



## PUBLIC ENTITY APPLICATION LAW ENFORCEMENT LIABILITY SECTION (Standard Application)

Please attach a separate page for answers requiring explanations

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### A COVERAGE REQUESTED

1. Limit of Liability:  
 Each person: \$ \_\_\_\_\_ Each wrongful act: \_\_\_\_\_ Annual aggregate: \$ \_\_\_\_\_
  
2. Coverage desired:      Occurrence                  Claims Made                  Retroactive Date
  
3. Deductible requested:    \$ \_\_\_\_\_ or  
 SIR Requested:            \$ \_\_\_\_\_  
 TPA Name, Address, Telephone, and Facsimile: \_\_\_\_\_
  
4. Consent to Settle Coverage Option? Yes          No
  
5. Name of law enforcement department(s) or agency(ies) to be covered: \_\_\_\_\_

### B EMPLOYEE CLASSIFICATION

1. Provide number of employees for each type listed:

Type of Employee	No.
Sheriff/Chief/Deputy Chief	
Personnel with rank of sergeant or higher	
Full-time personnel with regular street/road duties including detectives and investigators	
Patrol and Attack Police Dogs (Please provide training certificates for dogs and handlers)	
Jail administrator(s) Length of time in this position: .....	
Full time/jailers/matrons	
Part time/auxiliary/reserve officers	
Court security staff	
Crossing guards	
Civil process servers	
Communication/dispatchers	
All other law enforcement agency employees not listed elsewhere in this table	

**C DEPARTMENT POLICIES AND PROCEDURES**

1. Do you have written policies and procedures governing the following law enforcement operations?

Policy Description	Date of Last Revision	
	Yes	No
Use of deadly force	Yes	No
Use of non-deadly force	Yes	No
Use of force reports	Yes	No
Vehicle "hot pursuit"	Yes	No
Motor vehicle stops and searches	Yes	No
Firearms and less than lethal weapons	Yes	No
Domestic violence	Yes	No
Searches	Yes	No
Custodial interrogation/detention	Yes	No
Service of warrant	Yes	No
Transportation of prisoners	Yes	No
Handling individuals who are intoxicated	Yes	No
Handling individuals who are suffering from mental illness, mental impairment, emotional distress or require medical attention	Yes	No
Communicable diseases	Yes	No
Medical emergency plan (detainee treatment and transport policy, etc.)	Yes	No

2. Are policies and procedures reviewed annually? Yes      No  
 If yes, by whom: \_\_\_\_\_
3. Are policies and procedures distributed to all personnel? Yes      No
4. Are policies and procedures reviewed periodically with personnel as part of formal training? Yes      No  
 Is evidence of this periodic review stored in employee's personnel files? Yes      No
5. Do you require use of force reports to be filed? Yes      No  
 If yes, is there follow-up action? Yes      No  
 How many reports were filed in the last twelve (12) months? \_\_\_\_\_

**D EDUCATION AND TRAINING**

1. Indicate which of the following background checks are required prior to hiring:  
 Criminal Investigation                      Motor Vehicle Records                      Psychological Testing  
 Employment History Check                      Reference Check
2. Which of the above are conducted by an outside vendor? \_\_\_\_\_  
 a. If none, how is information gathered? \_\_\_\_\_  
 b. Are background checks retained? Yes      No  
 If yes, how long? \_\_\_\_\_
3. Confirm that all armed street officers have received formal academy training and are in compliance with minimum state requirements: Confirmed      Not-confirmed
4. 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: Confirmed
5. How often must officer re-qualify with any department issued weapon? \_\_\_\_\_
6. Explain what training part-time/reserve/auxiliary officers receive: \_\_\_\_\_  
 \_\_\_\_\_
7. Minimum number of hours of annual in-service training: \_\_\_\_\_
8. Do you hire additional officers during seasonal population changes? Yes      No      N/A  
 If yes, confirm they have received training in compliance with minimum state requirements: Confirmed      Not-confirmed

9. Do all officers receive training in vehicular operations?

10. Are officers trained and qualified before using:

Baton/Asp?	Yes	No	Not Used
Mace/Chemicals?	Yes	No	Not Used
Control holds?	Yes	No	Not Used
Tasers?	Yes	No	Not Used

11. If Tasers are used, how frequently is "spark test" conducted by authorized officers? \_\_\_\_\_

12. Is all training documented on a training log? Yes      No  
 If yes, does documentation include the date of completion and re-certification? Yes      No

**E EMERGENCY DISPATCH**

1. Indicate which of the following emergency calls are handled by your police department:

Emergency Dispatch                  Emergency Medical                  Fire Dispatch                  Other Municipalities

2. If above is applicable:

- a. How are calls documented and how long are the records maintained? \_\_\_\_\_
- b. What is the average number of calls received per month? \_\_\_\_\_
- c. Are all dispatchers trained and certified? Yes      No
- d. If dispatching for other municipalities, provide population served: \_\_\_\_\_

**F GENERAL UNDERWRITING INFORMATION**

1. Are you involved with any of the following:

Description	Is there a written contract?		Contract approved by legal counsel?	
	Yes	No	Yes	No
Contracting law enforcement to any other entity?	Yes	No	Yes	No
Mutual aid or reciprocal agreements?	Yes	No	Yes	No
Drug task force or SWAT team?	Yes	No	Yes	No
If yes, no. of officers assigned to Drug task force: . . . . . SWAT team: . . . . .				
Joint Powers Agreement with any other municipalities?	Yes	No	Yes	No
If yes, describe agreement: . . . . .				
Is there separate primary insurance for this agreement?	Yes	No		

2. Do you require your agency to be named as an additional insured for any work contracted to others? Yes      No  
 Who provides liability insurance for those contract services? \_\_\_\_\_

3. a. Do you authorize employee "moonlighting"? Yes      No  
 b. Confirm no "moonlighting" in bars and taverns: Confirmed      Not-confirmed

4. Are you accredited by any professional organizations? Yes      No  
 If yes, please provide certificates.  
 What organization(s)? \_\_\_\_\_

5. Do you subscribe to LETN? Yes      No  
 If yes, please provide certificate. \_\_\_\_\_

6. Has there been continuous claims made coverage for the past five years? Yes      No  
 If no, please explain: \_\_\_\_\_

**G**

**JAIL/HOLDING CELL/DETENTION CELL OPERATIONS**

1. Do you operate (check all that apply):	Jail	Holding cell	Detention cell	No lockup facility
2. Are jail premises regularly inspected by:				
State Corrections officials?	Yes	No	Not Required	Date of Inspection: _____
Fire Inspectors?	Yes	No	Not Required	Date of Inspection: _____
Dept. of Health?	Yes	No	Not Required	Date of Inspection: _____

**ATTACH A COPY OF LATEST INSPECTION REPORT or SUMMARY REPORT and CORRECTIVE MEASURES TAKEN**

3. Facilities:	_____	Date renovated:	_____
Date constructed:	_____	State certified capacity:	_____
Number of cells:	_____	Average length of stay:	_____
Average number of daily inmates:	_____		
Number of high risk inmates:	_____		

- a. Are there smoke detectors in the jail area? Yes      No
- b. Do you have walk-throughs? Yes      No  
At what intervals? \_\_\_\_\_
- c. Are random walk-throughs conducted? Yes      No
- d. Are there audio/video systems? Yes      No  
If yes:
- (1) Cells designated for medical/suicide watch: Audio      Video      None
- (2) Booking area: Audio      Video      None
- (3) General common areas (walkways, etc.): Audio      Video      None
- (4) Sally port: Audio      Video      None

4. Have there been any suicides or attempted suicides in the last five years? Yes      No  
If yes, please explain and provide details of the corrective measures taken: \_\_\_\_\_

5. In the past three years, have there been any of the following (check all that apply):

Medical emergencies	Sexual Assaults	Assaults resulting in hospitalization
Fatalities	None	

If any have occurred, what corrective measures have been taken? \_\_\_\_\_

6. Are jailers required to maintain a jail log to document incidents, action taken, and identify witnesses? Yes      No  
If yes, how long is log retained? \_\_\_\_\_

7. Is the facility under a court order or consent decree? Yes      No  
If yes:

- a. Attach copy with any modifications; and
- b. Explain the actions taken by the insured to bring the facility into compliance.

8. Does your facility house juvenile detainees? Yes      No  
If yes, provide a detailed explanation of how juveniles and adults are segregated and monitored: \_\_\_\_\_

9. Does your facility house males and females? Yes      No  
If yes, provide a detailed explanation of how males and females are segregated and monitored: \_\_\_\_\_

10. Jailers:

- a. Number of jailers per shift: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Night: \_\_\_\_\_
- b. Are jailers on duty twenty-four (24) hours per day? Yes      No
- c. Does dispatcher also act as jailer? Yes      No
- d. Confirm that formal training is required prior to assignment for all jail officers and

that formal training is in compliance with minimum state requirements

- e. Are policies and procedures reviewed periodically with jail personnel as part of formal training?
- 11. Do you have written policies governing jail/holding cell/detention cell operations?

Confirmed		Not-confirmed
	Yes	No
	Yes	No

Description	Date of Last Revision	
Intake screening of inmates/detainees	Yes	No
Strip searches	Yes	No
Medical treatment/sick call	Yes	No
Storage and administration of medication	Yes	No
Suicide ID guidelines	Yes	No
Use of deadly force	Yes	No
Use of non-deadly force	Yes	No
Use of force reports	Yes	No
Handling individuals who are intoxicated	Yes	No
Handling individuals who are suffering from mental illness, mental impairment or emotional distress or require medical attention	Yes	No
Are evacuation instructions posted through the facility	Yes	No
Key control and security	Yes	No
Restraints	Yes	No
Visual observation of inmates/detainees	Yes	No
Inmate transportation	Yes	No
Discipline procedures	Yes	No
Handling persons with communicable diseases	Yes	No
Grievance procedure for inmate complaints	Yes	No
Medical emergency plan (inmate treatment and transport policy, etc.)	Yes	No

- |   |       |    |
|---|-------|----|
| a. Are policies and procedures distributed to all personnel?                                    | Yes   | No |
| b. Are policies and procedures reviewed annually?   | Yes   | No |
| If yes, by whom:  | _____ |    |
| c. Are policies and procedures reviewed periodically with personnel as part of formal training? | Yes   | No |
| d. Do you contract out medical services?  | Yes   | No |
| (1) If no, what steps are taken to provide medical attention?                                   | _____ |    |
| (2) If yes, who provides service?   | _____ |    |
| (a) Do you require evidence of insurance?   | Yes   | No |
| (b) Are you added as an additional insured?   | Yes   | No |
| e. Do you require use of force reports to be filed?   | Yes   | No |
| If yes, is there follow-up action?  | Yes   | No |
| How many reports were filed in the last twelve (12) months?                                     | _____ |    |