

Roush Insurance Services, Inc.

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

Public Entity Application Law Enforcement Liability Section

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: _____ Effective Date: _____

A. COVERAGE REQUESTED

1. Limit of Liability:
 Each person: \$ _____ Each wrongful act: \$ _____ Annual aggregate: \$ _____
2. Coverage desired: Occurrence Claims Made Retroactive Date: _____
3. Deductible requested: \$ _____; or
 SIR Requested: \$ _____
 TPA Name, Address, Telephone, and Facsimile: _____
4. Consent to Settle Coverage Option? Yes No
5. Name of law enforcement department(s) or agency(ies) to be covered: _____

B. EMPLOYEE CLASSIFICATION

1. Provide number of employees for each type listed:

Type of Employee	No.	Type of Employee	No.
Sheriff/Chief/Deputy Chief		Full time/jailers/matrons	
Personnel with rank of sergeant or higher		Part time/auxiliary/reserve officers	
Full-time personnel with regular street/road duties including detectives and investigators		Court security staff	
		Crossing guards	
Patrol and Attack Police Dogs (Please provide training certificates for dogs and handlers)		Civil process servers	
		Communication/dispatchers	
Jail administrator(s) Length of time in this position: _____		All other law enforcement agency employees not listed elsewhere in this table	

C. DEPARTMENT POLICIES AND PROCEDURES

1. Do you have written policies and procedures governing the following law enforcement operations?

Policy Description	Date of Last Revision
Use of deadly force <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of non-deadly force <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of force reports <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle "hot pursuit" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Motor vehicle stops and searches <input type="checkbox"/> Yes <input type="checkbox"/> No	
Firearms and less than lethal weapons <input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic violence <input type="checkbox"/> Yes <input type="checkbox"/> No	
Searches <input type="checkbox"/> Yes <input type="checkbox"/> No	
Custodial interrogation/detention <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	
Handling individuals who are intoxicated <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling individuals who are suffering from mental illness, mental impairment, emotional distress or require medical attention <input type="checkbox"/> Yes <input type="checkbox"/> No	
Communicable diseases <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical emergency plan (detainee treatment and transport policy, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are policies and procedures reviewed annually? Yes No
 If yes, by whom: _____

3. Are policies and procedures distributed to all personnel? Yes No

4. Are policies and procedures reviewed periodically with personnel as part of formal training? Yes No
 Is evidence of this periodic review stored in employee's personnel files? Yes No

5. Do you require use of force reports to be filed? Yes No
 If yes, is there follow-up action? Yes No
 How many reports were filed in the last twelve (12) months? _____

D. EDUCATION AND TRAINING

1. Indicate which of the following background checks are required prior to hiring:
 Criminal Investigation Motor Vehicle Records Psychological Testing
 Employment History Check Reference Check

2. Which of the above are conducted by an outside vendor? _____
 a. If none, how is information gathered? _____
 b. Are background checks retained? Yes No
 If yes, how long? _____

3. Confirm that all armed street officers have received formal academy training and are in compliance with minimum state requirements: Confirmed Not Confirmed

4. Is formal training required before armed and assigned street duty? Yes No
 If no, verify officer is not armed or is accompanied by trained personnel: Confirmed

5. How often must officer re-qualify with any department issued weapon? _____
6. Explain what training part-time/reserve/auxiliary officers receive: _____

7. Minimum number of hours of annual in-service training: _____
8. Do you hire additional officers during seasonal population changes?..... Yes No N/A
If yes, confirm they have received training in compliance with minimum state requirements:..... Confirmed Not Confirmed
9. Do all officers receive training in vehicular operations?..... Yes No
10. Are officers trained and qualified before using:

Baton/Asp?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Used	Control holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Used
Mace/Chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Used	Tasers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Used

11. If Tasers are used, how frequently is "spark test" conducted by authorized officers? _____
12. Is all training documented on a training log?..... Yes No
If yes, does documentation include the date of completion and re-certification?..... Yes No

E. EMERGENCY DISPATCH

1. Indicate which of the following emergency calls are handled by your police department:
 Emergency Dispatch Emergency Medical Fire Dispatch Other Municipalities
2. If above is applicable:
 - a. How are calls documented and how long are the records maintained? _____
 - b. What is the average number of calls received per month? _____
 - c. Are all dispatchers trained and certified?..... Yes No
 - d. If dispatching for other municipalities, provide population served: _____

F. GENERAL UNDERWRITING INFORMATION

1. Are you involved with any of the following:

Description	Is there a written contract?	Contract approved by legal counsel?
Contracting law enforcement to any other entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mutual aid or reciprocal agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug task force or SWAT team? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, no. of officers assigned to Drug task force: _____ SWAT team: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint Powers Agreement with any other municipalities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe agreement: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there separate primary insurance for this agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Do you require your agency to be named as an additional insured for any work contracted to others? Yes No
Who provides liability insurance for those contract services? _____
3. a. Do you authorize employee "moonlighting"? Yes No
b. Confirm no "moonlighting" in bars and taverns:..... Confirmed Not Confirmed

4. Are you accredited by any professional organizations? Yes No
 If yes, please provide certificates.
 What organization(s)? _____
5. Do you subscribe to LETN? Yes No
 If yes, please provide certificate.
6. Has there been continuous claims made coverage for the past five years? Yes No
 If no, please explain: _____

G. JAIL/HOLDING CELL/DETENTION CELL OPERATIONS

1. Do you operate (check all that apply): Jail Holding cell Detention cell No lockup facility
2. Are jail premises regularly inspected by:
- State Corrections officials? Yes No Not required Date of Inspection: _____
- Fire Inspectors? Yes No Not required Date of Inspection: _____
- Dept. of Health? Yes No Not required Date of Inspection: _____

**ATTACH A COPY OF LATEST INSPECTION REPORT or SUMMARY REPORT
 and CORRECTIVE MEASURES TAKEN**

3. Facilities:
- Date constructed: _____ Date renovated: _____
- Number of cells: _____ State certified capacity: _____
- Average number of daily inmates: _____ Average length of stay: _____
- Number of high risk inmates: _____
- a. Are there smoke detectors in the jail area? Yes No
- b. Do you have walk-throughs? Yes No
 At what intervals? _____
- c. Are random walk-throughs conducted? Yes No
- d. Are there audio/video systems? Yes No
 If yes:
- (1) Cells designated for medical/suicide watch: Audio Video None
- (2) Booking area: Audio Video None
- (3) General common areas (walkways, etc.): Audio Video None
- (4) Sally port: Audio Video None
4. Have there been any suicides or attempted suicides in the last five years? Yes No
 If yes, please explain and provide details of the corrective measures taken: _____
5. In the past three years, have there been any of the following (check all that apply):
- Medical emergencies Sexual Assaults Assaults resulting in hospitalization
- Fatalities None
- If any have occurred, what corrective measures have been taken? _____
6. Are jailers required to maintain a jail log to document incidents, action taken, and identify witnesses? Yes No
 If yes, how long is log retained? _____

7. Is the facility under a court order or consent decree? Yes No

If yes:

- a. Attach copy with any modifications; and
- b. Explain the actions taken by the insured to bring the facility into compliance.

8. Does your facility house juvenile detainees? Yes No

If yes, provide a detailed explanation of how juveniles and adults are segregated and monitored: _____

9. Does your facility house males and females? Yes No

If yes, provide a detailed explanation of how males and females are segregated and monitored: _____

10. Jailers:

a. Number of jailers per shift: Day: _____ Evening: _____ Night: _____

b. Are jailers on duty twenty-four (24) hours per day? Yes No

c. Does dispatcher also act as jailer? Yes No

d. Confirm that formal training is required prior to assignment for all jail officers and that formal training is in compliance with minimum state requirements Confirmed Not Confirmed

e. Are policies and procedures reviewed periodically with jail personnel as part of formal training? Yes No

11. Do you have written policies governing jail/holding cell/detention cell operations? Yes No

Policy Description	Date of Last Revision
Intake screening of inmates/detainees <input type="checkbox"/> Yes <input type="checkbox"/> No	
Strip searches <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical treatment/sick call <input type="checkbox"/> Yes <input type="checkbox"/> No	
Storage and administration of medication <input type="checkbox"/> Yes <input type="checkbox"/> No	
Suicide ID guidelines <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of deadly force <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of non-deadly force <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of force reports <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling individuals who are intoxicated <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling individuals who are suffering from mental illness, mental impairment, emotional distress or require medical attention <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are evacuation instructions posted through the facility <input type="checkbox"/> Yes <input type="checkbox"/> No	
Key control and security <input type="checkbox"/> Yes <input type="checkbox"/> No	
Restraints <input type="checkbox"/> Yes <input type="checkbox"/> No	
Visual observation of inmates/detainees <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inmate transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Discipline procedures <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling persons with communicable diseases <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grievance procedure for inmate complaints <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical emergency plan (inmate treatment and transport policy, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

a. Are policies and procedures distributed to all personnel? Yes No

b. Are policies and procedures reviewed annually? Yes No

If yes, by whom: _____

- c. Are policies and procedures reviewed periodically with personnel as part of formal training?..... Yes No
- d. Do you contract out medical services?..... Yes No
 - (1) If no, what steps are taken to provide medical attention? _____
 - (2) If yes, who provides service? _____
 - (a) Do you require evidence of insurance?..... Yes No
 - (b) Are you added as an additional insured?..... Yes No
- e. Do you require use of force reports to be filed?..... Yes No
 - If yes, is there follow-up action? Yes No
 - How many reports were filed in the last twelve (12) months? _____