

THE INFORMATION BEING REQUESTED MAY BE FOR A CLAIMS-MADE POLICY. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

Coverage Type: Occurrence Claims-Made

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insureds:	Today's Date:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):

INSURANCE COVERAGE AND LIMITS INFORMATION

<i>Requested Each Wrongful Act Limit/Aggregate Limit</i>	<i>Requested Deductible</i>	<i>Requested Retroactive Date (Claims-Made Only)</i>

If current coverage is claims-made, has it been continuous back to the retroactive date?..... Yes No N/A
 If yes, state the continuous claims-made retroactive date (mm/dd/yyyy): _____

EMPLOYEE CLASSIFICATION INFORMATION

Group 1 Description	Number	
Full-time armed officers, detectives, investigators, and sergeants (including chief, sheriff and deputy)		
Police Dogs		
Group 1 Total		
Group 2 Description	Number	
	Armed	Unarmed
Part-time/reserve/auxiliary officers with arrest authority		
Full or part-time jailers		
Court Security Officers		
Probation Officers		
Parole Officers		
Juvenile Detention Officers		
Group 2 Total (Armed and Unarmed)		
Group 3 Description	Number	
	Armed	Unarmed
Part-time/reserve/auxiliary officers without arrest authority		
911 dispatchers (patrol or emergency) NOTE: Do not include emergency/911 dispatchers working for another department or operation of your public entity		
Animal Control Officers		
Jail Nurses		

Group 3 Description (Continued)	Number	
	Armed	Unarmed
Jail non-medical personnel who provide/dispense healthcare services		
Crossing Guards		
Juvenile Detention Center Nurse		
Other Juvenile Detention Center Medical Personnel - other than Physicians		
Group 3 Total (Armed and Unarmed)		
Group 4 Description	Number	
Other unarmed personnel including clerical, cooks, and any other unarmed personnel not included elsewhere		
Group 4 Total		
Group 5 Description	Number	
Jail Square Footage		
Juvenile Detention Center Square Footage		
Holding Cell Square Footage		
Group 5 Total		

1. If you have any other security or enforcement officers not included above, please describe below:

2. Duties of reserve/auxiliary officers: Traffic Control Civil Disturbance Crowd Control Other

If other provide details below:

3. Are volunteers used in any capacity for law agency operations? Yes No

If yes, describe the type of training provided: _____

UNDERWRITING INFORMATION

4. Are you part of any mutual law enforcement assistance agreements between political subdivisions? Yes No

5. Excluding mutual aid agreements, do you contract your law enforcement services to any other public or private entity? Yes No
If yes, please attach a copy of the contract

6. Do you participate on a Drug, Swat, or Gang Task Force? Yes No
If yes, specify the number of officers involved and whether you are the lead agency:

7. Does the law agency operate an indoor shooting range? Yes No

8. Does the law agency operate an outdoor shooting range? Yes No
If yes to either of the above, is it used by:

a. Outside law enforcement agencies? Yes No
 b. The general public? Yes No

If yes to b. above:

a. Is an injury waiver required? Yes No
 b. Is range safety enforced (signs, personal protective equipment, training of staff and users, use of buffers, barriers, non-porous surfaces (indoor range only), reporting protocols for health symptoms and medical attention)? Yes No
 c. Is lead-free ammunition used? Yes No

DEPARTMENT POLICIES, PROCEDURES AND TRAINING INFORMATION

9. Do you currently have all policies, procedures and training listed in the grid below or is your agency CALEA certified? Yes No
 If no, identify any policies, procedures or training that you do have in the grid below:

<i>Policies/Procedures/Training</i>	<i>Check If Policies & Procedures Are In Place</i>	<i>Check If Education & Training Is In Place</i>
Use of force continuum/escalation procedures/restraints/restraint chairs	<input type="checkbox"/>	<input type="checkbox"/>
Use of recording devices including body-worn cameras	<input type="checkbox"/>	<input type="checkbox"/>
Vehicular pursuits	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence response	<input type="checkbox"/>	<input type="checkbox"/>
Patrol driving and response	<input type="checkbox"/>	<input type="checkbox"/>
Strip searches: <input type="checkbox"/> Blanket <input type="checkbox"/> For-Cause	<input type="checkbox"/>	<input type="checkbox"/>
Transportation of detainees/inmates	<input type="checkbox"/>	<input type="checkbox"/>
Arrests and investigatory stops	<input type="checkbox"/>	<input type="checkbox"/>
Firearms & other weapons	<input type="checkbox"/>	<input type="checkbox"/>
Impact Weapon Training and Certification	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Agent (Oleoresin Capsicum) Training and Certification	<input type="checkbox"/>	<input type="checkbox"/>
Taser Training and Certification	<input type="checkbox"/>	<input type="checkbox"/>
Disabled/Impaired Person Protocols	<input type="checkbox"/>	<input type="checkbox"/>
Service of warrant	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle stops & searches	<input type="checkbox"/>	<input type="checkbox"/>
Canines	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>
Youth programs (e.g. Young Explorers or School-based programs)	<input type="checkbox"/>	<input type="checkbox"/>
Use of volunteers	<input type="checkbox"/>	<input type="checkbox"/>
Police ride-along program	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Screening	<input type="checkbox"/>	<input type="checkbox"/>
Secondary employment & off-duty powers (moonlighting)	<input type="checkbox"/>	<input type="checkbox"/>
Officers meet minimum state training certification standards		<input type="checkbox"/>
Officers trained on Constitutional Use of Force		<input type="checkbox"/>
Officers trained on Statutory and Case Law		<input type="checkbox"/>
Describe any limitation of secondary employment opportunities outlined in your policies or procedures:		

JAIL/DETENTION/HOLDING FACILITY OPERATIONS INFORMATION

10. How many, if any, of the following do you operate?

<i>Facility</i>	<i># of Cells</i>	<i>Accredited Facility?</i>	<i>Design Capacity</i>	<i>Average Inmate/ Detention Population</i>	<i>Maximum Capacity in Past 12 Months</i>	<i>Surveillance Type (CCTV, Eyes On, Audio, Other)</i>
Jail		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Holding Cell		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Juvenile Detention Center		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No				

11. Are you certified by CALEA or a Certified Jail Manager per the American Jail Association (AJA)?..... Yes No
If no, identify any policies, procedures or training that the applicant does have in the grid below:

<i>Policies/Procedures/Training</i>	<i>Check If Policies & Procedures Are In Place</i>	<i>Check If Education & Training Is In Place</i>
Use of force continuum/escalation procedures/restraints/restraint chairs	<input type="checkbox"/>	<input type="checkbox"/>
Inmate Classification	<input type="checkbox"/>	<input type="checkbox"/>
Strip Searches <input type="checkbox"/> Blanket <input type="checkbox"/> For-Cause	<input type="checkbox"/>	<input type="checkbox"/>
Medical Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Suicide Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Evacuation	<input type="checkbox"/>	<input type="checkbox"/>
Key Control and Security	<input type="checkbox"/>	<input type="checkbox"/>
Inmate Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Inmate or Detainee Discipline and Grievance Procedures	<input type="checkbox"/>	<input type="checkbox"/>

12. Immigration and Customs Enforcement (ICE) detainees are held under (*check all that apply*):
 ICE Requests Court Order Held under contract with ICE (*provide copy of contract*)

13. How frequently are cell checks conducted for each of the following?
 a. General Population: _____ b. Suicide Watch _____ c. Maximum Security Cells: _____

14. In the past three (3) years, have there been any suicides or attempted suicides in your jail or similar holding facilities?..... Yes No
If yes, number of suicides: _____ number of attempts: _____

15. Are juveniles separated from adult criminals?..... Yes No

16. Are suspects of violent crimes separated from suspects of misdemeanor crimes? Yes No

17. Are medical facilities available in the jail or similar holding facility? Yes No
If yes, describe: _____
If no, how do inmates receive treatment? _____

18. Has the facility ever been subject to a court order or consent decree? Yes No
If yes, what is the status of the order? _____

19. Do you have a process to ensure any detainee is brought before a court within the initial 48 hours of

detention? Yes No

20. To your knowledge, does any official or employee have any knowledge of any act, error, or omission that might give rise to a claim or suit against him/her/applicant?..... Yes No

If yes, please describe: _____

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in 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.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance 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, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

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, TENNESSEE, VIRGINIA, AND 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.

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.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.