



Police Professional Liability Insurance Application

This is an occurrence form:

- New application
- Renewal of policy # _____

1. 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, 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. Size of jurisdiction in square miles _____
13. What is the largest city and population within a 25 miles radius of your entity? _____
14. Name and size of significant operations within your jurisdiction. (ie. Military institutions, colleges/universities resort areas, convention centers/arenas, nuclear power plants, amusement parks)

15. 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 _____
16. Are you a party to any mutual aid, reciprocal, or regional task force agreements? Yes No
IF YES, ATTACH A COPY OF CONTRACT
17. 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 (ie. concerts, parades, races)?
Yes No
18. 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

11. 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 them 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
Is the applicant inter-viewed by a psychologist/psychiatrist?
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 No. of hrs _____
Other (explain) _____
B. Part time jailers:
Formal academy? Yes No No. of hrs _____
Other (explain) _____
What law enforcement training is required of armed street officers?
Formal academy? Yes No No. of hrs _____
Other (explain) _____
6. Do you have an annual minimum in service training update?
Yes No 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:
Yes No
A. Commission on Accreditation for Law Enforcement Agencies, Inc.?
B. American Health Care Association?
C. American Corrections Association?
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. What services are 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?
C. Detention Cell?
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: _____

VIII. CLAIMS HISTORY FOR THE LAST 5 YEARS

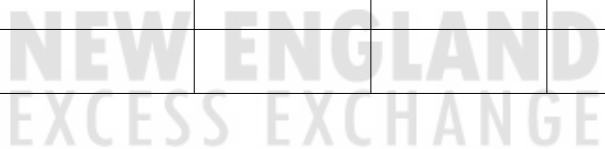
(include insured and uninsured losses. If none, check here.) NO LOSSES

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 |
| | | | | | | | | |
| | | | | | | | | |
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IX. APPLICANT'S ATTESTATION

Ohio Fraud Prevention Warning - 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.

The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true.

It is further acknowledged that the signing of this application does not bind the signer to purchase the insurance, but it 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 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 containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

 Authorized signature of applicant
 ()
 Applicant's Telephone Number Date

 Name of Department Administrator (please print)

 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-_____

()
 Fax Number

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.-
A. Booking Area? Audio Video
B. Sally Port?
C. Cell Area?
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