

POLICE PROFESSIONAL LIABILITY INSURANCE

RENEWAL APPLICATION

Darwin National Assurance Company

Darwin Select Insurance Company



**Professional
Governmental
Underwriters, Inc.**

The Authority.

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

B. SPECIAL SERVICES AND MOONLIGHTING:

7. 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).
8. 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).
9. 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
10. 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 date of last revision or update? _____
- (b) Is the manual distributed to all personnel? Yes No
- (c) Is the manual reviewed with personnel periodically as part of their formal training? Yes No
2. Does the Applicant monitor compliance with its policies and procedures on a regular basis? Yes No
3. 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 a minimum in-service training update? Yes No

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 trained officer.

8. How often must an officer re-qualify with:

(a) Service Revolver? _____
(b) Personal weapon? _____
(c) Other weapon (please specify)? _____

9. Does firearm training include firing range exercises at night or simulated night conditions?

Yes No

10. 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?

11.	Do all officers receive training in:		
	(a) First Aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) CPR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Are officers trained in emergency vehicle handling (i.e., "hot pursuit")?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Has the Applicant received accreditation from:		
	(a) Commission on Accreditation for Law Enforcement Agencies, Inc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) American Health Care Association?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) American Corrections Association?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Does the Applicant subscribe to LETN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IV. DISPATCHING

1.	Does the Applicant handle its own police dispatch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(a) If "No," who handles for Applicant? _____		
2.	Does the Applicant dispatch for other public entities or police units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(a) If "Yes," how many other entities or units? _____		
	(b) What is the total population served? _____		
3.	Are incoming calls to dispatch recorded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(a) If "Yes," how long are recordings retained by Applicant? _____		
4.	Are the following services provided by Applicant?		
	(a) Emergency Medical dispatch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) Fire dispatch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) Police dispatch	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) Holding Cell: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) Detention Cell: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 |

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:		
	<u>Full-time</u>	<u>Part-time</u>
Currently	_____	_____
1 st prior year	_____	_____
2 nd prior year	_____	_____

VII. 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 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.

VIII. APPLICANT'S SIGNATURE:

_____	_____
Authorized Signatory of Entity	Date
_____	_____
Title	Phone Number

IX. AGENCY INFORMATION:

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