

POLICE PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION

SECTION I - Applicant Information

1. Name Police Department
2. Address: _____
3. City: _____ State: _____
4. Zip: _____ County: _____
5. Population of area served: _____
6. Do you authorize employee moonlighting?
Yes ☒ No ☐
a. What percentage of staff moonlight? 8 %
b. Is employee moonlighting allowed in bars or taverns?
Yes ☐ No ☒
7. Does the department perform any administrative work for any other police department? Yes ☐ No ☒
If yes, please attach an explanation.

SECTION II. Policies and Procedures

1. Do you have written policies and procedures addressing the following areas:

	Yes	No	Last Update
A. Deadly Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>4-25-21</u>
B. Vehicle Hot Pursuit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>12-2-20</u>
C. Non-Deadly Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>4-25-21</u>
D. Domestic Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>4-5-19</u>
E. Communicable Disease (AIDS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1-3-20</u>
F. Handling of Intoxicated Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>6-22-20</u>

PROVIDE A COPY OF ANY UPDATES SINCE LAST YEAR

SECTION III - Education and Training

1. Is formal training required before armed and assigned street duty? Yes ☒ No ☐
a. Are officers in compliance with Massachusetts Law Chapter 41: Section 96B? Yes ☒ No ☐
2. Has the department provided any additional training for officer after September 11, 2001 regarding racial profiling prevention? Yes ☒ No ☐ If no, please attach explanation

Police One Academy
- Racial Bias Training

3. Do any officers have automatic defibrillators?

Yes ☒ No ☐

- a. If yes, are they trained before using? Yes ☒ No ☐

- b. A physician on call for officer questions? Yes ☐ No ☒

SECTION IV. - Dispatching and 911 Services

1. Does your department handle your own dispatch?

Yes ☒ No ☐

2. Are dispatchers academy trained? Yes ☐ No ☒

If not, what type of training? MA 911 Training

3. Does your department dispatch for other entities?

Yes ☐ No ☒

- a. How many entities: _____

- b. What is the total population served _____

4. Does your department handle 911 services?

Yes ☒ No ☐

- a. How many entities: Police & Fire

- b. What is the total population served: 15K

SECTION V. - Jail Operation (if no lock-up facility

mark box ☒ and skip to Section VI)

Note: If your facility holds inmates longer than 10 days, please complete our supplemental jail questionnaire.

1. Do you operate:

Jail	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Holding Cell	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Year facility was built? _____

- a. Year renovated? _____

If built prior to 1965 and not renovated, provide an explanation.

3. What is the state certified capacity? _____

4. Average number of daily inmates? _____

5. What is the average length of stay? _____

6. Are jailers on duty 24 hours? Yes ☐ No ☐

- a. If not, are jailers on duty whenever an inmate is in the facility? Yes ☐ No ☐

7. Do you have smoke detectors in jail? Yes ☐ No ☐

8. Have there been any suicides in the past five years?

Yes ☐ No ☐

a. Any suicide attempts? Yes ☐ No ☐

If yes, explain and provide details of preventative measures: _____

9. Are walk through inspections of the facility done every 30 minutes? Yes ☐ No ☐

a. Are they documented in writing? Yes ☐ No ☐

10. Are there audio/video systems in:

	Audio	Video	None
a. Booking Area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Sally Port	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Cell Area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If no audio or video in the cell area, are inmates under constant surveillance by a jailer/officer? Yes ☐ No ☐

11. Does the department maintain a written jail or holding cell operations manual containing:

	Yes	No
A. Intake screening and classification?	<input checked="" type="checkbox"/>	<input type="checkbox"/> (Booking Process)
B. Strip searches?	<input type="checkbox"/>	<input type="checkbox"/>
C. Jail evacuation?	<input type="checkbox"/>	<input type="checkbox"/>
D. Medical Treatment?	<input checked="" type="checkbox"/>	<input type="checkbox"/> Loc
E. Suicide I.D. guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/> (Booking Process)

PLEASE ATTACH A COPY OF ANY CHANGES IN POLICY.

If no to any of the above, please attach an explanation.

SECTION VI. - Insurance Information

1. General Liability carrier and LIMITS if other than MIAA: _____

2. Does the general liability policy provide coverage for the jail premises? Yes ☐ No ☐

SECTION VII. - Personnel (list the total number of personnel only once under primary duties)

1. Full Time Officers 23

2. Part Time Officers 5

3. Civilian/Clerical 9

SECTION VIII. - Claims History for the Last Year

1. Does any official, employee or volunteer have any knowledge of any action, error, omission, or breach of duty which may be expected to give rise to a claim or lawsuit? Yes ☐ No ☒ If yes, please attach an explanation.

2. Has any lawsuit been made or is now pending against any person in his/her official capacity as an employee or volunteer for the department? Yes ☐ No ☒

Entity's Attestation - The authorized signer of this application attests to the best of his/her knowledge that statement set forth herein are true; that no fact, circumstances or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or signing of this application does not bind the signer to purchase the insurance, but is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

[Signature]

Authorized signatory for entity

Chief of Police

Title

Date