

# Specialty Lines

## UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226  
Phone: 414-778-3560 • Fax: 414-778-3598

### Public Entity Application Law Enforcement Liability Section (Standard Application)

Please attach a separate page for answers requiring explanations.

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

<b>A. COVERAGE REQUESTED</b>
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- Limit of Liability:  
Each person: \$ \_\_\_\_\_ Each wrongful act: \$ \_\_\_\_\_ Annual aggregate: \$ \_\_\_\_\_
- Coverage desired:  Occurrence  Claims Made
- Deductible requested: \$ \_\_\_\_\_; or  
SIR Requested: \$ \_\_\_\_\_  With LAE Included in Retention  Without LAE in Retention  
TPA Name, Address, Telephone, and Facsimile: \_\_\_\_\_
- Consent to Settle Coverage Option?.....  Yes  No
- Name of law enforcement department(s) or agency(ies) to be covered: \_\_\_\_\_

<b>B. EMPLOYEE</b>	<b>EMPLOYEE CLASSIFICATION</b>
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- Provide number of employees for each type listed:

Type of Employee	No.	Type of Employee	No.
Sheriff/chief; chief/deputy/deputy chief		Full-time detectives	
Personnel with rank of sergeant or higher		Full-time investigators	
Full-time personnel with regular street/road duties		Jail administrators	
Police Dogs (patrol and attack dogs only) (Please provide training certificates for dogs and handlers)		All other law enforcement agency employees, including clerical, crossing guards and jail personnel, not listed above.	

**C. DEPARTMENT POLICIES AND PROCEDURES**

1. Do you have written policies 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 & searches..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Firearms & 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 of intoxicated individuals ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Communicable diseases..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical treatment ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
"Moonlighting" ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

- 2. Are policies and procedures distributed to all personnel? .....  Yes  No
- 3. Are policies and procedures reviewed annually by competent legal counsel? .....  Yes  No
- 4. Are policies and procedures reviewed periodically with personnel as part of formal training? .....  Yes  No
- 5. Do you require use of force reports to be filed? .....  Yes  No  
If yes, are they followed up on? .....  Yes  No

**D. EDUCATION AND TRAINING**

1. Identify the background checks required prior to hiring:

- a. Motor vehicle records.....  Yes  No
- b. Psychological testing.....  Yes  No
- c. Educational verification .....  Yes  No
- d. Criminal investigation.....  Yes  No
- e. Reference check .....  Yes  No
- f. Employment history check .....  Yes  No
- g. Other .....  Yes  No

If yes, please Explain: \_\_\_\_\_

2. Minimum educational requirement for hiring officers?

- High School     Some College     College Graduate     Other (please explain): \_\_\_\_\_

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: service revolver? \_\_\_\_\_ personal weapon? \_\_\_\_\_
6. What training do part-time/reserve/auxiliary officers receive? .....  N/A  
 Explain: \_\_\_\_\_
7. Minimum number of hours of annual in-service training? \_\_\_\_\_
8. If there is a seasonal population change, are there borrowed officers?.....  Yes  No  N/A  
 If yes, are they trained in your agency's policies and procedures?.....  Yes  No
9. Do all officers receive training in:
- a. First aid?.....  Yes  No
- b. Vehicular operations? .....  Yes  No
- c. CPR? .....  Yes  No
10. Is all training documented on a training log? .....  Yes  No
11. Are officers trained and qualified before using?
- a. Baton? .....  Yes  No  Not Used
- b. Control holds? .....  Yes  No  Not Used
- c. Mace/Chemicals?.....  Yes  No  Not Used
- d. Stun guns? .....  Yes  No  Not Used

**E. EMERGENCY DISPATCH**

1. Confirm that all incoming calls to dispatchers are recorded and that tapes are maintained for a minimum of 30 days .....  Confirmed  Not Confirmed
2. Describe the training program for dispatchers: \_\_\_\_\_
3. Do you dispatch for other entities? .....  Yes  No  
 If yes:
- a. For what entities do you perform emergency dispatching duties? \_\_\_\_\_
- b. What is the total 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, Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. a. Do you authorize officer "moonlighting"? .....  Yes  No  
 b. Confirm no "moonlighting" in bars and taverns: .....  Confirmed  Not Confirmed
3. Are you accredited by any professional organizations? .....  Yes  No  
 If yes:
- a) What organization(s)? \_\_\_\_\_

b) Please provide certificate(s).

- 4. Do you subscribe to LETN?.....  Yes  No  
If yes, please provide certificate.
- 5. Has there been continuous claims made coverage for the past five years?.....  Yes  No  
If no, please explain: \_\_\_\_\_

<b>G. JAIL / HOLDING CELL / DETENTION CELL OPERATIONS</b>
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- 1. Do you operate a:  Jail?  Holding cell?  Detention cell?  Other?  No lockup facility?
- 2. **If you have a jail, attach copies of the last state corrections official's inspection report, fire inspector's report and department of health inspection report.**.....  None
- 3. Facilities:
  - a. Date constructed: \_\_\_\_\_
  - b. Date renovated: \_\_\_\_\_
  - c. Number of cells: \_\_\_\_\_
  - d. State certified capacity: \_\_\_\_\_
  - e. Average number of daily inmates: \_\_\_\_\_
  - f. Average length of stay: \_\_\_\_\_
  - g. Smoke detectors in jail area?.....  Yes  No
  - h. Walk-throughs every 30 minutes? .....  Yes  No
  - i. Are there audio/video systems?.....  Yes  No  
If yes:
    - 1) Booking area.....  Audio  Video  None
    - 2) Cell area .....  Audio  Video  None
    - 3) Sally port.....  Audio  Video  None
- 4. Any suicides or suicide attempts in the last five years? .....  Yes  No  
If yes, explain and provide details for prevention of future suicides: \_\_\_\_\_  
\_\_\_\_\_
- 5. In the past three years have there been any (Check all that apply, and explain preventative measures):  
 Fatalities  Assaults which required hospitalization  Sexual Assault  None
- 6. Are all 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:
  - 1) Attach copy with any modifications; and
  - 2) Explain the actions taken by the insured to bring the facility into compliance.
- 8. Do you have a separate facility for juvenile detainees? .....  Yes  No
- 9. Jailers
  - a. Number of jailers per shift: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Night: \_\_\_\_\_
  - b. Are jailers on duty 24 hours per day? .....  Yes  No
  - c. Does dispatcher also act as jailer? .....  Yes  No  
If yes, what training is required? \_\_\_\_\_  
\_\_\_\_\_

d. Minimum educational requirement for hiring jailers?

High School    Some College    College Graduate    Other (please explain): \_\_\_\_\_

e. 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

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

10. Do you have written policies governing jail 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 of intoxicated individuals..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is jail evacuation 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	

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d. Do you require use of force reports to be filed? .....  Yes  No

If yes, are they followed up on? .....  Yes  No