



POLICE PROFESSIONAL LIABILITY APPLICATION

I. INSTRUCTIONS

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
2. If a question does not apply, write "N/A".
3. When applicable, provide copies of:
 - a. Loss runs, dated within 60 days of submission, covering the past five (5) or more years.
 - b. Expiring Declarations Page with retroactive date (if applicable)
 - c. Current Budget
 - d. Current Year End Financial Statement

II. GENERAL INFORMATION

1. Name of Applicant: _____
2. Main Address for Correspondence:
Street: _____
City: _____ State: _____ Zip Code: _____
County: _____ Largest City Within 25 Miles: _____
Entity's website: www. _____
3. Department Administrator or Contact Person (name and title)
Name: _____ Title: _____
Phone Number: _____ Email Address: _____
4. Type of jurisdiction:
☐ City/ Town ☐ County ☐ State ☐ Other:
5. Type of Entity:
☐ Police Department ☐ Sheriff's Department ☐ Drug Task Force ☐ Regional Police Force
6. Current Population of city, town, county or other political subdivision which Applicant provides services to: _____
7. Any seasonal increase in population? ☐ Yes ☐ No
 - a. If yes, what is the percentage of increase? _____
 - b. Any there any borrowed officers during this season? ☐ Yes ☐ No
 - c. If yes, to (b) above, are they trained on the Applicant's policies and procedures? ☐ Yes ☐ No

8. Indicate the name, type and size of significant facilities within the Applicant's jurisdiction, (i.e., military institutions, colleges/universities, resorts, convention centers, sports arenas, nuclear power plants, amusement parks): _____

III. SPECIAL SERVICES AND MOONLIGHTING

1. Does the Applicant contract its law enforcement services to any other public or private entity? ☐ Yes ☐ No

If yes, please attach a copy of the servicing contract(s).

- a. **If yes**, indicate name and location of such other entities: _____

- b. **If yes**, are any additional personnel retained by the Applicant for such purposes listed under Section VI.? ☐ Yes ☐ No

- c. **If no**, to (b), please explain: _____

2. Is the Applicant a party to any mutual aid, reciprocal, or regional task force agreements? ☐ Yes ☐ No

If yes, please attach a copy of such agreement(s).

3. Does the Applicant require that it be named as an "additional Insured" when providing law enforcement services to any other public or private entity pursuant to contract or for approved special events (i.e., concerts, parades, races)? ☐ Yes ☐ No

4. Does the Applicant authorize employee moonlighting? ☐ Yes ☐ No

- a. **If yes**, indicate the name and title of individual who authorizes: _____

- b. What percentage of law enforcement staff moonlights, on average: _____%

- c. Is moonlighting in bars or taverns, or other establishments service alcohol, authorized? ☐ Yes ☐ No

IV. POLICIES AND PROCEDURES

1. Does the Applicant have a law enforcement policies and procedures manual? ☐ Yes ☐ No

If yes,

- a. What is the original publication date? _____

- b. What is the date of the last revision or update? _____

- c. Is the manual distributed to all personnel? ☐ Yes ☐ No

- d. Is the manual reviewed with personnel periodically as part of their formal training? ☐ Yes ☐ No

2. Does the Applicant monitor compliance with its policies and procedures on a regular basis? ☐ Yes ☐ No

3. Does the Applicant require "Use of Force" reports to be filed by its officers? ☐ Yes ☐ No

If yes, are they followed up on by the Applicant? ☐ Yes ☐ No

In no, explain why not: _____

4. Does the Applicant have written policies and procedures relating to:

			Date of last update:
A.	Use of Deadly Force	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B.	Vehicle Hot Pursuit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C.	Non-Deadly Force	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.	Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E.	Communicable Disease (AIDS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F.	Handling of Intoxicated Persons	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G.	Body Camera	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Provide an explanation for any "no" answers or policies and procedures that have not been updated within the last five (5) years.

5. Please provide the number of officers equipped with recording devices: (If no officers are equipped with recording devices, please enter "none".

	Audio Only	Video Only	Both Audio & Video
Body Camera			
Dashboard Camera			

V. EDUCATION AND TRAINING REQUIREMENTS

- What is the minimum education requirement for hiring officers?
☐ High School Diploma/ GED ☐ Some College ☐ College Graduate
☐ Other: _____
- Is psychological testing required prior to hiring any officer? ☐ Yes ☐ No
 - Are the results reviewed by a person trained in this field? ☐ Yes ☐ No
 - Are officers interviewed by a psychologists/ psychiatrists? ☐ Yes ☐ No
- What background investigations are completed prior to hiring any officer? _____
- What law enforcement training is required of armed street officers prior to assignment?
 Formal Academy? ☐ Yes ☐ No
 Number of hours: _____ hrs.
 If other explain: _____
- If the Applicant has a lockdown facility, what training is required of correctional officers/ jailers prior to assignment?
 - Full-time Jailers:
 Formal Academy? ☐ Yes ☐ No ☐ N/A
 Number of hours: _____ hrs.

If other explain: _____

b. Part-time Jailers:

Formal Academy? ☐ Yes ☐ No ☐ N/A

Number of hours: _____ hrs.

If other explain: _____

6. Does the Applicant have a minimum in-service training update?

☐ Yes ☐ No

If yes:

a. How often: ☐ Monthly ☐ Annually ☐ Bi-Annually
☐ Other: _____

b. How many hours: _____ hrs.

7. Is formal training required before armed and assigned street duty?

☐ Yes ☐ No

If no, verify that the officer is either: ☐ not armed; or

☐ is armed but accompanied by a trained officer.

8. Are officers trained and qualified before using:

A.	A Baton	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Used
B.	Mace/Chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Used
C.	Control Holds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Used
D.	Stun Guns	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Used
E.	Canine Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Used

9. How often are officers required to re-qualify with:

a. Service revolver: _____

b. Personal weapon: _____

c. Other weapon (specify): _____

10. Does firearm training include firing range exercises at night or simulated night conditions?

☐ Yes ☐ No

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

a. Is training given before duty assigned? ☐ Yes ☐ No

b. **If no**, verify that the officer is either: ☐ not armed; or

☐ is armed but accompanied by a trained officer.

c. What type of assignments do auxiliary officers typically perform? _____

12. Are officers trained in emergency vehicle handling (i.e., "hot pursuit)?

☐ Yes ☐ No

13. Has the Applicant received accreditation from the Commission on Accreditation for Law enforcement Agencies, Inc?

☐ Yes ☐ No

14. Has the department developed any training for officers regarding racial profiling

☐ Yes ☐ No

prevention?

VI. DISPATCHING AND 911 SERVICES

IF NO DISPATCHING OR 911 SERVICES, PLEASE MARK THE BOX AND SKIP TO NEXT SECTION

☐ **No Dispatching or 911 Services**

1. Does the Applicant handle its own dispatch? ☐ Yes ☐ No
If no, who handles dispatch for the Applicant? _____
2. Does the Applicant dispatch for other public entities or police units? ☐ Yes ☐ No
 - a. How many other entities or units? _____
 - b. What is the total population served? _____
3. Does your department handle 911 services? ☐ Yes ☐ No
 - a. How many entities? _____
 - b. What is the total population served? _____
4. Are incoming calls to dispatch and 911 operators recorded? ☐ Yes ☐ No
If yes, how long are recordings retained? _____
5. Are the following services provided by Applicant:
 - a. Emergency Medical Dispatch ☐ Yes ☐ No
 - b. Fire Dispatch ☐ Yes ☐ No
 - c. Police Dispatch ☐ Yes ☐ No
6. What training do the dispatchers and 911 operators receive?
Formal Academy? ☐ Yes ☐ No ☐ N/A
Number of hours: _____ hrs.

VII. JAIL OPERATIONS

IF NO LOCK UP FACILITY, PLEASE MARK THE BOX AND SKIP TO NEXT SECTION

☐ **No Lock Up Facility**

1. Does the Applicant operate any of the following:

			Location
A.	Jail	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B.	Holding Cell	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C.	Detention Center	<input type="checkbox"/> Yes <input type="checkbox"/> No	

For each Facility indicate the following, if applicable. Use a separate sheet if necessary.

2. Year facility was built? _____
Year facility was last renovated: _____
3. What is the state certified capacity of the facility? _____
4. What is the average number of daily inmates? _____
5. What is the average length of stay? _____
6. Are there full-time jailers on duty twenty-four (24) hours per day? ☐ Yes ☐ No
If not, are jailers on duty whenever an inmate is in the facility? ☐ Yes ☐ No
7. Are walk-throughs of the facility done every thirty (30) minutes? ☐ Yes ☐ No
a. Are they documented in writing? ☐ Yes ☐ No
8. In the last five (5) years, have there been any suicides or suicide attempts by inmates? ☐ Yes ☐ No
a. **If yes**, explain incident and provide details of preventative measures taken: _____
b. What procedures are in place when an inmate is identified as high-risk for suicide? : _____
9. Does the Applicant have smoke detectors in the facility? ☐ Yes ☐ No
a. Date of last inspection by Fire Inspectors: _____
10. Date of last inspection by State Corrections Officials: _____
Provide a copy of inspection report.
11. Does the Applicant have a written procedures manual for the facility? ☐ Yes ☐ No
a. Date of original procedures manual for facility: _____
b. Date of last revision/update of manual: _____
12. Does the manual contain written procedures on:

			Provide an explanation for all "no" responses
A.	Intake Screening and Classification	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B.	Strip Searches	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C.	Jail Evacuation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.	Medical Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E.	Suicide ID Guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	

13. Are there video or audio surveillance systems in:

	Audio	Video
--	-------	-------

A.	Booking Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Sally Port	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Each Cell Unit*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If no audio or video in cell area, are inmates under constant surveillance by a jailer/ officer? ☐ Yes ☐ No

VIII. PERSONNEL

LIST EACH PERSON ONLY ONCE UNDER HIS OR HER 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 duties including detectives, investigators and civil processors (do not include officers listed under question 3. above): _____

5. Armed part-time and auxiliary reserve officers with arrest authority: _____

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

7. Communications, dispatch and 911 personnel: _____

8. Police Dogs (Please attach certificate of training for both dog and dog-handler): _____

9. Jail Administrators: _____

10. Full-time and Part-time Jailers/ Matrons: _____

11. Court Security Staff: _____

12. Medical Personnel: _____

<div style="background-color: black; width: 100px; height: 15px;"></div>	# Employed	# Contracted	Professional Liability Limits
--	------------	--------------	-------------------------------

Nurses			
Doctors			
Coroners			

13. Total number of employees last year:

- a. Full Time: _____
b. Part Time: _____

14. Does the department participate in any of the following specialized units:

			If yes, provide details:
A.	Critical Incident Team	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B.	Special Weapons & Tactics (SWAT)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C.	Drug Task Force	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.	Any involvement/ membership with other specialized police units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

IX. INSURANCE

1. Name of current police professional liability insurer: _____
a. Expiration Date of Policy: _____
b. Limits of Liability: _____
c. Deductible: _____
d. Premium: _____
e. Coverage is: ☐ Occurrence ☐ Claims Made

1. Has such insurance been declined, canceled, or not renewed? ☐ Yes ☐ No
If yes, please explain: _____

2. Current general liability carrier: _____
a. Expiration Date: _____
b. Limits: _____
c. Does the GL policy cover jail or other lock up facility premises? ☐ Yes ☐ No

3. Is the entity operating under any court orders? ☐ Yes ☐ No
If yes, please explain why: _____

X. LOSS HISTORY

1. Does any official, authorized employee or volunteer have any knowledge of any ☐ Yes ☐ No action, error, omission or breach of duty which may be expected to give rise to a claim?

If yes, please explain: _____

NOTE: authorized employee means any elected official, executive officers or directors, or risk managers or any leader of your legal, finance, risk management or other department that is responsible for insurance matters.

2. Have any of the claims, acts, omissions, incidents, or circumstances identified in response to the preceding question been reported to an insurance carrier? ☐ Yes ☐ No

3. Has any lawsuit been made or is now pending against any person in his/her official capacity as an employee or volunteer for the department? ☐ Yes ☐ No

If yes, please explain: _____

XI. FRAUD WARNINGS

General Fraud Warning: 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.

Applicable Notice to Applicants in:

Alabama	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 is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
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 false or fraudulent information to obtain or amend insurance coverage or to make a 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
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 or a 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.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: 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 civil fines and criminal penalties.
New York	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	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.
Oklahoma	WARNING: 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.
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.
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	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. NOTICE TO APPLICANT

NOTICE: THE INSURANCE COVERAGE FOR WHICH THE APPLICANT IS APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE AND REPORTED DURING THE **POLICY PERIOD** AS STATED IN THE DECLARATIONS, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY **DAMAGES** WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** MAY BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT, IF APPLICABLE. IN NO EVENT WILL WE BE LIABLE FOR **DAMAGES** OR **CLAIM EXPENSES** IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO POTENTIALLY COVER SUCH CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS. WE WILL NOT PROVIDE COVERAGE, AND COVERAGE IS EXPRESSLY EXCLUDED, FOR CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS OF WHICH THE APPLICANT HAS KNOWLEDGE AND/OR IS AWARE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, IF OFFERED AND ACCEPTED. PLEASE READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

XIII. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant:		
Signature of person authorized to execute on behalf of the applicant:		Date:
Print name and title of person authorized on behalf of the applicant:		
Agent/Broker Name:		