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Scottsdale, Arizona 85258
- Scottsdale Insurance Company**  
Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
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- Scottsdale Indemnity Company**  
Home Office: One Nationwide Plaza  
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Scottsdale, Arizona 85258
- Scottsdale Surplus Lines Insurance Company**  
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**Public Entity Application  
Law Enforcement Liability Section  
(Standard Application)**

Please attach a separate page for answers requiring explanations.

**Legal Name of Public Entity:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

<b>A.</b>	<b>COVERAGE REQUESTED</b>
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1. Limit of Liability:  
Each person: \$ \_\_\_\_\_ Each wrongful act: \$ \_\_\_\_\_ Annual aggregate: \$ \_\_\_\_\_
2. Coverage desired:    Occurrence        Claims Made       Retroactive Date: \_\_\_\_\_
3. Deductible requested: \$ \_\_\_\_\_; or  
SIR Requested:        \$ \_\_\_\_\_        With LAE Included in Retention        Without LAE in Retention  
TPA Name, Address, Telephone, and Facsimile: \_\_\_\_\_  
\_\_\_\_\_
4. Consent to Settle Coverage Option?..... Yes    No
5. Name of law enforcement department(s) or agency(ies) to be covered: \_\_\_\_\_

<b>B.</b>	<b>EMPLOYEE CLASSIFICATION</b>
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1. Provide number of employees for each type listed:

Type of Employee	No.	Type of Employee	No.
Sheriff/Chief/Deputy Chief		Full time/jailers/matrons	
Personnel with rank of sergeant or higher		Part time/auxiliary/reserve officers	
Full-time personnel with regular street/road duties including detectives and investigators		Court security staff	
		Crossing guards	
Patrol and Attack Police Dogs (Please provide training certificates for dogs and handlers)		Civil process servers	
		Communication/dispatchers	
Jail administrator(s) Length of time in this position: _____		All other law enforcement agency employees not listed elsewhere in this table	

**C. DEPARTMENT POLICIES AND PROCEDURES**

1. Do you have written policies and procedures governing the following law enforcement operations?

Policy Description	Date of Last Revision
Use of deadly force..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of non-deadly force..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of force reports ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle "hot pursuit" ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Motor vehicle stops and searches ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Firearms and less than lethal weapons ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic violence..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Searches..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Custodial interrogation/detention ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service of warrant..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation of prisoners..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling individuals who are intoxicated..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling individuals who are suffering from mental illness or impairment, need medical attention or suffering from emotional distress..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Communicable diseases..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical emergency plan (inmate treatment and transport policy, etc.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are policies and procedures reviewed annually? .....  Yes  No

If yes, by whom: \_\_\_\_\_

3. Are policies and procedures distributed to all personnel? .....  Yes  No

4. Are policies and procedures reviewed periodically with personnel as part of formal training? .....  Yes  No

Is evidence of this periodic review stored in employee's personnel files? .....  Yes  No

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

If yes, is there follow-up action? .....  Yes  No

How many reports were filed in the last twelve (12) months? \_\_\_\_\_

**D. EDUCATION AND TRAINING**

1. Indicate which of the following background checks are required prior to hiring:

- Criminal Investigation
- Motor Vehicle Records
- Psychological Testing
- Employment History Check
- Reference Check

2. Which of the above are conducted by an outside vendor? \_\_\_\_\_

a. If none, how is information gathered? \_\_\_\_\_

b. Are background checks retained? .....  Yes  No

If yes, how long? \_\_\_\_\_

3. Confirm that all armed street officers have received formal academy training and are in compliance with minimum state requirements:.....  Confirmed  Not Confirmed

4. 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: .....  Confirmed

5. How often must officer re-qualify with any department issued weapon? \_\_\_\_\_

6. Explain what training part-time/reserve/auxiliary officers receive: \_\_\_\_\_
7. Minimum number of hours of annual in-service training: \_\_\_\_\_
8. Do you hire additional officers during seasonal population changes? .....  Yes  No  N/A  
 If yes, confirm they have received training in compliance with minimum state requirements:.....  Confirmed  Not Confirmed
9. Do all officers receive training in vehicular operations? .....  Yes  No
10. Are officers trained and qualified before using:

Baton/Asp?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Used	Control holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Used
Mace/Chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Used	Tasers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Used

11. Is all training documented on a training log? .....  Yes  No  
 If yes, does documentation include the date of completion and re-certification?.....  Yes  No

**E. EMERGENCY DISPATCH**

1. Indicate which of the following emergency calls are handled by your police department:  
 Emergency Dispatch  Emergency Medical  Fire Dispatch  Other Municipalities
2. If above is applicable:
- How are calls documented and how long are the records maintained? \_\_\_\_\_
  - What is the average number of calls received per month? \_\_\_\_\_
  - Are all dispatchers trained and certified? .....  Yes  No
  - If dispatching for other municipalities, provide population served: \_\_\_\_\_

**F. GENERAL UNDERWRITING INFORMATION**

1. Are you involved with any of the following:

Description	Is there a written contract?	Contract approved by legal counsel?
Contracting law enforcement to any other entity? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mutual aid or reciprocal agreements? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug task force or SWAT team? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, no. of officers assigned to Drug task force: _____ SWAT team: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint Powers Agreement with any other municipalities?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe agreement: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there separate primary insurance for this agreement? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Do you require your agency to be named as an additional insured for any work contracted to others? .....  Yes  No  
 Who provides liability insurance for those contract services? \_\_\_\_\_
3. a. Do you authorize employee "moonlighting"? .....  Yes  No  
 b. Confirm no "moonlighting" in bars and taverns: .....  Confirmed  Not Confirmed
4. Are you accredited by any professional organizations? .....  Yes  No  
 If yes, please provide certificates.  
 What organization(s)? \_\_\_\_\_

5. Do you subscribe to LETN?.....  Yes  No  
If yes, please provide certificate.
6. Has there been continuous claims made coverage for the past five years?.....  Yes  No  
If no, please explain: \_\_\_\_\_

**G. JAIL/HOLDING CELL/DETENTION CELL OPERATIONS**

1. Do you operate (check all that apply):  Jail  Holding cell  Detention cell  No lockup facility
2. Are jail premises regularly inspected by:
- State Corrections officials?.....  Yes  No  Not required Date of Inspection: \_\_\_\_\_
- Fire Inspectors?.....  Yes  No  Not required Date of Inspection: \_\_\_\_\_
- Dept. of Health?.....  Yes  No  Not required Date of Inspection: \_\_\_\_\_

**ATTACH A COPY OF LATEST INSPECTION REPORT or SUMMARY REPORT  
and CORRECTIVE MEASURES TAKEN**

3. Facilities:
- Date constructed: \_\_\_\_\_ Date renovated: \_\_\_\_\_
- Number of cells: \_\_\_\_\_ State certified capacity: \_\_\_\_\_
- Average number of daily inmates: \_\_\_\_\_ Average length of stay: \_\_\_\_\_
- Number of high risk inmates: \_\_\_\_\_
- a. Are there smoke detectors in the jail area? .....  Yes  No
- b. Do you have walk-throughs?.....  Yes  No  
At what intervals? \_\_\_\_\_
- c. Are random walk-throughs conducted? .....  Yes  No
- d. Are there audio/video systems?.....  Yes  No  
If yes:
- (1) Cells designated for medical/suicide watch:.....  Audio  Video  None
- (2) Booking area:.....  Audio  Video  None
- (3) General common areas (walkways, etc.): .....  Audio  Video  None
- (4) Sally port:.....  Audio  Video  None
4. Have there been any suicides or attempted suicides in the last five years?.....  Yes  No  
If yes, please explain and provide details of the corrective measures taken: \_\_\_\_\_

5. In the past three years have there been any of the following (check all that apply):
- Medical emergencies  Sexual Assaults  Assaults resulting in hospitalization
- Fatalities  None
- If any have occurred, what corrective measures have been taken? \_\_\_\_\_

6. Are jailers required to maintain a jail log to document incidents, action taken, and identify witnesses? .....  Yes  No  
If yes, how long is log retained? \_\_\_\_\_
7. Is the facility under a court order or consent decree? .....  Yes  No  
If yes:
- a. Attach copy with any modifications; and
- b. Explain the actions taken by the insured to bring the facility into compliance.
8. Do you have a separate facility for juvenile detainees? .....  Yes  No

9. Does your facility house males and females? .....  Yes  No  
 If yes, are males and females segregated? .....  Yes  No
10. Jailers:
- a. Number of jailers per shift: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Night: \_\_\_\_\_
- b. Are jailers on duty twenty-four (24) hours per day? .....  Yes  No
- c. Does dispatcher also act as jailer? .....  Yes  No
- d. Confirm that formal training is required prior to assignment for all jail officers and that formal training is in compliance with minimum state requirements .....  Confirmed  Not Confirmed
- e. Are policies and procedures reviewed periodically with jail personnel as part of formal training? .....  Yes  No
11. Do you have written policies governing jail/holding cell/detention cell operations? .....  Yes  No

Policy Description	Date of Last Revision
Intake screening of inmates/detainees ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Strip searches ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical treatment/sick call ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Storage and administration of medication ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Suicide ID guidelines ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of deadly force ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of non-deadly force ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of force reports ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling individuals who are intoxicated ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling individuals who are suffering from mental illness or impairment, need medical attention or suffering from emotional distress ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are evacuation instructions posted through the facility ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Key control and security ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Restraints ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Visual observation of inmates/detainees ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inmate transportation ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Discipline procedures ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling persons with communicable diseases ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grievance procedure for inmate complaints ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical emergency plan (inmate treatment and transport policy, etc.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

- a. Are policies and procedures distributed to all personnel? .....  Yes  No
- b. Are policies and procedures reviewed annually? .....  Yes  No  
 If yes, by whom: \_\_\_\_\_
- c. Are policies and procedures reviewed periodically with personnel as part of formal training? .....  Yes  No
- d. Do you contract out medical services? .....  Yes  No  
 (1) If no, what steps are taken to provide medical attention? \_\_\_\_\_  
 (2) If yes, who provides service? \_\_\_\_\_  
 (a) Do you require evidence of insurance? .....  Yes  No  
 (b) Are you added as an additional insured? .....  Yes  No
- e. Do you require use of force reports to be filed? .....  Yes  No  
 If yes, is there follow-up action? .....  Yes  No  
 How many reports were filed in the last twelve (12) months? \_\_\_\_\_