

LAW ENFORCEMENT LIABILITY APPLICATION

Claims Made Basis

New Renewal

IF THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.

I. GENERAL INFORMATION

Name of Municipality: _____

Address: _____ City: _____ State: _____ Zip code: _____

Type of Jurisdiction: County City Township Village Other (specify) _____

Population of Municipality: _____ Seasonal Population: _____

Administrator: _____ Title: Sheriff Chief Jail Commander Other (specify) _____

Phone: _____ Website: _____

II. INSURANCE INFORMATION REQUESTED:

Effective date: _____ Continuous Claims Made Retro-Active date: _____

Each Wrongful Act Limit: \$ _____ Aggregate Limit: \$ _____

Deductible: \$ _____ OR SIR: \$ _____

If SIR, TPA Name _____ Phone: _____

Address _____ City _____ State _____ Zip code _____

PRIOR LAW ENFORCEMENT COVERAGE:

YEAR	COMPANY NAME	POLICY #	RETRO DATE	LIMITS	DEDUCTIBLE	PREMIUM
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_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
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PRIOR GENERAL LIABILITY COVERAGE:

Does it cover jail premises? YES NO

YEAR	COMPANY NAME	POLICY #	RETRO DATE	LIMITS	DEDUCTIBLE	PREMIUM
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_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
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Has similar Professional Liability coverage been cancelled, non-renewed or lapsed? YES NO

If yes, please explain: _____

III. PERSONNEL CLASSIFICATION (List personnel only once under primary classification)

Class A employees (30005) (Check box and provide number to be insured)

- a. Sheriff/Chief # _____
- b. Chief Deputy/Deputy Chief # _____
- c. Personnel with rank of Sergeant or higher # _____
- d. Full-time personnel with regular street/road duties and detectives & investigators # _____ (Do not incl #3)
- e. Jail Administrators # _____
- f. Police Dogs (Provide certificate of training for dog and handler) # _____

Class B employees (30006) (Check box and provide number to be insured)

- a. Full-time jailers/matrons (below rank of Sergeant) # _____
 - a.1. Part-time, including dispatchers performing as jailers on a part-time basis # _____
- b. Civil Process # _____
- c. Court Security # _____
- d. Part-time/auxiliary/reserve officers armed or with arrest authority # _____
- e. Mounted police patrols (Horses) # _____

Class C employees (30007) (Check box and give number to be insured)

- a. School crossing guards (employed by law enforcement agency) # _____
- b. Animal control officers (employed by law enforcement agency) # _____
- c. Medical Personnel:

<u>Employed</u>	<u>Contracted</u>	<u>Prof Liability Cert?</u>	<u>Count</u>
Jail Nurses			# _____
Doctors/Phys. Asst.			# _____
Coroners			# _____
Dentists or other			# _____
- d. Unarmed part-time/auxiliary/reserve officers without arrest authority # _____
- e. Communication/dispatcher # _____

Class D employees (30008) (Check box and give number to be insured)

- a. Clerical personnel employed by law enforcement agency # _____
- b. Jail Cooks # _____
- c. All personnel not covered above # _____ Explain: _____

IV. POLICY AND PROCEDURES

- a. Do you have a manual of department policy and procedures? YES NO
- b. Date of manual: _____ Latest date of update: _____
- c. Is the manual reviewed annually by legal counsel? YES NO By whom: _____
- d. Is manual distributed to all personnel? YES NO
- e. Are employees required to acknowledge review & receipt of the manual and updates? YES NO
- f. Is manual reviewed as part of the training programs? YES NO
- g. Indicate which written policies and procedures governing the following law enforcement operations you have.

ATTACH COPY OF MANUAL

Use of deadly force	YES	NO	Arrests and investigatory stops	YES	NO
Use of non-deadly force	YES	NO	Searches	YES	NO
Use of force reports	YES	NO	Service of warrant	YES	NO
Use of TASER and STUN guns	YES	NO	Use of volunteers	YES	NO
Vehicle pursuits	YES	NO	Domestic violence response	YES	NO
Motor vehicle stops & searches	YES	NO	Handling of intoxicated persons	YES	NO
Transportation of prisoners	YES	NO	Positional asphyxiation	YES	NO
Canines	YES	NO	N/A		
Use of Body Cameras	YES	NO			
Handling of Learning Impaired or Mentally Handicapped persons			YES	NO	
Communicable diseases including Blood Borne Pathogens			YES	NO	
Approved secondary employment (moonlighting)			YES	NO	

V. EDUCATION AND TRAINING

- a. Minimum educational requirement for hiring officers?
 High School Some College College Graduate Other (explain) _____
- b. Identify background investigations completed prior to hiring:
 State and/or Federal-criminal background Credit Motor vehicle Drug testing Medical History
 Pre-hire psychological testing Prior employment Personal references Other (explain) _____
- c. Is all training documented? YES NO # _____ hours of annual in-service training

	<u>Formal academy</u>	<u>No. of hours</u>	<u>Other (explain)</u>
1. Armed street officers	YES NO	_____	_____
2. Part-time/Auxiliary officers	YES NO	_____	_____
3. Full-time Jail/Correctional Officers	YES NO	_____	_____
4. Part-time Jail/Correctional Officers	YES NO	_____	_____
- 5. Is formal training required prior to active duty for all officers listed in III - Classification above? YES NO
 If NO, verify that they are unarmed and accompanied by trained personnel Verified
- d. Do officers receive annual training and re-qualified in the following areas?
 - 1. Firearms operations YES NO
 - 2. Taser & Stun guns YES NO NOT USED
 - 3. Mace/chemical YES NO NOT USED
 - 4. Baton YES NO NOT USED
 - 5. Control holds YES NO
 - 6. Non-lethal projectiles YES NO NOT USED
 - 7. Vehicle Ops/Driving YES NO
 - 8. First Aid/CPR/Blood Borne Pathogens YES NO
 - 9. Positional asphyxiation YES NO
 - 10. Hostage situations YES NO
 - 11. Terrorism protocols YES NO

VI. ADDITIONAL UNDERWRITING INFORMATION

- a. Do you contract law enforcement to any other public or private entity? YES NO
IF YES, ATTACH COPY OF CONTRACT(S)
- b. Are you a party to any mutual aid, reciprocal, or regional task force? YES NO
IF YES, ATTACH COPY OF CONTRACT(S)
- c. If there is a seasonal population change, are there any borrowed officers? YES NO N/A
 If YES, are they trained in your agency's policies and procedures? YES NO
- d. Do you authorize moonlighting? YES NO
 1. If YES, **PROVIDE A LIST** of authorized "Moonlighting" employers
 2. If YES, confirm not allowed in bars, taverns, dance clubs, or concert venues CONFIRMED
- e. Total number of full-time employees: Current _____ Prior year _____ Two years prior _____
- f. What is the largest city and its population within a 25-mile radius of your entity? _____
- g. Do you require that your department be named as an additional insured for any subcontractor's work and for approved events which may require specific law enforcement involvement (i.e., parades, rallies, races, rodeos?)
 YES NO Explain: _____
- h. Have you received any formal Accreditation(s)? YES NO
 From whom: _____ **ATTACH COPY OF REPORT(S)**

VII. DISPATCHING

- a. Does your entity handle your own dispatch? YES NO
- b. Does your entity dispatch for other entities? YES NO
- c. What is the total population served? _____
- d. Are incoming calls to dispatchers recorded? YES NO
- e. How long are recorded calls maintained? _____
- f. What services are provided? Emergency medical Fire dispatch Police dispatch
- g. What training do the dispatchers received?

VIII. CLAIMS AND LITIGATION INFORMATION

ATTACH A CURRENTLY VALUED FIVE YEAR LOSS RUN FROM THE PRIOR CARRIER(S)

- a. During the past five years, have there been ANY claims, or has notice been given, whether insured or not, against you?
 YES NO Explain: _____

- b. Does any official, employee, volunteer, or board member have knowledge of acts, errors, and/or omissions that may reasonably give rise to a claim or lawsuit? YES NO
 Explain: _____

- c. Have all known acts, errors, and/or omissions that may reasonably give rise to a claim been reported to the current insurer? YES NO
 Explain: _____

THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENTS FOR DAMAGES IN CONNECTION WITH ANY CLAIM OR LAWSUIT MADE AGAINST ANY INSURED BASED UPON OR ARISING OUT OF OR IN ANY WAY INVOLVING ANY LAWSUIT, WRITTEN DEMAND, ADMINISTRATIVE PROCEEDING OR CIRCUMSTANCES SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THIS APPLICATION.

IX. CORRECTIONAL AND JAIL FACILITY OPERATIONS

If more than one category applies, OR if there is more than one location, please complete a separate Section IX for each facility or location. Enter the number of facilities _____

- a. Do you operate: Jail Holding Cell Correctional Facility (County or Regional) None (*skip this section*)
- b. Year facility built _____ Year renovated _____
- c. Average number of daily inmates _____ Jailer to inmate ratio _____
- d. State certified capacity _____
- e. Do you place juveniles in any holding facility? YES NO
- f. Are juveniles ever housed with adults? YES NO N/A
- g. Are full-time jailers on duty 24 hours per day? YES NO
- h. Are part-time jailers utilized? YES NO If yes, what % of time _____%
Explain: _____
- i. Does dispatcher act as jailer: YES NO If yes, what training is required?

- j. In the last 3 years have there been any:
Jail suicides? YES NO Explain: _____

- Attempted suicides YES NO Explain: _____
- k. Are 30-minute walk-through inspections of the facility performed and documented? YES NO
- l. Describe your suicide watch/surveillance procedures:

- m. Are there audio/video systems in:
1. Booking area Audio Video
2. Cell Area Audio Video
3. Sally port / intake area Audio Video
- n. Are jail premises regularly inspected by? **ATTACH COPY OF INSPECTION REPORTS**
1. Department of Corrections YES NO
 Date of last inspection _____ Recommendations completed? YES NO
2. County, City or State Fire YES NO
 Date of last inspection _____ Recommendations completed? YES NO
3. Department of Health YES NO
 Date of last inspection _____ Recommendations completed? YES NO
- o. Do you have smoke detectors in jail area? YES NO
- p. Is an evacuation plan posted throughout the facility? YES NO
- q. **DOES YOUR JAIL OPERATIONS MANUAL COVER: ATTACH COPY OF MANUAL**
1. Intake screening & classification of inmates YES NO
2. Strip searches YES NO
3. Riot Protocols YES NO
4. Jail Evacuation YES NO
5. Medical treatment/sick call YES NO
6. Storage & administration of medication YES NO
7. Suicide ID guidelines YES NO
8. Visual observation of inmates YES NO
9. Handling of intoxicated and mentally disabled YES NO
10. Date of Manual: _____ Date of last revision: _____
- r. Is jail under a court order or consent decree? YES NO
- s. Do you have an INMATE HANDBOOK? YES NO

X. DECLARATIONS

Please Read Carefully The undersigned, acting on behalf of all Insureds, declares that the statements set forth in this application are true and correct and that thorough efforts were made to obtain requested information from each Insured proposed for this insurance to facilitate the proper and accurate completion of this application.

The undersigned agrees that the information provided in this application and any material submitted herewith are the representations of all Insureds are the basis for issuance of the insurance policy provided by us.

The undersigned further agrees that the application and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the application shall be maintained on file (either electronically or paper) with the Insurer and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

1. If any Insureds discover or become aware of any significant change in the condition of the Insured Entity between the date of this application and the policy inception date, which would render the application inaccurate or incomplete, notice of such change will be reported in writing to us immediately;
2. Any policy issued, will be in reliance upon the truthfulness of the information provided in this application; provided, however, with respect to such information, no knowledge or information possessed by any Insureds shall be imputed to any other Insureds;
3. If any person or persons knew as of the policy inception date that such information contained in the application was untrue, inaccurate or incomplete, then this policy will be void as to that person or persons if such information was material to issuance of the policy. (Not applicable in Georgia or Louisiana).

Georgia: If any person or persons knew as of the policy inception date that such information contained in the application was untrue, inaccurate or incomplete, then this policy may be cancelled and the insurer may deny coverage under the terms and conditions of the policy, if such information was material to the acceptance of the risk or to the hazard assumed by the insurer and issuance of the policy.

Louisiana: If any person or persons knew as of the policy inception date that such information contained in the application was untrue, inaccurate or incomplete and was provided with the intent to deceive, then this policy will be void as to that person or persons if such information was material to the risk and issuance of the policy.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Insurer under any policy of a claim or potential claim.

The signing of this application does not bind the undersigned to purchase the insurance.

XI. FRAUD NOTICES

Please read the fraud warning statement applicable to your state. If your state is not shown below, refer to the **GENERAL FRAUD WARNING STATEMENT**:

GENERAL FRAUD WARNING STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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.

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FLORIDA: 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.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY: 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEBRASKA: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW YORK (OTHER THAN AUTO): 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 not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: 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.

OKLAHOMA: 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.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

PENNSYLVANIA (OTHER THAN AUTO): 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.

RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE (OTHER THAN WC): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

XII. APPLICANT'S ATTESTATION

Authorized signer of this application attests to the best of his or her knowledge that statements set forth herein are true. Further acknowledged that the signing of this application does not bind the signer to purchase the insurance, but it is agreed this form is the basis of the contract should a policy be issued, and this form will become a part of the policy.

The official designated to receive any and all notices from the insurer to the entity concerning any policy issued as a result of this application is listed below.

Authorized Representative Signature: _____ Date: _____

Printed Name: _____ Title: _____ Date of Hire: _____

Producer Signature: _____ Date: _____

Printed Name: _____ Email: _____

Agency: _____ Agency Address: _____