



**LAW ENFORCEMENT LIABILITY  
ADDITIONAL INFORMATION REQUEST**

THE INFORMATION BEING REQUESTED MAY BE FOR A CLAIMS-MADE POLICY. 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 Insured(s):		Today's Date:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	

**UNDERWRITING INFORMATION**

1. Please list any accreditations/certifications that your law enforcement department currently holds (CALEA, State Certifications, etc) \_\_\_\_\_

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

3. 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*

4. Complete the following for each task force in which you participate:

Task Force Type	# 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

5. 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

*If yes, is an injury waiver required?* .....  Yes  No

**INSURANCE COVERAGE AND LIMITS INFORMATION**

6. Has claims made coverage been continuous through the retroactive date? .....  Yes  No  N/A  
*If yes, state the continuous claims made retroactive date:* \_\_\_\_\_

7. Each Wrongful Law Enforcement Liability Limit/Total Limit:  
 \$1,000,000/\$1,000,000  \$2,000,000/2,000,000  Other \_\_\_\_\_

8. Deductible:  \$10,000  \$25,000  Other \_\_\_\_\_

## EMPLOYEE CLASSIFICATION INFORMATION

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	—		
Police Dogs	—	Full-time jailers	—	Jail Nurse	—	Other unarmed jail Personnel(includes clerical, cooks, and other unarmed jail personnel not included elsewhere)	—
				Jail Medical Personnel – Other	—		
		Part-time jailers		School Crossing Guards	—		
				Unarmed part-time/reserve/auxiliary officers without arrest authority	—		

## DEPARTMENT POLICIES AND PROCEDURES INFORMATION

9. Does the agency have a policy and procedure manual? .....  Yes  No
10. Are employees required to acknowledge review and receipt of policies and procedures?.....  Yes  No
11. Date of last overall revision of your policy and procedure manual: \_\_\_\_\_
12. How often is the manual reviewed with personnel? \_\_\_\_\_
13. a. Does the applicant have written policies governing the following:

Policy Description	Does this policy exist?	Date of Last Revision
Use of force/restraints	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Vehicular pursuits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Domestic violence response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Patrol driving and response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Searches <input type="checkbox"/> Blanket <input type="checkbox"/> For-Cause	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Transportation of prisoners	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Arrests and investigatory stops	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Firearms & Less than lethal weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Service of warrant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Motor vehicle stops & searches	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Canines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sexual harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Use of volunteers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Police ride-along program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Suicide Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Secondary employment & Off-duty powers (moonlighting)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If yes, describe and include any limitation of secondary employment exposures: \_\_\_\_\_

- b. Have the policies and procedures been reviewed by legal counsel? .....  Yes  No
- c. Have the updated policies and procedures been distributed and acknowledged by all employees?...  Yes  No

## EDUCATION AND TRAINING INFORMATION

14. Complete the following:

Training Requirements	Patrol and Auxiliary Officers	New Officer and Annual In-Service Training	Is the manual distributed to all personnel?
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	N/A
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	<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	<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	<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	<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	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suicide Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Duties of reserve/auxiliary officers:  Traffic control  Civil Disturbance  Crowd Control  Other  
 Are volunteers used in any capacity for law agency operations? .....  Yes  No  
 If yes, describe the type of training provided: \_\_\_\_\_

## JAIL/HOLDING CELL OPERATIONS INFORMATION

16. How many, if any, of the following do you operate?  Check if N/A

Facility	# of Cells	Accredited by American Correctional Association?	Square Footage	Design Capacity	Avg. Inmate Population	Max Capacity in Past 12 Mo.	Surveillance Type (CCTV, Eyes on, Audio, Other)
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					

17. Do you have written jail policies governing the following?

Policy Description	Date of Last Revision	New Jailer and at least Annual Training?
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"/> Blanket <input type="checkbox"/> For-Cause	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

19. 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, No. of suicides:* \_\_\_\_\_ *No. of attempts:* \_\_\_\_\_

**JAIL FACILITIES INFORMATION**

20. Are juveniles separated from adult criminals?.....  Yes  No  
 21. Are suspects of violent crimes separated from suspects of misdemeanor crimes? .....  Yes  No  
 22. Are medical facilities available in the jail? .....  Yes  No  
*If yes, describe:* \_\_\_\_\_  
*If no, how do inmates receive treatment?* \_\_\_\_\_  
 23. Has the facility ever been subject to a Court Order or consent decree?.....  Yes  No  
*If yes, what is the status of the order?* \_\_\_\_\_  
 24. Is the jail administrator a "Certified Jail Manager" per the American Jail Association (AJA)? .....  Yes  No

**FRAUD STATEMENTS**

**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.  
**LOUISIANA and 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 include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

**SIGNATURES**

Authorized Representative Signature*: <b>X</b>	Authorized Representative Name - Printed	Date:
Producer Signature*: <b>X</b>	State Producer License No (required in FL):	Date:
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.