



## POLICE PROFESSIONAL LIABILITY INSURANCE APPLICATION

**ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION**

### **SECTION I - Applicant Information**

1. Name \_\_\_\_\_  
\_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_

4. Zip: \_\_\_\_\_ County: \_\_\_\_\_

5. Type of entity: Police Dept.  Sheriff's Dept.

Drug Task Force:  Regional Police Force:

6. Population of entity: \_\_\_\_\_

7. Any seasonal increase in population? Yes  No

a. % of increase: \_\_\_\_\_

b. If there is a seasonal population change, are there any borrowed officers? Yes  No

If yes, how many? \_\_\_\_\_

c. Are they trained in your agency's policies and procedures? Yes  No

8. Type of jurisdiction: city/town  county   
state  other \_\_\_\_\_

9. What is the largest city and population within a 25 miles radius of your entity? \_\_\_\_\_

10. Name and size of significant operations within your jurisdiction (military institutions, colleges, resort areas, convention centers, arenas, amusement parks): \_\_\_\_\_

11. Do you contract law enforcement to any other public or private entity? Yes  No

**IF YES, ATTACH COPY OF CONTRACT**

a. Are additional personnel listed under Section VI?

Yes  No

If no, explain \_\_\_\_\_

12. Does your department perform any administrative work for any other police department? Yes  No

If yes, please attach an explanation.

13. Are you a party to any mutual aid, reciprocal, or regional task force agreements? Yes  No

**IF YES, ATTACH COPY OF CONTRACT**

14. Do you authorize employee moonlighting?

Yes  No

a. Who authorizes? \_\_\_\_\_

b. What percentage of staff moonlight? \_\_\_\_\_%

c. 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

2. Date of manual: \_\_\_\_\_

3. Date of last revision/update: \_\_\_\_\_

4. Is the manual distributed to all personnel?

Yes  No

5. Is manual reviewed with them periodically as part of their formal training? Yes  No

6. Does the department perform procedures compliance monitoring? Yes  No

If no, explain \_\_\_\_\_

8. Do you require use of force reports to be filed?

Yes  No

Are they followed up on? Yes  No

If no, explain \_\_\_\_\_

9. 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"/> | _____       |

**PLEASE ATTACH A COPY OF THE POLICIES CONCERNING ALL THE ABOVE FOR REVIEW. ALSO, ATTACH AN EXPLANATION FOR ANY NO ANSWERS.**

**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 
  - a. Are the results reviewed by a person trained in this field? Yes  No
  - b. Is the applicant interviewed by a psychologist/psychiatrist? Yes  No
3. What background investigations are completed prior to hiring any officers?  
\_\_\_\_\_  
\_\_\_\_\_
4. What training of correctional officers/jailers is required before assignment?
  - a. Full Time jailers:
    - Formal academy? Yes  No
    - Number of hours? \_\_\_\_\_
    - If other, explain: \_\_\_\_\_
  - b. Part Time jailers:
    - Formal academy? Yes  No
    - Number of hours? \_\_\_\_\_
    - If other, explain: \_\_\_\_\_
5. What law enforcement training is required of armed street officers prior to assignment?
  - Formal academy? Yes  No
  - Number of hours? \_\_\_\_\_
  - If other, explain: \_\_\_\_\_
6. Do you have an annual minimum in service training update? Yes  # of hours: \_\_\_\_\_ No

7. Is formal training required before armed and assigned street duty? Yes  No 
  - a. If no, confirm officer is not armed and is accompanied by trained personnel.  Confirmed
8. 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"/>
9. How often must an officer re-qualify with:
  - a. Service revolver? \_\_\_\_\_
  - b. Personal weapon? \_\_\_\_\_
  - c. Other weapons? \_\_\_\_\_

10. What training do part-time/auxiliary officers, armed with arrest authority, receive?  
\_\_\_\_\_
  - a. Is this training given before duty assignment? Yes  No
  - b. What type of assignments do these officers perform? \_\_\_\_\_
11. Has the department provided any additional training to officers after September 11, 2001 regarding racial profiling prevention? Yes  No

**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. Does your department handle 911 services? Yes  No 
  - a. How many entities: \_\_\_\_\_
  - b. What is the total population served: \_\_\_\_\_
4. Are all incoming calls to dispatchers and 911 operators recorded? Yes  No 
  - a. How long are tapes maintained: \_\_\_\_\_
5. What services are provided by dispatch or 911:
 

	Yes	No
a. Emergency medical?	<input type="checkbox"/>	<input type="checkbox"/>
b. Fire dispatch?	<input type="checkbox"/>	<input type="checkbox"/>
c. Police dispatch?	<input type="checkbox"/>	<input type="checkbox"/>

6. What training do dispatchers and 911 operators receive prior to assignment?  
 Formal academy? Yes  No   
 Number of hours? \_\_\_\_\_  
 If other, explain: \_\_\_\_\_

7. Do the dispatchers have a written policies and procedures manual governing response to emergency calls? Yes  No

8. Has the dispatching unit or 911 services division ever been involved in any type of lawsuit or litigation? Yes  No  If yes, provide an explanation

**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    
 Holding Cell

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. Are there jailers on duty 24 hours per day? Yes  No

a. If not, are jailers on duty whenever an inmate is in the facility? Yes  No

7. 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: \_\_\_\_\_

8. Are walk through inspections of the facility done every 30 minutes? Yes  No

a. Are they documented in writing? Yes  No

9. Date of last inspection by state corrections officials? \_\_\_\_\_ **PROVIDE A COPY**

10. Date of last inspection by fire inspectors? \_\_\_\_\_ **PROVIDE A COPY**

11. Do you have smoke detectors in jail? Yes  No

12. 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

13. Does the department maintain a written jail or holding cell operations manual containing:

	Yes	No
A. Intake screening and classification?	<input type="checkbox"/>	<input type="checkbox"/>
B. Strip searches?	<input type="checkbox"/>	<input type="checkbox"/>
C. Jail evacuation?	<input type="checkbox"/>	<input type="checkbox"/>
D. Medical Treatment?	<input type="checkbox"/>	<input type="checkbox"/>
E. Suicide I.D. guidelines?	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE ATTACH A COPY.**

If no to any of the above, please attach an explanation.

**SECTION VI. - Insurance Information**

1. Name of police professional carrier:  
 \_\_\_\_\_

2. Expiration date: \_\_\_\_\_ Limits: \_\_\_\_\_

3. Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

4. Occurrence form:  Claims Made:   
 Retro date: \_\_\_\_\_

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: \_\_\_\_\_

a. 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. Sheriff/Chief: \_\_\_\_\_

2. Chief deputy/Deputy Chief: \_\_\_\_\_

- 3. Personnel with rank of sergeant or higher: \_\_\_\_\_
- 4. Full time personnel with regular street duties including detectives, investigators and civil processors: \_\_\_\_\_
- 5. Armed part-time auxiliary reserve officers with arrest authority: \_\_\_\_\_
- 6. Unarmed part-time auxiliary reserve officers without arrest authority: \_\_\_\_\_
- 7. Communication/Dispatch/911 personnel: \_\_\_\_\_
- 8. Jail Administrators: \_\_\_\_\_
- 9. Full-time jailers: \_\_\_\_\_

- 10. Part-time jailers: \_\_\_\_\_
- 11.
 

	# Employed	# Contracted
Nurses	_____	_____
Doctors	_____	_____
- 12. Total number of employees last year:  
Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
- 13. Does the department participate in any of the following specialized units:
  - a. Critical Incident Team \_\_\_yes \_\_\_no
  - b. Special Weapons & Tactics (SWAT) \_\_\_yes \_\_\_no
  - c. Drug Task Force \_\_\_yes \_\_\_no
  - d. Any involvement/membership with other specialized police units? \_\_\_yes \_\_\_no
 If yes to any of the above, please provide details

**SECTION VIII. - Claims History for the Last 5 Years**

1. Does any official, employee or volunteer have any knowledge of any action, error, omission, or breach of duty which may be expected to give rise to a claim or lawsuit? Yes  No   
 If yes, please explain: \_\_\_\_\_

2. Has any lawsuit been made or is now pending against any person in his/her official capacity as an employee or volunteer for the department? Yes  No   
 If yes, please explain: \_\_\_\_\_

3. Provide complete five year loss history. Provide five year loss runs or attach a summary including the following information: year, dollars in premium, number of losses, loss payments, expense payments, loss reserves, expense reserves, loss date, description of loss, claimant name, open or closed claim and if lawsuit was filed in claim. Please include all insured and uninsured losses. If no losses in the past five years, check here:  NO LOSSES

**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.

\_\_\_\_\_  
 Authorized signatory for entity

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Phone Number *PL-APP2 08/02*