

Entity Name	Date
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Please include a copy of the most current Annual In-Service Training Schedule.

**I. COVERAGE AND LIMIT**

- A. Coverage type: ☐ Occurrence or ☐ Claims-Made, Retroactive Date: \_\_\_\_\_
- B. Limit: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_
- Deductible: \$ \_\_\_\_\_ or SIR: \$ \_\_\_\_\_

**II. PERSONNEL INFORMATION**

Personnel Type	# Full-time	# Part-time
Officers with power of arrest		
Jailers/matrons/detention guards		
Reserve officers with power of arrest Duties: <input type="checkbox"/> Traffic <input type="checkbox"/> Events Security <input type="checkbox"/> Other		
Police canines or equines		

Law Officer Turnover	Voluntary Terminations	Involuntary Terminations
Last 12 months		
Last 36 months		

**III. UNDERWRITING INFORMATION**

Police Chief Name: \_\_\_\_\_ Length of Tenure: \_\_\_\_\_

Police Chief Highest Level of Education: \_\_\_\_\_

- A. Does the entity contract law enforcement services to any public or private entity? ☐ Yes ☐ No

If yes, describe:

- B. Does the entity belong to any multi-jurisdictional law enforcement organization (ex. drug task force)? ☐ Yes ☐ No

If yes, describe the entity's involvement:

- C. Is the entity accredited by CALEA? ☐ Yes ☐ No

Is the entity accredited by the State? ☐ NA

☐ Yes ☐ No

- D. Percentage of Officers Using Body Camera's: \_\_\_\_\_%

- E. Does the department promote a Social Media Presence (Facebook, Twitter, etc.)?

☐ Yes ☐ No

#### IV. POLICIES AND PROCEDURES

Policy	Do You Have Policy	Date of Last Revision
Use of Firearms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of Tasers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pursuits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Moonlighting / Secondary Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling of persons under the influence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling of mentally disabled/disturbed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Armed while off duty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of volunteers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suicide Screening (if you have Holding Cell)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of Cameras - Body and Dash Usage Privacy (ex. Hospitals/Homes) Retention FOIA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

- A. Are policies and procedures distributed to all personnel? ☐ Yes ☐ No

- B. Are officers required to sign-off on Policy Manual? ☐ Yes ☐ No

- C. Are Policies reviewed regularly by the entity's legal counsel? ☐ Yes ☐ No

How often? \_\_\_\_\_

- D. How does the department keep up to date on Case Law changes that may dictate policy/procedure update?

- E. Are Use of Force Reports and Investigations conducted for all of the following uses of force:

☐ OC Spray/Chemical ☐ Taser ☐ PR 24/Baton ☐ Firearm ☐ Tire Deflation Device

- F. If yes to Use of Force Reports and Investigations, indicate below actions you make take if officer was found to have violated policy.

☐ Refresher training ☐ Termination ☐ Verbal Warning ☐ Written Warning

☐ Other: \_\_\_\_\_

- G. Has the department disciplined an officer for inappropriate Use of Force (in the last 3 years)?

☐ Yes ☐ No

## V. TRAINING

Minimum law enforcement training hours required of officers with powers of arrest: \_\_\_\_\_

Training Topic	New Hires	Continuing Education at Least Annually	Training Documented
Use of Tasers and Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Firearms Qualification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pursuits / Defensive Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handling Domestic Violence Calls	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handling Mentally Disturbed / Under Influence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Harassment – internal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Search and Seizure, Case Law	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## VI. HOLDING CELLS (for County Jails please complete TPRS-SUP200, Jail Supplement): Total Number of Cells: \_\_\_\_\_

Any Overnight Detainment? ☐ Yes ☐ No

Intake Screening Includes: Health/Medical Screening? ☐ Yes ☐ No

Suicide Screening? ☐ Yes ☐ No

Screening is documented? ☐ Yes ☐ No

## VI. Fleet Safety

A. Accident investigation is completed for Vehicle accidents involving police vehicles? ☐ Yes ☐ No

If yes, who conducts the investigation? \_\_\_\_\_

B. Do officers participate in any type of driver training at least annually? ☐ Yes ☐ No

If yes, describe? \_\_\_\_\_

C. Pursuit policy contains provision for Supervisor discretion on terminating pursuits? ☐ Yes ☐ No

Number of High Speed Pursuits Initiated last 12 months? \_\_\_\_\_

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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