



Application
For
**Law Enforcement
Professional Liability**

1. Name of Applicant _____
 Street Address _____
 City/County _____ State _____ Zip _____
 Applicant's Web Site Address _____

2. Type of Jurisdiction: City/Town County State Other (Explain) _____

3. No. of positions to be insured. Full-time with arrest authority # _____ Part-time with arrest authority # _____
 Auxiliary/Reserve officers with arrest authority # _____ w/o arrest authority # _____
 Clerical # _____ Other (Explain) # _____

4. Population of service area: _____

5. Please check any of the following special units maintained by the applicant:
 Mounted Patrol Harbor Patrol Canine Patrol Community Relations
 Number of Dogs: _____ (List name, age, breed and sex on separate sheet).

6. Does the applicant operate any detention facilities? Yes No
 If yes, please answer the following:
 Average daily population _____ Number of cells _____ Number of detention guards _____
 Average length of stay _____ Number of beds _____ Year facility built _____
 Type of monitoring system used _____

7. Provide the following information. If no prior Professional Liability insurance, check here.

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

8.

Current General Liability Insurance Carrier	Limits	Expiration Date

Current Public Officials Liability Insurance Carrier	Limits	Expiration Date

9. How is the department's Policy and Procedures Manual kept current? _____

10. How often are these procedures reviewed with personnel? _____

11. What is the department's procedure for "hot pursuit?" _____

HIRING AND TRAINING

12. What is the minimum educational requirement for hiring new officers?
 High School Graduate Some College College Graduate
13. 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) _____
14. Do all officers receive training in:
 Stress Management? Yes No Use of Chemical Weapons? Yes No
 Domestic Conflicts? Yes No Use of Firearms? Yes No

CLAIMS HISTORY LAST (3) THREE YEARS

15.

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

16. Are there military installations, colleges or resort communities within a 50-mile radius? Yes No
17. Any riots occurring in the past 3 years? Yes No
18. Please provide details of any mutual aid agreements. (Attach a copy of agreement to this application).
19. Additional Insureds (Elected officials only). _____

20. Limits of Liability (Refer to WW Underwriting Guide for available limits)
 Each person _____ Each incident _____ Deductible _____
 Annual aggregate _____ Property damage _____
21. Effective Dates Desired: From _____ To _____

Applicant's Signature: _____ Date: _____
 Title: _____ Producing Agent: _____