



## POLICE PROFESSIONAL LIABILITY INSURANCE QUESTIONNAIRE

**ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION. THIS IS NOT AN AUTOMATIC RENEWAL. AN APPLICATION MUST BE SUBMITTED PRIOR TO THE EXPIRATION DATE OF THIS POLICY.**

### SECTION I — APPLICANT INFORMATION

1. Public Entity: \_\_\_\_\_
2. Named Insured: \_\_\_\_\_
3. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_
4. Type of entity: Police Dept. ☐ Sheriff's Dept. ☐ Task Force ☐ Regional Police Force ☐  
Other : \_\_\_\_\_
5. Current Population: \_\_\_\_\_
6. Any seasonal increase in population: Yes ☐ No ☐
  - a. % of increase: \_\_\_\_\_
  - b. Any increase in personnel? Yes ☐ No ☐ If yes, how many? \_\_\_\_\_
  - c. Are the additional personnel trained in your agency's policy and procedures? Yes ☐ No ☐
7. Type of jurisdiction: City/Town ☐ County ☐ State ☐ Other: \_\_\_\_\_
8. What is the largest city population within a 25 miles radius of your entity: \_\_\_\_\_
9. Name and size of significant operation within your jurisdiction (military institutions, colleges, resort areas, convention centers, arenas, amusement parks): \_\_\_\_\_
10. Do you contract law enforcement to any public or private entity? Yes ☐ No ☐  
**IF YES, ATTACH COPY OF CONTRACT**
11. Are you a part of any mutual law enforcement assistance agreements between political subdivisions? Yes ☐ No ☐  
**IF YES, ATTACH COPY OF CONTRACT**
12. Is the department accredited by the Commission on Accreditation for Law Enforcement Agencies (CALEA)? Yes ☐ No ☐

### SECTION II — POLICIES AND PROCEDURES

1. Does the entity have a policy and procedure manual? Yes ☐ No ☐
2. Date of manual: \_\_\_\_\_ Date of last revision: \_\_\_\_\_
3. Is the manual distributed to all personnel? Yes ☐ No ☐
4. Are employees required to sign a written acknowledgement of receipt, review and comprehension of the procedure manual? Yes ☐ No ☐
5. How often is the manual reviewed with personnel? \_\_\_\_\_
6. Does the manual include written procedures on the following:
  - A. Use of force Yes ☐ No ☐
  - B. Use of non-deadly force Yes ☐ No ☐
  - C. Vehicle high speed pursuits Yes ☐ No ☐
  - D. Domestic violence Yes ☐ No ☐
  - E. Service of warrants Yes ☐ No ☐
  - F. Transportation of prisoners Yes ☐ No ☐
  - G. Arrests and investigatory stops Yes ☐ No ☐

- H. Search and Seizure
- I. Use of Volunteers/intern students
- J. Employee moonlighting
- K. Communicable diseases

Yes ☐ No ☐  
 Yes ☐ No ☐  
 Yes ☐ No ☐  
 Yes ☐ No ☐

IF ANY NO ANSWERS PLEASE PROVIDE AN EXPLANATION: \_\_\_\_\_

PLEASE ATTACH A COPY OF THE POLICIES AND PROCEDURES MANUAL FOR REVIEW.

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

### SECTION III — HIRING AND TRAINING

1. What is the minimum education requirement for hiring officers: High School ☐ College ☐  
 Other: \_\_\_\_\_
2. Which of the following are included in your selection process prior to employment?
 

Written Exam?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Psychological Exam?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Professional Psychological Exam?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Background and employment investigation	Yes <input type="checkbox"/> No <input type="checkbox"/>

 a. What background investigations are completed prior to hiring any officers? \_\_\_\_\_
3. Do all officers meet your state's minimum standards for training and receive certification prior to assignment to regular street duty? Yes ☐ No ☐
4. If answer to # 3 is "No", please explain: \_\_\_\_\_
5. Do you follow written policies regarding in-service or continuing education for all officers? Yes ☐ No ☐
6. Is all employee training both past and present documented & kept on file? Yes ☐ No ☐
7. Are officers required to complete training in the use of:
 

A. Baton/PR-24	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Firearms Training and Qualification?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Frequency of Qualifications: _____ per year	
C. Canine Handling	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Chemical Agent Training and Certification	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Taser & Stun Guns Training and Certification	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. High Speed Pursuit Driving	Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Department Policy and Procedure	Yes <input type="checkbox"/> No <input type="checkbox"/>
H. Constitutional Use of Force	Yes <input type="checkbox"/> No <input type="checkbox"/>
I. Legislative Case Law	Yes <input type="checkbox"/> No <input type="checkbox"/>

### SECTION IV — DISPATCHING AND RELATED OPERATIONS

1. Do you handle your own dispatching? Yes ☐ No ☐
2. Do you dispatch for other entities? Yes ☐ No ☐
3. Do your law enforcement dispatchers also dispatch for emergency medical & fire fighting services? Yes ☐ No ☐
4. Are all incoming calls to dispatchers and 911 operators recorded? Yes ☐ No ☐
  - a. How long are the tapes maintained? \_\_\_\_\_

5. What training do dispatchers and 911 operators receive prior to assignment?  
 Formal academy? Yes ☐ No ☐  
 Number of hours? \_\_\_\_\_  
 Of other, explain: \_\_\_\_\_
- 
6. Do dispatchers have a written policies and procedures manual governing response to emergency calls? Yes ☐ No ☐
7. Has the dispatching unit or 911 services ever been involved in any type of lawsuit or litigation? Yes ☐ No ☐  
 If yes, explain: \_\_\_\_\_
- 
8. Do you authorize off-duty employment? Yes ☐ No ☐  
 If so, who authorizes? \_\_\_\_\_
9. Please attach list of authorized employers.
10. Is there any moonlighting in bars? Yes ☐ No ☐
11. Do you participate in any internship or ride along programs? If so, Yes ☐ No ☐  
 Please attach explanation: \_\_\_\_\_
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## SECTION V — JAIL/HOLDING CELL OPERATIONS

☐ N/A

1. Do you operate:  
 Jail — for persons serving time, awaiting trial or transfer Yes ☐ No ☐  
 Temp Holding Cell (under 8 hours – no overnight) Yes ☐ No ☐  
 Temp Holding Cell (from 8 hours to 24 hours) Yes ☐ No ☐  
 Juvenile Detention Center Yes ☐ No ☐
2. When was your facility built?
3. When was your facility last renovated?
4. What is the state certified capacity?
5. What is the average daily inmate population?
6. Is the facility accredited by the American Correctional Association (ACA)? Yes ☐ No ☐
7. Does the entity have written policies and procedures governing the following?
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| A. Use of force                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. Restraints                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C. Intake screening and Classification | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D. Strip searches                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| E. Medical screening                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| F. Suicide detection & prevention      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| G. Emergency evacuation                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| H. Key control and security            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I. Inmate transportation               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
8. Date of manual: \_\_\_\_\_ Date of last revision: \_\_\_\_\_
9. Are walk through inspections of the facility done every 30 minutes? Yes ☐ No ☐
10. Are inspections documented in writing? Yes ☐ No ☐
11. Date of last inspection by state corrections officials, fire inspector and department of health inspector: \_\_\_\_\_

**PLEASE PROVIDE COPY OF INSPECTIONS**

12. Has anyone ever successfully committed suicide in your facility? Yes ☐ No ☐  
If yes, please attach explanation.
13. How many attempted suicides have there been in your facility in the last three years? \_\_\_\_\_
14. Is your facility equipped with surveillance systems to monitor activity in the following areas?  
If so please check:
- |                             |                                |                                |
|-----------------------------|--------------------------------|--------------------------------|
| Individual detention cells? | <input type="checkbox"/> Audio | <input type="checkbox"/> Video |
| Secured common areas?       | <input type="checkbox"/> Audio | <input type="checkbox"/> Video |
| Booking area?               | <input type="checkbox"/> Audio | <input type="checkbox"/> Video |
| Sally port?                 | <input type="checkbox"/> Audio | <input type="checkbox"/> Video |

## SECTION VI — INSURANCE INFORMATION

1. Current law enforcement liability policy:  
Company: \_\_\_\_\_  
Policy Term: \_\_\_\_\_  
Policy Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_  
Occurrence Form: ☐ Claims made: ☐
2. Limits of Insurance:  
☐ \$500,000/\$500,000 ☐ \$500,000/\$1,000,000 ☐ \$1,000,000/\$1,000,000
3. Deductibles:  
☐ \$2,500 ☐ \$5,000 ☐ \$7,500 ☐ \$10,000 ☐ \$25,000 ☐ Other \_\_\_\_\_

## SECTION VII — PERSONNEL

(List the total number of personnel only once under primary duties)

1. Sheriff/Chief: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
2. Chief deputy/Deputy chief: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
3. Personnel with rank of Sergeant or higher: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
4. Full time personnel with regular street duties including detectives, investigators and civil processors:  
Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
5. Armed part-time auxiliary officers with arrest authority: \_\_\_\_\_
6. Unarmed part-time auxiliary reserve officers without arrest authority: \_\_\_\_\_
7. Canines: \_\_\_\_\_
8. Communication/Dispatch/911 Personnel: \_\_\_\_\_
9. Jail Administrators: \_\_\_\_\_
10. Full-time jailers: \_\_\_\_\_ Part-time jailers: \_\_\_\_\_
- 11.
- |          | No. Employed | No. Contracted |
|----------|--------------|----------------|
| Nurses   | _____        | _____          |
| Doctors  | _____        | _____          |
| Coroners | _____        | _____          |
12. Total number of employees last year: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

## SECTION VIII — CLAIMS HISTORY FOR THE LAST FIVE YEARS

1. Does any official, employee or volunteer have any knowledge of any fact, circumstance or situation which might reasonably be expected to give rise to a claim?

☐ Yes   ☐ No   If yes, please explain: \_\_\_\_\_

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2. Has any claim been made or suit filed in the past five years or is now pending against any person in their official capacity as an employee or volunteer for the department? ☐ Yes   ☐ No   If yes, please

Explain: \_\_\_\_\_

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3. Provide complete five year loss history.   ☐ **NO LOSSES**