

## LAW ENFORCEMENT LIABILITY

### INSURANCE COVERAGE AND LIMITS

1. Coverage Type:  Occurrence  Claims Made      2. Retroactive Date: \_\_\_\_\_
3. Has there been continuous Claims Made coverage back to the requested Retroactive Date? .....  Yes  No

	Each Wrongful Act Limit	Total Limit (Aggregate)	Each Wrongful Act Deductible
Option 1	\$	\$	\$
Option 2	\$	\$	\$

### GENERAL UNDERWRITING INFORMATION

5. Is department accredited by the Commission on Accreditation for Law Enforcement Agencies (CALEA)? .....  Yes  No
6. Do you contract law enforcement to any public or private entity? .....  Yes  No
7. Are you part of any mutual law enforcement assistance agreements between political subdivisions? .....  Yes  No
8. Complete the following for each task force in which you participate:

Task Force Type	No. of Officers Involved	Do you lead this task force?	Is task force a separate entity?	Is task force insured elsewhere?
Drug		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swat		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gang		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Does the agency operate a shooting range? .....  Yes  No  
*If yes, is it used by:*
- a. outside law enforcement agencies? .....  Yes  No
- b. The general public? .....  Yes  No
10. If yes, is an injury waiver required? .....  Yes  No

### EMPLOYEE CLASSIFICATION

GROUP 1 EMPLOYEES	NO.	GROUP 2 EMPLOYEES	NO.	GROUP 3 EMPLOYEES	NO.	GROUP 4 EMPLOYEES	NO.
Full-time officers, detectives, investigators and sergeants (including the chief, sheriff and deputies)		Part-time/reserve/auxiliary/court officers armed, or with arrest authority		Animal Control Personnel		Other unarmed law enforcement personnel (includes clerical, cooks, and other unarmed personnel not included elsewhere)	
				Dispatchers			
				Jail Nurse			
				Jail Medical Personnel - Other			
Police Dogs		Full-time jailers		School Crossing Guards		Other unarmed jail personnel (includes clerical, cooks, and other unarmed jail personnel not included elsewhere)	
	Part-time jailers		Unarmed part-time/reserve/auxiliary officers without arrest authority				

### DEPARTMENT POLICIES AND PROCEDURES

12. Does the agency have a policy and procedure manual? .....  Yes  No
13. Is the manual distributed to all personnel? .....  Yes  No
14. Are employees required to sign off? .....  Yes  No
15. Date of last overall revision of your policy and procedure manual: \_\_\_\_\_
16. How often is the manual reviewed with personnel? ..... \_\_\_\_\_

17. a. Does the applicant have written policies governing the following:

	<b>Policy Description</b>	<b>Date Written</b>	<b>Date of Last Revision</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of force		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Firearms & Less than lethal weapons		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicular pursuits		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patrol driving and response		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Domestic violence response		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Service of warrant		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation of prisoners		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrests and investigatory stops		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Searches		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Motor vehicle stops & searches		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Canines		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual harassment		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of volunteers		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary employment & Off-duty powers (moonlighting)		

b. Have the policies and procedures been reviewed by legal counsel? .....  Yes  No

*If yes, name of counsel:*

**EDUCATION AND TRAINING**

18. Complete the following:

<b>Training Requirements</b>	<b>Patrol and Auxiliary Officers</b>	<b>New Officer and Annual In-Service Training</b>
Do all officers meet state certifying agency minimum training standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Firearms Training and Qualification Frequency of Qualification: _____ per year	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impact Weapon Training and Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Agent (Oleoresincapsium) Training and Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taser Training and Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Speed Pursuit Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Department Policy and Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Constitutional Use of Force	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legislative and Case Law	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Duties of reserve/auxiliary officers:

Traffic control  Civil Disturbance  Crowd Control  Other: \_\_\_\_\_

**EMERGENCY DISPATCH**

20. Does your department handle your own dispatch? .....  Yes  No
21. Does your department handle dispatch for others? .....  Yes  No
22. Are incoming calls to dispatchers recorded? .....  Yes  No
- If yes, how long are tapes or digital files retained (i.e. # of years)? ..... \_\_\_\_\_*

**JAIL/HOLDING CELL OPERATIONS**

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

Facility	No. of Cells	Accredited by American Correctional Association?	Square Footage	Design Capacity	Average Inmate Population	Maximum Capacity in Past 12 months
Jail		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Holding Facility		<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				

24. Does the applicant have written policies governing the following?

	Policy Description	Date Written	Date of Last Revision	New Jailer and at least Annual Training?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of Force			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Restraints			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Inmate Classification			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Strip Searches			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Treatment			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Suicide Prevention			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Evacuation			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Key Control and Security			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Inmate Transportation			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Discipline and Grievance Procedures			<input type="checkbox"/> Yes <input type="checkbox"/> No

25. How frequently are cell checks conducted for each of the following?

- a. General Population: \_\_\_\_\_ b. Suicide: \_\_\_\_\_ c. Maximum Security Cells: \_\_\_\_\_

26. In the past three (3) years, have there been any suicides or attempted suicides in your jail or similar holding facilities? .....  Yes  No

- a. No. of suicides: \_\_\_\_\_ b. No. of attempts: \_\_\_\_\_

27. What type of surveillance system is installed in the jail?

**JAIL FACILITIES**

28. Complete the following:

	<b>Date of last inspection</b>	<b>Inspection report enclosed</b>
State Corrections		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Inspector		<input type="checkbox"/> Yes <input type="checkbox"/> No
Department of Health		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

31. Are strip searches conducted on all detainees regardless of the crime? .....  Yes  No

32. Are medical facilities available in the jail? .....  Yes  No

*If yes, describe:* \_\_\_\_\_

*If no, how do inmates receive treatment?* \_\_\_\_\_

33. Has the facility ever been subject to a Court Order or consent decree? .....  Yes  No

*If yes, what is the status of the order?* \_\_\_\_\_

34. Is the jail administrator a "Certified Jail Manager" per the American Jail Association (AJA)? .....  Yes  No



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