your facility?</p> <p><input type="checkbox"/> Temporary holding facility (under 8 hours – no overnight)</p> <p><input type="checkbox"/> Temporary holding cell (from 8 to 24 hours)</p> <p><input type="checkbox"/> Jail - for persons serving time, awaiting trial or transfer.</p> <p>2. When was your facility built?</p> <p>3. When was your facility last renovated?</p> <p>4. What is the state certified capacity?</p> <p>5. What is the average daily inmate population?</p> <p>6. Does your facility house...</p> <p>Adult prisoners only? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Males and females? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Violent and non-violent prisoners? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you maintain consistent separation between...</p> <p>Adults and juveniles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Males and females? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Violent and non-violent inmates? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Is your facility equipped with surveillance systems to monitor activity in the following areas? If so, please check.</p> <p>Individual detention cells? <input type="checkbox"/> Audio <input type="checkbox"/> Video</p> <p>Secured common areas? <input type="checkbox"/> Audio <input type="checkbox"/> Video</p> <p>Booking area? <input type="checkbox"/> Audio <input type="checkbox"/> Video</p> <p>Sally port? <input type="checkbox"/> Audio <input type="checkbox"/> Video</p> <p>9. When was your facility last inspected by the following:</p> <p>State Corrections Officials? date: / /</p> <p>Fire Inspectors? date: / /</p> <p>Department of Health? date: / /</p> <p>10. Do you have standard fire protection systems including smoke detectors and fire alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>11. How many hours of training are required prior to employment as a guard or jailer?</p> <p>12. Do dispatchers serve as jailers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, do they receive the same training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Do you employ or contract with any of the following:</p> <p>Doctor(s)? <input type="checkbox"/> Employ <input type="checkbox"/> Contract How many? _____</p> <p>Nurse(s)? <input type="checkbox"/> Employ <input type="checkbox"/> Contract How many? _____</p> <p>Dentist? <input type="checkbox"/> Employ <input type="checkbox"/> Contract How many? _____</p> <p>Psychologist? <input type="checkbox"/> Employ <input type="checkbox"/> Contract How many? _____</p> <p>14. Do each of the above maintain their own professional errors and omissions liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Has anyone ever successfully committed suicide in your facility? If yes, please attach explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. How many attempted suicides have there been in your facility in the last three years?</p> <p>17. Do you have formal written policies and procedures for</p> <p>Intake screening and classification? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Medical screening? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Suicide detection and prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Periodic walk-through of the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Administration and control of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Use of force? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Emergency evacuation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Communicable diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. When was your manual last updated? / /</p> <p>19. Is your manual reviewed by legal counsel? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Has your facility ever been subject to a court order or Consent Decree? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Attachment: Please provide 1.) a copy of your current Detention Facility Policies and Procedure Manual governing those areas specified above, and 2.) a copy of your latest state inspection report, if applicable.

VII. POSITIONS TO BE INSURED (This section must be completed)

Please complete the following by accounting for each employee only once in their primary classification.

Position	No.	Position	No.	Position	No.
Chief / Sheriff		<i>Armed part-time</i> , auxiliary, or reserve officers.		<i>Unarmed</i> part-time, auxiliary, or reserve officers.	
Deputy Chief / Chief Deputy					
Other ranking officers (Captains, Lieutenants, Sergeants)		<i>What is the average number of hours per officer / per week?</i>		<i>What is the average number of hours per officer / per week?</i>	
Full-time armed officers with arrest authority (non-ranking)		Armed probation officers, both adult and juvenile.		Unarmed probation officers, both adult and juvenile.	
Jail wardens and assistant wardens		Jailers – Full-time and Part-time		School crossing guards.	
District Attorney Investigators		Canines (provide certification of training for both dog and handler).		Dispatchers/Communications.	
D.A. or Prosecuting attorneys		Civil Process Officers		Animal Control Officers	
Other (describe):		Court Security officers.		Building inspectors	

VIII. LOSS HISTORY

1. Has any claim been made or suit filed against the entity or any person in their capacity as an official or employee of the entity in the last four years? If yes, please attach a narrative summary with details and status. Yes No
2. Does any official or employee have any knowledge of any fact, circumstance or situation which might reasonably be expected to give rise to a claim? If yes, please attach a narrative summary with details. Yes No
3. With respect to your Law Enforcement Liability coverage, please complete the following table using the total dollars expended for both the settlements of claims and the expenses associated with defending those claims. "Reserves" refers to the estimated future expenses to resolve or dispose of the claims and includes both settlement and defense expenses.

Year	Premium	Number of Claims	Total Loss Paid Including Deductible	Total Expenses Paid Including Deductible	Total Amount Reserved	Total Incurred Losses + Expenses

Attachment: Please provide a currently valued copy of your Law Enforcement Liability Loss Runs for the past four years.
NOTE: Your current and previous carriers are obligated and required to forward currently valued runs at your request.
Please consult with your agent.

IX. ATTESTATION

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands this Application, and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the applicant's submission and Insurer's receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

The signing of this Application does not bind the undersigned to purchase the insurance, nor does review of the Application bind the insurance company to issue a policy. The applicant does hereby agree that this policy, if issued, is issued in reliance upon the truth of this application, including all requested attachments, which will be incorporated into and made a part of this policy.

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 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.



_____ **Applicant's Authorized Signature**

_____ **Title**

_____ **Date**

X. INSURANCE AGENCY INFORMATION (to be completed by your agent)

1. Producer's Name: _____
2. Agency: _____
3. Mailing Address: _____
4. City: _____ State: _____ Zip: _____
5. Phone Number: _____ Fax Number: _____
6. Are you the incumbent agent? Yes No
7. Are you a licensed Surplus Lines Agent? Yes No License Number: _____
8. State Tax ID Number: _____