

**Entity Name**

**Date**

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*Please include a copy of the most current Annual In-Service Training Schedule.*

Coverage Type:		Occurrence		Claims-Made	Retroactive Date: _____
Limit:	\$			Annual Aggregate:	
Deductible:	\$			SIR:	

**PERSONNEL INFORMATION**

**Personnel Type**

**# Full-time**

**# Part-time**

Officers with power of arrest		
Jailers/matrons/detention guards		
Reserve officers with power of arrest		
<i>Duties:</i> ___ Traffic ___ Events Security ___ Other: _____		
Police canines or equines		
<b>Law Officer Turnover</b>	<b>Voluntary Terminations</b>	<b>Involuntary Terminations</b>
Last 12 months		
Last 36 months		

**UNDERWRITING INFORMATION**

Police Chief Name:	Length of Tenure:
Police Chief Highest Level of Education:	
Does the entity contract law enforcement services to any public or private entity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "Yes", please provide details below:</i>	
Does the entity belong to any multi-jurisdictional law enforcement organization (ex. drug task force)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please describe the entity's involvement:</i>	
Is the entity accredited by CALEA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the entity accredited by the State? ___ N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Percentage of Officers Using Body Camera's: _____%	
Does the department promote a Social Media Presence (Ex: Tiktok, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**POLICIES AND PROCEDURES**

Policy	Do You Have Policy			Date of Last Revision	
Use of Firearms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Tasers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pursuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moonlighting / Secondary Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handling of persons under the influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handling of mentally disabled/disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Armed while off duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suicide Screening (if you have Holding Cell)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Use of Cameras</b>					
<i>Body and Dash Usage</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Privacy (ex. Hospitals/Homes)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Retention</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>FOIA</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are policies and procedures distributed to all personnel?				<input type="checkbox"/>	<input type="checkbox"/>
Are officers required to sign-off on Policy Manual?				<input type="checkbox"/>	<input type="checkbox"/>
Are Policies reviewed regularly by the entity's legal counsel?				<input type="checkbox"/>	<input type="checkbox"/>
<i>How often?</i>					
How does the department keep up to date on Case Law changes that may dictate policy/procedure update?					
Are Use of Force Reports and Investigations conducted for all of the following uses of force:					
<input type="checkbox"/>	OC Spray / Chemical	<input type="checkbox"/>	Taser	<input type="checkbox"/>	PR 24/Baton
<input type="checkbox"/>	Firearm	<input type="checkbox"/>	Tire Deflation Device		
If yes to Use of Force Reports and Investigations, please indicate below actions you make take if officer was found to have violated policy.					
<input type="checkbox"/>	Refresher Training	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Verbal Warning
<input type="checkbox"/>	Written Warning	<input type="checkbox"/> Other: _____			
Has the department disciplined an officer for inappropriate Use of Force (in the last 3 years)?				<input type="checkbox"/>	<input type="checkbox"/>

**TRAINING**

Minimum law enforcement training hours required of officers with powers of arrest

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

**HOLDING CELLS**

*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

**FLEET SAFETY**

Accident investigation is completed for Vehicle accidents involving police vehicles? <i>If yes, who conducts the investigation?</i>	Yes No
Do officers participate in any type of driver training at least annually? <i>If yes, please describe?</i>	Yes No
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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