



**Professional  
Governmental  
Underwriters, Inc.**

**The Authority.**

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# Renewal Police Professional Liability Insurance Application

This is an:  Occurrence Form  Claims Made Form  
 Renewal of policy # \_\_\_\_\_

## I. Applicant Information

1. Name \_\_\_\_\_  
\_\_\_\_\_

Are additional personnel listed under Section VI?

Yes  No

If "no", explain \_\_\_\_\_

2. Indicate street address of all locations where police operations are headquartered and any auxiliary locations.

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

3. City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

4. County \_\_\_\_\_

5. Do you contract law enforcement to any other public or private entity?  Yes  No

IF "YES", ATTACH A COPY OF CONTRACT

6. Are you a party to any mutual aid, reciprocal, or regional task force agreements?  Yes  No

IF YES, ATTACH A COPY OF CONTRACT

7. Do you require that your department be named as an additional insured for any subcontract work or approved special event which may require specific law enforcement involvement (i.e., concerts, parades, races)?  Yes  No

8. Do you authorize employee moonlighting?  Yes  No

A. If "yes", who authorizes?

B. What percentage of staff is moonlighting?

C. Is there moonlighting in bars or taverns?  Yes  No

IF "YES", ATTACH A COPY OF CONTRACT

## II. Policies and Procedures

1. Do you have a policies and procedures manual?  
 Yes  No

2. Date of last revision/update? \_\_\_\_\_

3. Is manual distributed to all personnel?  Yes  No

4. Is manual reviewed with personnel periodically as part of their formal training?  Yes  No

5. Does your department perform procedures compliance monitoring?  Yes  No

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

Are they followed up on?  Yes  No

### III. Education and Training Requirements

1. What is the minimum education requirement for hiring officers?
  - A. High School
  - B. Some College
  - C. College Graduate
  - D. Other (explain) \_\_\_\_\_  
\_\_\_\_\_
2. Is psychological testing required before hiring?  Yes  No  
Are results reviewed by a person trained in this field?  Yes  No  
Is the applicant interviewed by a psychologist/psychiatrist?  Yes  No
3. What background investigations are completed prior to hiring any officers? \_\_\_\_\_
4. What training of correctional officers is required before assignment?
  - A. Full-time jailers:  
Formal academy?  Yes  No # of hrs. \_\_\_\_\_  
Other (explain) \_\_\_\_\_
  - B. Part-time jailers:  
Formal academy?  Yes  No # of hrs. \_\_\_\_\_  
Other (explain) \_\_\_\_\_  
What law enforcement training is required of armed street officers?  
Formal academy?  Yes  No # of hrs. \_\_\_\_\_  
Other (explain) \_\_\_\_\_
6. Do you have any annual minimum in-service training update?  Yes  No # of hrs. \_\_\_\_\_
7. 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.
8. How often must an officer re-qualify with:
  - A. Service revolver? \_\_\_\_\_
  - B. Personal weapon? \_\_\_\_\_
  - C. Other weapon? \_\_\_\_\_
9. Does firearm training include firing range exercises at night or simulated night conditions?  Yes  No
10. What training do part-time/auxiliary officers, armed and with arrest authority receive? Explain \_\_\_\_\_  
\_\_\_\_\_
  - A. Is training, given before duty assignment?  Yes  No  
If not, verify officer is not armed and is accompanied by trained personnel \_\_\_\_\_
  - B. What type of assignments do auxiliary officers perform? \_\_\_\_\_  
\_\_\_\_\_
11. Do all officers receive training in:
  - A. First Aid?  Yes  No
  - B. CPR  Yes  No
12. Are all officers trained in emergency vehicle handling (i.e., "hot pursuit")?  Yes  No
13. Has the department 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
14. Does your department subscribe to LETN?  Yes  No

### IV. Dispatching

1. Does your department handle your own dispatch?  Yes  No
2. Does the entity dispatch for other entities?  Yes  No  
How many entities? \_\_\_\_\_  
What is the total population served? \_\_\_\_\_
3. Are incoming calls to dispatches recorded?  Yes  No  
How long are tapes maintained? \_\_\_\_\_
4. Services provided:  
Emergency medical? \_\_\_\_\_  
Fire dispatch? \_\_\_\_\_  
Police dispatch? \_\_\_\_\_

### V. Jail Operation (If no lock-up facility, please check and skip to Section VI) No lock-up facility

1. Do you operate:
  - A. Jail? \_\_\_\_\_  Yes  No
  - B. Holding Cell \_\_\_\_\_  Yes  No
  - C. Detention Cell? \_\_\_\_\_  Yes  No
2. Year facility was built? \_\_\_\_\_ Year renovated? \_\_\_\_\_
3. What is state certified capacity of facility? \_\_\_\_\_
4. What is the average number of daily inmates? \_\_\_\_\_
5. What is the average length of stay? \_\_\_\_\_
6. Are full time jailers on duty 24 hours per day?  Yes  No
7. In the last five years, have there been any suicides or suicide attempts?  Yes  No  
IF "YES", EXPLAIN AND PROVIDE DETAILS OF PREVENTATIVE MEASURES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## V. Jail Operation (cont.)

8. Are walk-throughs of the facility done every 30 minutes?  
 Yes  No
9. Date of last inspection by state corrections official? \_\_\_\_\_
10. Date of last inspection by fire inspectors? \_\_\_\_\_
11. Do you have smoke detectors in jail?  Yes  No
12. Date of manual \_\_\_\_\_
- Date of last update \_\_\_\_\_
13. Are there audio/video systems in:
- |                  | Audio                    | Video                    |
|------------------|--------------------------|--------------------------|
| A. Booking Area? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Sally Port?   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Cell Area?    | <input type="checkbox"/> | <input type="checkbox"/> |

## VI. Personnel (List personnel only once under 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/road duties including detectives, investigators and civil processors:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Do not include count of officers under No. 3)
5. Police Dogs: \_\_\_\_\_  
 (Provide certificate of training for dog and handler)
6. Jail administrators: \_\_\_\_\_  
 \_\_\_\_\_
7. Armed part-time auxiliary reserve officers with arrest authority:  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Full-time jailers/matrons: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Part-time jailers/matrons: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Court security staff: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Unarmed part-time auxiliary reserve officers without arrest authority: \_\_\_\_\_  
 \_\_\_\_\_
12. Medical Personnel\*
- |          | Employed | Contracted | Prof. Limits |
|----------|----------|------------|--------------|
| Nurses   | _____    | _____      | _____        |
| Doctors  | _____    | _____      | _____        |
| Coroners | _____    | _____      | _____        |
13. Communications/dispatch personnel:  
 \_\_\_\_\_
14. Total number of employees:
- |                | Full-time | Part-time |
|----------------|-----------|-----------|
| Last year      | _____     | _____     |
| 1st prior year | _____     | _____     |
| 2nd prior year | _____     | _____     |
- \*If any personnel is listed under Question 14, provide carrier, limits and expiration date of medical or professional liability coverage: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## VII. Insurance Information

1. Name of general liability insurer: \_\_\_\_\_
- A. Expiration date: \_\_\_\_\_
- B. Limits: \_\_\_\_\_
- C. Does it cover jail premises?  Yes  No

## VIII. Applicant's Attestation

### STATE NOTICES

#### NEW YORK FRAUD STATEMENT

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.

#### OHIO FRAUD STATEMENT

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.

#### NEW JERSEY FRAUD STATEMENT

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### KENTUCKY AND PENNSYLVANIA FRAUD STATEMENT

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 and subjects the person to criminal and civil penalties.

#### FLORIDA FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an

\_\_\_\_\_  
Authorized signature of applicant

\_\_\_\_\_  
Name of Department Administrator (please print)

\_\_\_\_\_  
Applicant's Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Contact Person

Will you make the surplus lines fillings for this policy?

Yes  No

\_\_\_\_\_  
Agency's Telephone Number

Your surplus lines license number: \_\_\_\_\_

\_\_\_\_\_  
Agency's Fax Number

\_\_\_\_\_  
Agency's E-mail