

LAW ENFORCEMENT LIABILITY APPLICATION

Date

Producer		Name and Mailing Address:		
Code	Subcode	Website Address	Effective Date	Expiration Date
		Policy/Account Number		

GENERAL INFORMATION

YES NO

- Type of Jurisdiction: City Township County Other (Explain) _____
- Population of service area: _____
- What is the largest city and population within 25 miles? _____
- Is there a seasonal change in population? _____ % chg
- Do you contract law enforcement services with any other public or private entity? Entity: _____
- Are you party to any mutual aid, or reciprocal agreement? Entity: _____
- If yes to 6 or 7 above, are agreements reviewed by legal counsel?
- Do you require your agency to be named as an additional insured for any work contracted to others?
- Any riots occurring in the past 3 years?
- Do you own or operate any watercraft? If yes, how many? ≤ 26 ft: _____ > 26 ft: _____
Describe _____
- Limit of Liability requested \$500,000 / \$ 500,000 \$1,000,000 / \$1,000,000
 \$500,000 / \$1,000,000 \$1,000,000 / \$2,000,000
- Deductible: \$1,000 \$2,500 \$5,000 \$10,000 Other _____
- Include Terrorism coverage?

PERSONNEL

- Provide the number of law enforcement agency employees:
Full-time officers, sheriff, chief, detectives, jailers with arrest authority _____
Part-time, reserve, seasonal, auxiliary _____ (Part-time is defined as less than 32 hours a week/1600 hours a year.)
Other staff, clerical, or dispatch, volunteers _____
Police Dogs _____
- Special Units maintained by applicant:
 Mounted Patrol SWAT Community Relations Harbor Patrol Other

JAIL OPERATIONS

YES NO

- Does the applicant operate any detention facilities? If yes, answer the following questions.
Average daily population _____ Number of cells _____
Average length of stay _____ Number of beds _____
Type of monitoring system used _____
- Age of jail facility _____ Year Renovated? _____
- Any suicides or attempted suicides in the facility in the last 5 years?
If yes, provide details and prevention measures taken.
- Indicate existence of the following policies and procedures:
 Walk through every 30 minutes Suicide prevention Strip search
 Intake screening Medical Treatment Juvenile/Adult separation

Employers Mutual Casualty Company
EMCASCO Insurance Company

Hamilton Mutual Insurance Company
EMC Property & Casualty Company
Dakota Fire Insurance Company

Union Insurance Company of Providence
Illinois EMCASCO Insurance Company

POLICIES AND PROCEDURES

YES NO

- 1. Do you have a policies and procedures manual?
- Is the manual distributed to all employees?
- 2. Are policies and procedures reviewed periodically with personnel as part of formal training?
- 3. Do you have written procedures for the following:
 - Hot Pursuit Deadly Force Non-Deadly Force
 - Ride Along programs Domestic Violence Moonlighting
 - Handling Intoxicated Individuals Sexual Harassment Motor Vehicle Stop and Searches
- 4. Is the department procedures manual reviewed regularly by legal counsel?
- 5. Does your department handle its own dispatch?
- 6. Does your department dispatch for other entities? Entity: _____
- 7. Does your department dispatch 911 for: emergency medical Fire police
- Do dispatch and 911 staff receive special training and have a written policies and procedures manual?
- 8. Is authorized employee moonlighting allowed?
Number of officers moonlighting _____
- Is moonlighting allowed in bars and taverns?

HIRING AND TRAINING

YES NO

- 1. What is the minimum educational requirement for hiring new officers?
 High School Graduate Some College College Graduate / Military Law Enforcement Academy
- 2. Which of the following are included as part of the hiring process?
 Written Examination Screening by Interview Board Certified physical examination
 Background Check Other (Please provide details) _____
- 3. Do all officers receive training in:
 - Stress Management?
 - Domestic Conflicts?
 - Hostage Negotiations?
 - Use of Chemical Weapons?
 - Use of Firearms?
 - Use of Tazers?
- 4. Does the department operate a shooting range?
 Is the shooting range open to the public?
- 5. How often must officers recertify with Firearms? _____
- 6. Has the department received accreditation from CALEA (Commission on Accreditation for Law Enforcement Agencies, Inc)? (Attach documentation)

CLAIMS HISTORY LAST (3) THREE YEARS: Provide details of each loss on Page 3 in Additional Information

No losses, check here

Date of Claim/Incident	Type of Claim/Incident	Name of Claimant	Payments Made Loss/Expenses	Reserves Loss/Expenses	Name of Officer(s) Involved



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INSURANCE INFORMATION

1. Provide the following information. If no prior Law Enforcement Liability Insurance, check here.

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Retro Date	Type of Coverage

2. Current Insurance:

Current General Liability Insurance Carrier: _____ Limits _____ Expiration Date _____

Current Public Officials Liability Insurance Carrier _____ Limits _____ Expiration Date _____

3. Has your law enforcement liability coverage been denied, cancelled or nonrenewed? Yes No

Explain. _____

ADDITIONAL INFORMATION:

The undersigned authorized officials of the applicant's governing body declare that to the best of their knowledge the statements set forth herein are true. Signing of this application does not bind the undersigned to purchase the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued. This application provides the Company with certain indicators as to underwriting acceptability. It does not provide information on policy coverage nor does it alter the terms of the policy.

Authorized Signature of Applicant

Date

Position / Title

Producer's Signature

APPLICABLE IN ARKANSAS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

APPLICABLE IN MICHIGAN

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

APPLICABLE IN MINNESOTA

Any person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

APPLICABLE IN PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Applicant's Signature

Date