



This is an: Occurrence Form Claims Made Form

I. Applicant Information

1. Name _____
2. Indicate street address of all locations where police operations are headquartered and any auxiliary locations.
 - A. _____
 - B. _____
 - C. _____
3. City _____ State _____ Zip _____
4. County _____
5. Dept. Administrator _____
6. Phone No. _____
7. Type of entity: Police Dept Sheriff's Dept
Other (specify) _____
8. Population of entity _____
9. Any seasonal increase in population? Yes No
If "yes", % increase _____
10. If there is a seasonal population change? Yes No
Are there any borrowed officers? Yes No
A. If "yes", are they trained in your agency's policies and procedures? Yes No
11. Type of jurisdiction: City/town County State
Other _____
12. What is the largest city and population within a 25 mile radius of your entity? _____

13. Name and size of significant operations within your jurisdiction, (i.e., military institutions, colleges/universities, resort areas, convention centers/arenas, nuclear power plants, amusement parks)

14. Do you contract law enforcement to any other public or private entity? Yes No
IF YES, ATTACH A COPY OF CONTRACT
Are additional personnel listed under Section VI?
 Yes No
If "no", explain _____
15. Are you a party to any mutual aid, reciprocal, or regional task force agreements? Yes No
IF YES, ATTACH A COPY OF CONTRACT
16. Do you require that your department be named as an additional insured for any subcontract work or approved special event which may require specific law enforcement involvement (i.e., concerts, parades, races)? Yes No
17. Do you authorize employee moonlighting? Yes No
A. If "yes", who authorizes?
B. What percentage of staff is moonlighting?
C. Is there moonlighting in bars or taverns? Yes No

II. Policies and Procedures

1. Do you have a policies and procedures manual?
 Yes No
2. Date of manual? _____
3. Date of last revision/update? _____
4. Is manual distributed to all personnel? Yes No
5. Is manual reviewed with personnel periodically as part of their formal training? Yes No
6. PLEASE ATTACH YOUR POLICIES CONCERNING:

	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. AIDS	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Handling of intoxicated individuals	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Does your department perform procedures compliance monitoring? Yes No
8. Do you require use of force reports to be filed? Yes No
Are they followed up on? Yes No

III. Education and Training Requirements

1. What is the minimum education requirement for hiring officers?

- A. High School
- B. Some College
- C. College Graduate
- D. Other (explain) _____

2. Is psychological testing required before hiring?

Yes No

Are results reviewed by a person trained in this field?

Yes No

3. What background investigations are completed prior to hiring any officers? _____

4. What training of correctional officers is required before assignment?

A. Full-time jailers:

Formal academy? Yes No # of hrs. _____

Other (explain) _____

B. Part-time jailers:

Formal academy? Yes No # of hrs. _____

Other (explain) _____

What law enforcement training is required of armed street officers?

Formal academy? Yes No # of hrs. _____

Other (explain) _____

6. Do you have any annual minimum in-service training update?

Yes No # of hrs. _____

7. Is formal training required before armed and assigned street duty? Yes No

If "no", verify officer is not armed or is accompanied by trained personnel.

8. Are officers trained and qualified before using:

- A. Baton? Yes No Not used
- B. Mace/Chemicals? Yes No Not used
- C. Control holds? Yes No Not used
- D. Stun guns? Yes No Not used
- E. Canine handling? Yes No Not used

9. How often must an officer re-qualify with:

- A. Service revolver? _____
- B. Personal weapon? _____
- C. Other weapon? _____

10. Does firearm training include firing range exercises at night or simulated night conditions? Yes No

11. What training do part-time/auxiliary officers, armed and with arrest authority receive? Explain _____

A. Is training, given before duty assignment?

Yes No

If not, verify officer is not armed and is accompanied by trained personnel _____

B. What type of assignments do auxiliary officers perform? _____

12. Do all officers receive training in:

A. First Aid? Yes No

B. CPR Yes No

13. Are all officers trained in emergency vehicle handling (i.e., "hot pursuit")? Yes No

14. Has the department received accreditation from:

A. Commission on Accreditation for Law Enforcement Agencies, Inc.? Yes No

B. American Health Care Association? Yes No

C. American Corrections Association? Yes No

15. Does your department subscribe to LETN? Yes No

IV. Dispatching

1. Does your department handle your own dispatch?

Yes No

2. Does the entity dispatch for other entities? Yes No

How many entities? _____

What is the total population served? _____

3. Are incoming calls to dispatches recorded? Yes No

How long are tapes maintained? _____

4. Services provided:

Emergency medical? _____

Fire dispatch? _____

Police dispatch? _____

5. What corresponding training do the dispatchers receive?

V. Jail Operation (If no lock-up facility, please check and skip to Section VI) No lock-up facility

1. Do you operate:

A. Jail? _____ Yes No

B. Holding Cell _____ Yes No

C. Detention Cell? _____ Yes No

2. Year facility was built? _____ Year renovated? _____

3. What is state certified capacity of facility? _____

4. What is the average number of daily inmates? _____

5. What is the average length of stay? _____

6. Are full time jailers on duty 24 hours per day? Yes No

7. In the last five years, have there been any suicides or suicide attempts? Yes No

IF "YES", EXPLAIN AND PROVIDE DETAILS OF PREVENTATIVE MEASURES: _____

V. Jail Operation (cont.)

8. Are walk-throughs of the facility done every 30 minutes?
 Yes No
9. Date of last inspection by state corrections official? _____
10. Date of last inspection by fire inspectors? _____
11. Do you have smoke detectors in jail? Yes No
12. Date of manual _____
 Date of last update _____
13. Are there audio/video systems in:
- | | | |
|------------------|--------------------------|--------------------------|
| | Audio | Video |
| A. Booking Area? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Sally Port? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Cell Area? | <input type="checkbox"/> | <input type="checkbox"/> |
14. Please attach jail operations manual concerning:
- A. Intake screening and classification
- B. Strip searches
- C. Jail evacuation
- D. Medical treatment
- E. Suicide I.D. guidelines

VI. Personnel (List 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/road duties including detectives, investigators and civil processors:

- (Do not include count of officers under No. 3)
5. Armed part-time auxiliary reserve officers with arrest authority:

6. Unarmed part-time auxiliary reserve officers without arrest authority: _____

7. Communication/dispatch personnel: _____

8. Police Dogs: _____
 (Provide certificate of training for dog and handler)
9. Jail administrators: _____

10. Full-time jailers/matrons: _____

11. Part-time jailers/matrons: _____

12. Court security staff: _____

13. Medical Personnel*
- | | Employed | Contracted | Prof. Limits |
|----------|----------|------------|--------------|
| Nurses | _____ | _____ | _____ |
| Doctors | _____ | _____ | _____ |
| Coroners | _____ | _____ | _____ |
14. Total number of employees:
- | | Full-time | Part-time |
|----------------|-----------|-----------|
| Last year | _____ | _____ |
| 1st prior year | _____ | _____ |
| 2nd prior year | _____ | _____ |
- *If any personnel is listed under Question 13, provide carrier, limits and expiration date of medical or professional liability coverage: _____

VII. Insurance Information

1. Name of law enforcement insurer: _____
2. Expiration date: _____
3. Limits: _____
4. Deductible: _____
5. Premium: _____
6. Occurrence form: Claims made:
7. Has similar insurance been cancelled, declined or non-renewed in the past five years? Yes No
8. Name of general liability insurer: _____
- A. Expiration date: _____
- B. Limits: _____
- C. Does it cover jail premises? Yes No

VIII. Claims History for the Last 5 Years

(Include insured and uninsured losses. If none, check here.) NO LOSSES

A. SUMMARY

YEAR	DOLLARS OF PREMIUM	NO. OF LOSSES	PAID LOSSES	PAID EXPENSES	LOSS INCURRED	EXPENSES INCURRED	TOTAL INCURRED

B. DETAILS OF CLAIMS SUMMARIZED ABOVE (Attach narrative for each loss during last 5 years.)

LOSS DATE	DESCRIPTION	OFFICER INVOLVED	CLAIMANT NAME	TOTAL INCURRED	IS CASE		SUIT FILED	
					Open?	Closed?	Yes	No

IX. Applicant's Attestation

STATE NOTICES

NEW YORK FRAUD STATEMENT

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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO FRAUD STATEMENT

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NEW JERSEY FRAUD STATEMENT

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

KENTUCKY AND PENNSYLVANIA FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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 the person to criminal and civil penalties.

FLORIDA FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Authorized signature of applicant

Name of Department Administrator (please print)

Applicant's Telephone Number

Date

Position/Title

Agent

Contact Person

Will you make the surplus lines fillings for this policy?

Yes No

Agency's Telephone Number

Your surplus lines license number: _____

Agency's Fax Number

Agency's E-mail