

POLICE PROFESSIONAL LIABILITY

INSURANCE APPLICATION

Darwin National Assurance Company

Darwin Select Insurance Company

THIS IS AN APPLICATION FOR A CLAIMS-MADE OR OCCURRENCE POLICY, AS SELECTED BY THE APPLICANT. UNLESS OTHERWISE ELECTED BY THE APPLICANT, DEFENSE EXPENSES SHALL BE PAID IN ADDITION TO THE LIMITS OF LIABILITY, BUT WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

Please select one of the following options:

This is an application for an: Occurrence Policy Claims-Made Policy

I. APPLICANT INFORMATION

A. GENERAL INFORMATION:

1. Name of Applicant: _____

2. Main Address for Correspondence:

Street: _____

City: _____ State: _____ Zip: _____

County: _____

3. Indicate street addresses of all locations where police operations are headquartered or located, and any auxiliary locations (other than the address shown in 2. above).

(a) _____

(b) _____

(c) _____

4. Dept. Administrator/Contact Person (Name and Title):

5. Phone Number and E-Mail Address:

6. Type of Entity: Police Department
 Sheriff's Department
 Special Service District (SSD)
Other (specify): _____

7. Current population of city, town, county or other political subdivision which Applicant provides services to: _____

8. Any seasonal increase in population? Yes No

If "Yes":

- (a) indicate percent of increase and season: _____ % _____
(b) Are there any borrowed officers during this season? Yes No
(c) If "Yes," to (b), are they trained on the Applicant's policies and procedures?
 Yes No

9. Jurisdiction of Applicant: City/Town County State
Other: _____

10. What is the largest city and its population, within a 25 mile radius of the Applicant's main headquarters?

11. Indicate the name, type and size of significant facilities within the Applicant's jurisdiction, (i.e., military institutions, colleges/universities, resorts, convention centers, sport arenas, nuclear power plants, amusement parks):

B. SPECIAL SERVICES AND MOONLIGHTING:

12. Does the Applicant contract its law enforcement services to any other public or private entity?
 Yes No

If "Yes," please attach a copy of the servicing contract(s).

(a) If "Yes," indicate name and location of such other entity/ies:

(b) If "Yes," are any additional personnel retained by the Applicant for such purposes listed under Section VI.? Yes No

(c) If "No," to (b), please explain: _____

13. Is the Applicant a party to any mutual aid, reciprocal, or regional task force agreements?
 Yes No

If "Yes", please attach a copy of such agreement(s).

14. Does the Applicant require that it be named as an "Additional Insured" when providing law enforcement services to any other public or private entity pursuant to contract or for approved special events (i.e., concerts, parades, races)? Yes No

15. Does the Applicant authorize moonlighting by its law enforcement officers?
 Yes No

(a) If "Yes," indicate name and title of individual who authorizes:

(b) What percentage of the law enforcement staff moonlights, on average? _____ %

(c) Is moonlighting in bars or taverns, or other establishments serving alcohol, authorized?
 Yes No

II. POLICIES AND PROCEDURES

1. Does the Applicant have a law enforcement policies and procedures manual?

Yes No

If "Yes,"

(a) What is the original publication date? _____

(b) What is the date of last revision or update? _____

(c) Is the manual distributed to all personnel? Yes No

(d) Is the manual reviewed with personnel periodically as part of their formal training? Yes No

2. Does the Applicant have written policies and procedures relating to:

	Yes	No	Date of Last Update
(a) Use of Deadly Force	<input type="checkbox"/>	<input type="checkbox"/>	_____
(b) Vehicle Hot Pursuit	<input type="checkbox"/>	<input type="checkbox"/>	_____
(c) Use of Non-Deadly Force	<input type="checkbox"/>	<input type="checkbox"/>	_____
(d) Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	_____
(e) AIDS	<input type="checkbox"/>	<input type="checkbox"/>	_____
(f) Handling of Intoxicated Individuals	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please attach a copy of all such policies and procedures.

3. Does the Applicant monitor compliance with its policies and procedures on a regular basis? Yes No

4. Does the Applicant require "Use of Force" reports to be filed by its officers? Yes No
(a) If "Yes," are they followed up on by Applicant? Yes No

III. EDUCATION AND TRAINING REQUIREMENTS OF OFFICERS

1. What is the minimum education requirement for hiring an officer?
(a) High School Diploma/GED
(b) Some College
(c) College Graduate
(d) Other (explain): _____

2. Is psychological testing required before hiring any officer? Yes No
(a) If "Yes," are results reviewed by a person trained in this field? Yes No
(b) Is officer interviewed by a psychologist or psychiatrist? Yes No

3. What background investigations are completed prior to hiring any officer?

4. If the Applicant has a lockdown facility, what training of correctional officers is required before assignment?

(a) Full-time jailers:
Formal Academy? Yes No N/A
of hours: _____
Other (explain): _____

(b) Part-time jailers:
Formal Academy? Yes No N/A
of hours: _____

Other (explain): _____

5. What law enforcement training is required of armed street officers?
Formal Academy? Yes No
of hours: _____
Other (explain): _____

6. Does the Applicant have an minimum in-service training update? Yes No
(a) If "Yes," how often? Monthly/Annually/Bi-Annually (circle one)
Other: _____
of hours: _____

7. Is formal training required before an officer is armed and assigned street duty? Yes No
(a) If "No," verify that officer is either: not armed; or
 is armed, but is accompanied by a
trained officer.

8. Are officers trained and qualified before using:
(a) a Baton? Yes No Not Used
(b) Mace/Chemicals? Yes No Not Used
(c) Control holds? Yes No Not Used
(d) Stun guns? Yes No Not Used
(e) Canine handling? Yes No Not Used

9. How often must an officer re-qualify with:
(a) Service Revolver? _____
(b) Personal weapon? _____
(c) Other weapon (please specify)? _____

10. Does firearm training include firing range exercises at night or simulated night conditions? Yes No

11. What training do part-time or auxiliary officers, armed and with arrest authority, receive?

(a) Is training given before duty assignment? Yes No
(b) If "No," verify that officer is either: not armed; or
 is armed, but is accompanied by
trained officer.

(c) What type of assignments do auxiliary officers typically perform?

12. Do all officers receive training in:
(a) First Aid? Yes No
(b) CPR? Yes No

13. Are officers trained in emergency vehicle handling (i.e., "hot pursuit")? Yes No

14. Has the Applicant received accreditation from:

(a) Commission on Accreditation for Law Enforcement Agencies, Inc.? Yes No

(b) American Health Care Association? Yes No

(c) American Corrections Association? Yes No

15. Does the Applicant subscribe to LETN? Yes No

IV. DISPATCHING

1. Does the Applicant handle its own police dispatch? Yes No

(a) If "No," who handles for Applicant? _____

2. Does the Applicant dispatch for other public entities or police units? Yes No

(a) If "Yes," how many other entities or units? _____

(b) What is the total population served? _____

3. Are incoming calls to dispatch recorded? Yes No

(a) If "Yes," how long are recordings retained by Applicant? _____

4. Are the following services provided by Applicant?

(a) Emergency Medical dispatch Yes No

(b) Fire dispatch Yes No

(c) Police dispatch Yes No

5. What training do the dispatchers receive (please describe for each category of services provided)? _____

V. JAIL OR LOCK-UP FACILITIES

IF NO LOCK UP FACILITY, PLEASE CHECK BELOW AND GO TO SECTION VI.

No Lock Up Facility

1. Does the Applicant operate any of the following? If so, indicate location.

(a) Jail: _____ Yes No

(b) Holding Cell: _____ Yes No

(c) Detention Cell: _____ Yes No

For each Facility indicate the following, if applicable. Use a separate sheet if necessary.

2. Year facility was built: _____ Year renovated: _____

3. What is the state certified capacity of facility? _____

4. What is the average number of daily inmates? _____

5. What is the average length of stay? _____

6. Are there full-time jailers on duty twenty-four hours per day? Yes No

7. In the last five years, have there been any suicides or suicide attempts by inmates? Yes No

If "Yes," explain incident, and provide details of preventative measures taken:

8. Are walk-throughs of the facility done every thirty minutes? Yes No

9. Date of last inspection by state corrections official: _____

10. Date of last inspection by fire inspector: _____

11. Does Applicant have smoke detectors in the facility? Yes No

12. Does the Applicant have a procedures manual for the facility? Yes No

(a) Date of original procedures manual for facility: _____

(b) Date of last revision/ update of manual: _____

13. Are there audio or video surveillance systems in:

	<u>Audio</u>		<u>Video</u>	
(a) Booking Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Sally Port?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) each Cell Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. Please attach written procedures or manual relating to:

(a) intake screening and classification;

(b) strip searches;

(c) evacuation of facility;

(d) medical treatment; and

(e) suicide I.D. guidelines.

VI. PERSONNEL

LIST EACH PERSON ONLY ONCE UNDER HIS OR HER PRIMARY DUTIES.

1. Sheriff/Chief: _____

2. Chief Deputy/Deputy Chief: _____

3. Personnel with rank of Sergeant or higher: _____

4. Full-time personnel with regular street duties including detectives, investigators and civil processors: (Do not include officers under Question 3. above.)

5. Armed part-time auxiliary reserve officers with arrest authority: _____

6. Unarmed part-time auxiliary reserve officers without arrest authority: _____

7. Communications and dispatch personnel: _____

8. Police Dogs (Please attach certificate of training for both dog and dog-handler.):

9. Jail Administrators: _____

10. Full-time Jailers/Matrons: _____

11. Part-time Jailers/Matrons: _____

12. Court Security Staff: _____

13. Medical Personnel*:	<u>Employed</u>	<u>Contracted</u>	<u>Professional Liability Limits</u>
Nurses:	_____	_____	_____
Doctors:	_____	_____	_____
Coroners:	_____	_____	_____

*If Medical Personnel are indicated above, provide insurance carrier, limits of liability and expiration date of medical malpractice or other professional liability coverage:

14. Total number of employees of Applicant:	Full-time	Part-time
Currently	_____	_____
1 st prior year	_____	_____
2 nd prior year	_____	_____

VII. INSURANCE INFORMATION

1. Name of current law enforcement Professional Liability Insurer: _____
 - (a) Expiration Date of Policy: _____
 - (b) Limits of Liability: _____
 - (c) Deductible: _____
 - (d) Premium: _____
 - (e) Coverage is: Occurrence: Claims Made:

2. Has insurance been cancelled, declined or non-renewed in the past five years?
MISSOURI APPLICANTS DO NOT ANSWER QUESTION. Yes No

3. Name of General Liability (GL) insurer: _____
 - (a) Expiration Date of GL Policy: _____
 - (b) Limits of Liability: _____
 - (c) Does GL Policy cover jail or other lock-up facility premises? Yes No

VIII. CLAIMS HISTORY

Include insured and uninsured losses. *If No Losses from Claims, check here.* **NO LOSSES**

1. Summary of Claims for the Last 5 Years:

Year	Dollars of Premium	No. of Losses	Paid Losses	Paid Expenses	Loss Incurred	Expenses Incurred	Total Incurred

2. Detail of Claims summarized above. (Attach a separate narrative for each Loss incurred during the last 5 years.)

Loss Date	Description	Officer Involved	Claimant Name	Total Incurred	Is Case Open or Closed?	Suit Filed
					Open <input type="checkbox"/> Closed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Open <input type="checkbox"/> Closed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Open <input type="checkbox"/> Closed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Open <input type="checkbox"/> Closed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Open <input type="checkbox"/> Closed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. **ONLY if Applicant has requested CLAIMS-MADE Coverage, complete the following:**
 Is the Applicant, or any proposed insured, aware of any fact, situation, incident or circumstance which he or she has reason to believe might result in a Claim under the coverage being sought by the Applicant? Yes No
 - (a) If "Yes," please provide by attachment a detailed description of each matter.
 - (b) If "Yes," have these matters been reported to your current or any previous insurance carrier? Yes No

PLEASE NOTE, WITHOUT PREJUDICE TO ANY OTHER RIGHTS OF THE INSURER, IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM OR RELATED CLAIM THAT ARISES OUT OF ANY CLAIM, SUIT, FACT, SITUATION, INCIDENT, CIRCUMSTANCE, INVESTIGATION OR PROCEEDING, THAT IS OR REASONABLY SHOULD HAVE BEEN DISCLOSED IN RESPONSE TO THE ABOVE QUESTION VIII.3. IS EXCLUDED FROM THE PROPOSED COVERAGE.

IX. NOTICES TO APPLICANT:

The Undersigned represents that to the best of his/her knowledge and belief, the statements set forth herein are true. The Insurer will have relied upon this Application in issuing any policy. The Insurer is hereby authorized to make any investigations and inquiry in connection with the information, statements and disclosures provided in this Application.

The signing of the Application does not bind the Undersigned to purchase the insurance, nor does review of this Application bind the Insurer to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued. This Application shall be attached and will become part of the policy. All written statements and materials furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof.

MATERIAL CHANGE IN RISK:

The Undersigned further declares that if any occurrence or event that takes place prior to the effective date of the insurance for which application is being made which may render inaccurate, untrue, or incomplete any statement made, such occurrence or event will immediately be reported in writing to the Insurer. The Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

X. STATE FRAUD NOTICES:

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.

NOTICE TO APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, 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 ACT, WHICH IS A CRIME ANY MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMING

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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION, IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: 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 CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

XI. APPLICANT'S SIGNATURE:

Authorized Signatory of Entity

Date

Title

Phone Number

XII. AGENCY INFORMATION:

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

XIII. PLEASE ATTACH:

- **Carrier Loss Runs**
- **Current Budget**
- **Current Year End Financial Statement**
- **Copies of contracts or agreements referenced herein**
- **Contracts and Agreements for questions 12 and 13 under Section I.**
- **Policies and Procedures for question 2 under Section II.**
- **Facility information for questions under Section V.**
- **Loss information for question 2 under Section VIII.**