

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

Entity Name	Date
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Please include a copy of the most current State Inspection Report.

**I. UNDERWRITING INFORMATION**

Jail Administrator Name: \_\_\_\_\_ Length of Tenure: \_\_\_\_\_

Jail Administrator Highest Level of Education: \_\_\_\_\_

Is the entity accredited by ACA?  Yes  No

Number of Suicides Last 36 Months: \_\_\_\_\_ Number of Suicide Attempts Last 36 Months: \_\_\_\_\_

Jail Medical Services Contracted out?  Yes  No

If Medical Contracted, Contract in Place shifting Medical Malpractice Liability to Contractor?  Yes  No

Jail Type:  Linear  Podular - Remote  Podular - Direct

Personnel Type	# Full-time	# Part-time
Jailers/Matrons/Detention Guards		

Jailer Turnover	Voluntary Terminations	Involuntary Terminations
Last 12 months		
Last 36 months		

Maximum State Certified Capacity	Daily Average	Average Length of Stay

**II. POLICIES AND PROCEDURES**

Policy	Do You Have Policy	Date of Last Revision	Frequency of Training
Use of Force	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Classification	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Use of Restraints	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Suicide Prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Strip Searches	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE
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