



POLICE PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION

SECTION I - Applicant Information

Renewal of Policy Number: _____

- 1. Name _____
- 2. Address: _____
- 3. City: _____ State: _____
- 4. Zip: _____ County: _____
- 5. Population of area served: _____
- 6. Do you authorize employee moonlighting?
Yes No
- a. What percentage of staff moonlight? _____ %
- b. Is employee moonlighting allowed in bars or taverns?
Yes No

7. Does the department perform any administrative work for any other police department? Yes No
If yes, please attach an explanation.

SECTION II. Policies and Procedures

1. Do you have written policies and procedures addressing the following areas:

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

Provide a copy of any updates since last year

SECTION III - Education and Training

- 1. Is formal training required before armed and assigned street duty? Yes No
- 2. Has the department provided any additional training for officer after September 11, 2001 regarding racial profiling prevention? Yes No **If no, please attach explanation**
- 3. Do any officers have automatic defibrillators?

Yes No

- a. If yes, are they trained before using? Yes No
- b. A physician on call for officer questions? Yes No

SECTION IV. - Dispatching and 911 Services

- 1. Does your department handle your own dispatch?
Yes No
- 2. Are dispatchers academy trained? Yes No
If not, what type of training? _____
- 3. Does your department dispatch for other entities?
Yes No
- a. How many entities: _____
- b. What is the total population served _____
- 4. Does your department handle 911 services?
Yes No
- a. How many entities: _____
- b. What is the total population served: _____

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:

Jail	Yes <input type="checkbox"/>	No <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? _____
- 4. Average number of daily inmates? _____
- 5. What is the average length of stay? _____
- 6. Are jailers on duty 24 hours? Yes No
- a. If not, are jailers on duty whenever an inmate is in the facility? Yes No
- 7. Do you have smoke detectors in jail? Yes No
- 8. 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: _____

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

a. Are they documented in writing? Yes No

10. 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 the cell area, are inmates under constant surveillance by a jailer/officer? Yes No

11. 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. General Liability carrier and LIMITS:

2. Does the general liability policy provide coverage for the jail premises? Yes No

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

SECTION VIII. - Claims History for the Last Year

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 attach an explanation.

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

3. Provide loss history for the past year. Please include all insured and uninsured losses. If no losses in the past year, 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.

1. Sheriff/Chief: _____

2. Chief deputy/Deputy Chief: _____

3. Sergeants 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. Communication/Dispatch/911 personnel: _____

7. Jail Administrators: _____

8. Full-time jailers: _____

9. Part-time jailers: _____

10.	# Employed	# Contracted
Nurses	_____	_____
Doctors	_____	_____

11. 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.

Authorized signatory for entity _____ Title _____ Date _____ PL-APPR 08/02