

3. OPERATIONS

- a. Name of Largest City within 25 Miles: _____ Population: _____
- b. Name and Size of any Significant Exposure within 25 Miles, e.g., Colleges, Resort Areas, Military Installations, Major Medical Centers, Nuclear Power Plants: _____
- c. Agency's Annual Budget for Past 3 Years:
 Last Year: \$ _____ Prior Year: \$ _____ 2 Years Prior: \$ _____
- d. Total Number of Full Time Employees: Last Year _____ Prior Year _____ 2 Years Prior _____
- e. Do you provide Law Enforcement Services to any other Entity? Yes No
 Explain: _____
- f. Are you party to any mutual aid or reciprocal Law Enforcement Contract? Yes No
 Explain: _____
- g. Do you automatically require that your Agency be named as an additional insured for any sub-contract work, approved special event, or other pre-approved activity, which may require specific law enforcement involvement, i.e., concerts, parades, races, rodeos? Yes No
 Explain: _____
 If No, would you be willing to adopt such a policy? Yes No
- h. Do you permit moonlighting? Yes No
 If yes, explain: _____
- i. Are new officers required to have at least a high school diploma or equivalent? Yes No
- j. Is there an oral interview? Yes No
- k. Is a background investigation conducted? Yes No
- l. Is a medical examination required? Yes No
- m. Is psychological testing required before hiring? Yes No
- n. Do you conduct physical performance tests? Yes No
- o. Is there a written examination? Yes No

4. TRAINING

- a. Is formal academy training required of full-time street officers? Yes No
 Number of academy training hours: _____
 Other – Explain: _____
- b. Is formal training required before armed and assigned street duty? Yes No
- c. Are officers trained and qualified before using firearms, baton and mace? Yes No
- d. Is a continuing training program required of full-time officers? Yes No
 Number of training days required per officer per year: _____
- e. Do officers who may provide emergency medical treatment and care require formal training? Yes No
- f. Do you have a Department Training Manual: (PLEASE ATTACH COPY) Yes No
 If yes, when written? _____
- g. What training do Part Time/Auxiliary Officers receive? Yes No
 Explain: _____
- h. Do Part Time/Auxiliary Officers have arrest power? Yes No
- i. Are Auxiliary Officers assigned duty without accompanying full time officers? Yes No
 Explain: _____
- j. Are jailers, matrons and/or correctional officers trained prior to assignment?
 1. Full Time Officers Yes No
 2. Part Time Officers Yes No
 Explain: _____

5. PROCEDURES

- a. Do you have a department procedures manual? (PLEASE ATTACH COPY) Yes No
 If yes, when was it written? _____ Last Update: _____
- b. Does the procedures manual have defined and written procedures regarding:
- 1. Procedures for documenting action of officers Yes No
 - 2. Grievances (i.e., inmate complaints) Yes No
 - 3. Training Yes No
 - 4. Supervision Yes No
 - 5. Hiring of employees Yes No
 - 6. Discretionary judgment policy Yes No
 - 7. Management of juveniles, arrest, detention, etc. Yes No
 - 8. Persons unconscious or identified as ill when arrested Yes No
 or in custody of agency
 - 9. Persons suspected of substance abuse Yes No
 - 10. Persons suspected of or with a history of suicide tendencies Yes No
 - 11. Procedures to prevent civil liberty type claims Yes No
 - 12. Procedures to identify what is an "immediate threat" and Yes No
 procedures for "use of deadly force"
 - 13. Prisoner management and supervision procedures Yes No
 for adults and juveniles
 - 14. Vehicle "hot" pursuit Yes No
 - 15. Does your training program include periodic review of the manual? Yes No

6. DETENTION

- a. Do you operate: Holding facility – 72 hours or less Jail
 Prison Other _____

b. Year Facility was Built: _____ Year Renovated: _____

	ADULT	JUVENILE
1. How many persons was the facility built to detain for a period less than 72 hours?	_____	_____
2. Persons that can be detained for more than 72 hrs.	_____	_____
3. Number of cells	_____	_____
4. Number of beds per cell	_____	_____
5. Type of monitors used	_____	_____
6. Average length of stay	_____	_____
7. Maximum length of stay permitted	_____	_____
8. Average daily population of detention facilities	_____	_____
9. Minimum number of qualified ON DUTY employees day and/or night	_____	_____
	_____	_____
	Day	
	Night	

10. DO YOU PLACE JUVENILES IN ANY HOLDING FACILITY OR JAIL WITH ADULTS?
 Yes No If Yes, explain: _____

- c. Is there any court order, given or pending, directing you to:
- 1. Rebuild or remodel detention facilities by a prescribed date? Yes No
 - 2. Correct any sanitary or other deficiencies as directed by the court? Yes No
- If yes to either, state when and explain: _____

d. Describe any work release or halfway house programs: _____

e. In the last 5 years have there been any:

1. Jail Suicides? Yes No

2. Attempted suicides? Yes No

If yes to either, explain: _____

7. DESCRIBE YOUR CLAIMS EXPERIENCE IN THE PAST THREE (3) YEARS:

DATE	TYPE OF CLAIM	STATUS (Open/Closed)
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Current and Prior Insurance Policies:

CURRENT YEAR:

Police Liability Insurer: _____ Present Premium: _____

Policy No.: _____ Expiration Date: _____ Limits: _____

PRIOR YEAR:

Police Liability Insurer: _____ Present Premium: _____

Policy No.: _____ Expiration Date: _____ Limits: _____

DECLARATIONS AND NOTICES

DECLARATION

To the best of my knowledge and belief, the information provided in connection with this application is true and there is no material facts withheld. I understand that non-disclosure or misrepresentation of a material fact will entitle the coverage provider to void any liability protection that is issued as a result of this application. I also understand that any contribution quotation is based on the loss information contained herein and is subject to change based on any verified loss information subsequently obtained by the coverage provider.

NOTICE

I understand that the signing of this application does not bind me to complete the Intergovernmental Contract or Subscription Agreement, but agree that, should an Intergovernmental Contract or Subscription Agreement be concluded, this application and the statements herein contained, shall form the basis of, and become a part of the coverage document and Intergovernmental Contract of Subscription Agreement.

Authorized Signature of Applicant*: _____

Title of Applicant: _____ Date: _____

* Only original signature can be considered.

Return completed application to: _____
