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Agency _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

PUBLIC ENTITY APPLICATION EMERGENCY DISPATCHERS LIABILITY SECTION

Legal Name of Public Entity: _____ Effective Date: _____

A. COVERAGE REQUESTED

1. Limit of Liability: Each wrongful act: \$ _____ Annual aggregate: \$ _____
 2. Deductible requested: \$ _____
 3. Consent to Settle Coverage Option? Yes No
 4. Fire Legal Liability Coverage Option? Yes No
 5. Additional Insured Coverage Option? Yes No
- Name and address of additional insured(s) and describe interest: _____

B. TOTAL NUMBER OF EMPLOYEES

1. Full-time dispatchers: _____ Part-time dispatchers: _____
2. Department administrator(s): _____ Deputy administrator(s): _____
3. Supervisor(s): _____
4. All other personnel: _____

C. UNDERWRITING INFORMATION

1. What type of emergency dispatchers operation do you have?
 - a. Start-up operation—no dispatching anticipated during policy period Yes No
 - b. Dispatching service—no pre-arrival instructions given Yes No
 - c. Dispatching service—pre-arrival instructions given Yes No
 - d. Other Yes NoIf yes, describe: _____
2. If start-up operation, attach copies of management staff resumes and provide start-up date: _____

3. What type of 9-1-1 system do you have? Basic Enhanced
 If enhanced, does the system have:
 Automatic number identification Automatic location identification Automatic vehicle locator system
 Mobile data terminal Other (explain): _____
4. How long has the 9-1-1 service been in operation? _____
5. What is the radius (in miles) served by the dispatching center? _____
6. Number of 9-1-1 calls received during the past twelve (12) months? Emergency: _____ Other: _____
7. Do you screen calls to determine whether an emergency response is needed? Yes No
8. Does each dispatcher use a departmentally approved documentation form for gathering information? ... Yes No
9. For what entities do you perform emergency dispatching services?
 Police Ambulance Fire Other (Explain): _____
10. Confirm that incoming calls to dispatchers are recorded and tapes are maintained at least thirty (30) days:
 Confirmed Not Confirmed
11. Do you perform any fire or burglary alarm services for any private entities? Yes No
 If yes, do you wish to purchase Contracts with Private Services Coverage? Yes No
12. In a 24-hour period:
 a. How many work shifts does the center have? _____
 b. What is the number of dispatchers on duty each shift? _____
13. Is psychological testing required before hiring? Yes No
14. What is your dispatcher turnover rate for the past year? _____

D. POLICIES AND PROCEDURES

1. Do you have written policies and procedures governing your operations? Yes No
2. Do you have a written policy for priority dispatching? Yes No
3. Is your policies and procedures manual reviewed at least annually by management?..... Yes No
4. If pre-arrival instructions are provided:
 a. Is there a desk reference manual to aid the dispatchers in handling the following situations:
 (1) Fire/explosion? Yes No
 (2) Hazardous materials incidents? Yes No
 (3) Threatened suicide? Yes No
 (4) Medical? Yes No
 (5) Crimes in progress? Yes No
 b. Are desk reference manuals provided to each dispatcher?..... Yes No

E. TRAINING

1. What is the minimum educational requirement for hiring dispatchers?
 High School Some College College Graduate Other (describe): _____
2. Is formal training required of all dispatchers? Yes No
 If yes:
 a. By whom? _____
 b. Number of hours required: _____

c. Other (explain): _____

3. Does the dispatcher training program include periodic review of your policies and procedures manual and desk reference manual? Yes No

4. Confirm dispatchers are under constant supervision by a trained supervisor until the training has been completed.
 Confirmed Not Confirmed

5. If pre-arrival instructions are provided, are dispatchers trained in handling the following situations:
- a. Fire/explosion? Yes No
 - b. Hazardous materials incidents? Yes No
 - c. Threatened suicide? Yes No
 - d. Medical? Yes No
 - e. Crime in progress? Yes No