



LAW ENFORCEMENT LIABILITY "INDICATION" SUBMISSION

PLEASE NOTE: THIS IS FOR INDICATION PURPOSES ONLY – PRIOR TO BINDING, WE MUST RECEIVE, REVIEW AND ACCEPT OUR NEW BUSINESS LAW ENFORCEMENT APPLICATION FULLY COMPLETED. INDICATION MAY BE WITHDRAWN OR AMENDED AT THAT TIME.

SECTION I - Applicant Information

- 1. Name _____
- 2. Address: _____
- 3. City: _____ State: _____
- 4. Zip: _____ County: _____
- 5. Population of entity: _____
- 6. Type of jurisdiction: city/town county state other _____
- 7. What is the largest city and population within a 25 miles radius of your entity? _____
- 8. Do you authorize employee moonlighting?
Yes No
- a. Who authorizes? _____
- b. Is employee moonlighting allowed in bars or taverns? Yes No

SECTION II. Policies and Procedures

- 1. Do you have a written policies and procedures manual? Yes No Date of manual: _____
- 3. Date of last revision/update: _____
- 4. Do you require use of force reports to be filed?
Yes No
Are they followed up on? Yes No
If no, explain _____
- 5. Does the procedure manual address the following areas:

	Yes	No	Last Update
A. Deadly Force	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Vehicle Hot Pursuit	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Non-Deadly Force	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	_____
E. Communicable disease (AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Handling of Intoxicated Persons	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION III - Education and Training Requirements

- 1. What is the minimum education requirement for hiring officers? High School College Graduate Some College Other _____
- 2. Is psychological testing required before hiring?
Yes No
- 3. What background investigations are completed prior to hiring any officers?

- 4. What training is required of armed street officers and of correctional officers/jailers prior to assignment?
 - a. Full and Part Time street officers:
 - Formal academy? Yes No
 - Number of hours? _____
 - If other, explain: _____
 - Annual minimum in service training # of hours _____
 - b. Full and Part Time jailers:
 - Formal academy? Yes No
 - Number of hours? _____
 - If other, explain: _____
 - Annual minimum in service training # of hours: _____
- 5. Are officers trained and qualified before using:

	Yes	No	Not Used
a. Baton?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mace/Chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Control Holds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stun guns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Canine handling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV. - Dispatching and 911 Services

- 1. Does your department handle your own dispatch? Yes No
- 2. Does your department dispatch for other entities? Yes No
 - a. How many entities: _____
 - b. What is the total population served _____
- 3. What training do dispatchers and 911 operators receive prior to assignment?
 - Formal academy? Yes No
 - Number of hours? _____
 - If other, explain: _____

SECTION V. - Jail Operation (if no lock-up facility mark box and skip to Section VI)

Note: If your facility holds inmates longer than 10 days, please complete our supplemental jail questionnaire.

- 1. Do you operate:

	Yes	No
Jail	<input type="checkbox"/>	<input type="checkbox"/>
Holding Cell	<input type="checkbox"/>	<input type="checkbox"/>
- 2. Year facility was built? _____
 - a. Year renovated? _____
 If built prior to 1965 and not renovated, provide an explanation.
- 3. What is the state certified capacity of the facility? _____
- 4. What is the average number of daily inmates? _____
- 5. What is the average length of stay? _____
- 6. Have there been any suicides in the past five years? Yes No
 - a. Any suicide attempts? Yes No
 If yes, explain and provide details of preventative measures: _____

SECTION VIII. - Claims History for the Last 5 Years

PROVIDE FIVE YEAR CURRENTLY VALUED CARRIER LOSS RUNS

- 1. Provide complete five year loss history. If no losses in the past five years, check here: NO LOSSES

 Authorized signatory for entity

 Title

- 7. Are walk through inspections of the facility done every 30 minutes? Yes No
 - a. Are they documented in writing? Yes No
- 8. Are there audio/video systems in:

	Audio	Video	None
a. Booking Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sally Port	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cell Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 If no audio or video in cell area, are inmates under constant surveillance by a jailer/officer? Yes No

SECTION VI. - Insurance Information

- 1. Name of police professional carrier: _____
- 2. Expiration date: _____ Limits: _____
- 3. Deductible: _____ Premium: _____
- 4. Occurrence form: Claims Made:
- 5. Has similar insurance been canceled, declined or non-renewed in the past five years? Yes No If yes, advise why: _____
- 6. General Liability carrier and Limits: _____
- 7. Does the general liability policy provide coverage for the jail premises? Yes No N/A

SECTION VII - Personnel (list the total number of personnel only once under primary duties)

- 1. Armed full time personnel with arrest authority : _____
- 2. Armed part-time and auxiliary reserve officers with arrest authority: _____
- 3. Communication/Dispatch/911 personnel: _____
- 4. Full and part-time jailers: _____

 Date

 Phone Number