



**LAW ENFORCEMENT LIABILITY  
SUPPLEMENTAL APPLICATION**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT GREAT CENTRAL INSURANCE COMPANY**, A LICENSED INSURER.

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