



## AUI Law Enforcement Liability Insurance Application

**This application is for a policy that states that the limit of liability can be exhausted by the payment of covered defense expenses or loss.**

**The deductible is the amount of each claim that the Insureds must pay prior to the Insurer making any payment. This deductible payment is required for either defense expenses or loss, whichever comes first.**

**The Insurer does not have any obligation or duty to defend any Insureds.**

1. Name of Law Enforcement Entity

\_\_\_\_\_

2. Mailing Address

\_\_\_\_\_

City

State

Zip Code

3. Telephone No. \_\_\_\_\_

4. Name & Title of person designated to receive notices from the Insurer

\_\_\_\_\_

5. Year Established \_\_\_\_\_

6. Population Served \_\_\_\_\_

7. Name of Public or Governmental Entity that operates this Law Enforcement Entity

\_\_\_\_\_

8. a. Total number of law enforcement officers who are armed or who have arrest power \_\_\_\_\_  
b. Total number of law enforcement officers without arrest power (e.g. school crossing guards) \_\_\_\_\_  
c. Total number of personnel who are not police officers and who have no arrest power (e.g. clerical) \_\_\_\_\_  
d. Total number of auxiliary police, reserve police, and part-time officers \_\_\_\_\_  
e. Total number of police dogs and horses \_\_\_\_\_  
f. Total number of jail personnel \_\_\_\_\_  
g. Other (including process servers) \_\_\_\_\_

9. a. Briefly describe screening and hiring procedures. \_\_\_\_\_

\_\_\_\_\_

b. What is the minimum education level? \_\_\_\_\_

c. Is formal academy training required? Yes \_\_\_ No \_\_\_

d. Are Officers periodically re-evaluated? Yes \_\_\_ No \_\_\_

Please briefly explain the procedures. \_\_\_\_\_

10. Are there any disciplinary actions or proceedings pending against any officers or personnel? Yes \_\_\_ No \_\_\_

If yes, please explain the circumstances, and the nature of the proceedings. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



11. Are continuing education programs available? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
12. a. Is there a Law Enforcement and Civil/Criminal Process Policy & Procedures manual? Yes \_\_\_\_ No \_\_\_\_  
b. Is this manual distributed to all personnel? Yes \_\_\_\_ No \_\_\_\_
13. Are there written policies for the use of force? Yes \_\_\_\_ No \_\_\_\_
14. Are there written policies for the use of deadly force? Yes \_\_\_\_ No \_\_\_\_
15. Are there written policies for the use of vehicle pursuit? Yes \_\_\_\_ No \_\_\_\_
16. a. Does the law enforcement entity have a jail? Yes \_\_\_\_ No \_\_\_\_  
b. What is the maximum number of detained individuals or prisoners it can hold? \_\_\_\_\_  
c. What is the average number of detained individuals or prisoners it holds? \_\_\_\_\_  
d. What is the maximum length of time a prisoner or detained individual is held? \_\_\_\_\_  
e. What is the average length of time a prisoner or detained individual is held? \_\_\_\_\_  
f. Is the jail inspected by state correction officials? Yes \_\_\_\_ No \_\_\_\_  
How often? \_\_\_\_\_  
g. Date of the last inspection \_\_\_\_\_  
h. Did the last inspection result in a satisfactory grade or evaluation? Yes \_\_\_\_ No \_\_\_\_  
If no, please explain. \_\_\_\_\_  
\_\_\_\_\_
- i. Explain briefly the security procedures used prior to incarceration. \_\_\_\_\_  
\_\_\_\_\_
- j. How are prisoners supervised? \_\_\_\_\_  
\_\_\_\_\_
- k. Is there audio/video monitoring? Yes \_\_\_\_ No \_\_\_\_  
l. Briefly explain the manpower on duty, and the shift schedule. \_\_\_\_\_  
\_\_\_\_\_
- m. Are strip searches performed? Yes \_\_\_\_ No \_\_\_\_  
If yes, briefly explain the procedures. \_\_\_\_\_  
\_\_\_\_\_
- n. List and describe all deaths and injuries in the past 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Specify any mutual assistance agreements currently in place with other public or governmental entities.  
\_\_\_\_\_  
\_\_\_\_\_



18. a. Are officers permitted off-duty outside employment (“moonlighting”)? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Is it pre-approved? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Specify what outside off-duty employment activities are authorized:
- \_\_\_\_\_
- \_\_\_\_\_
- d. The total number of officers authorized for outside off-duty employment \_\_\_\_\_
19. Is public officials liability insurance now in force for the Public Entity that operates this Law Enforcement Entity? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, please provide current insurance company \_\_\_\_\_
- Policy Term \_\_\_\_\_ Limit \$ \_\_\_\_\_
- Deductible \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_
20. Is General Liability insurance now in force for both the Public Entity and the Law Enforcement Entity? If no, please explain. Yes \_\_\_\_\_ No \_\_\_\_\_
- \_\_\_\_\_
21. In the past 5 years, has police professional, law enforcement liability or similar liability insurance been declined, cancelled, nonrenewed, or rescinded? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, please explain. \_\_\_\_\_
- \_\_\_\_\_
22. In the past 5 years, has the Law Enforcement Entity or any person to be insured by this policy been the subject of any investigation by any regional, state, or federal regulatory agency? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, please explain. \_\_\_\_\_
- \_\_\_\_\_
23. In the past 5 years, has the Law Enforcement Entity been operating under any court orders? If yes, please explain. Yes \_\_\_\_\_ No \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
24. In the past 5 years, has any claim been made, or is any claim now pending against the Law Enforcement Entity or any person to be insured by this policy? Yes \_\_\_\_\_ No \_\_\_\_\_
- (If yes, please attach loss information including year of loss, brief description of loss, amount paid, defense expenses paid, and open reserve.)
25. Is the Law Enforcement Entity or any person to be insured by this policy aware of or have any knowledge of any fact or circumstance which could lead to a claim under this policy? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, please explain: \_\_\_\_\_
- \_\_\_\_\_



Signed \_\_\_\_\_  
(Must be signed by the Chief of Police, Sheriff or Mayor on behalf of all Insureds)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

The signer of this application, authorized and acting on behalf of all Insureds, declares that all statements and information provided by the Insureds is true, complete and accurate. It is agreed that this application is the basis of and becomes a part of the policy, should a policy be issued.

The signing of this application does not require the signer to purchase insurance, nor does the review of this application require the Insurer to issue a policy.

**ANTIFRAUD WARNING NOTICE TO ALL APPLICANTS:** Any person who knowingly 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 also punishable by civil penalties in certain jurisdictions.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files on application for insurance or a 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

**NOTICE TO TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

To be completed by Producer:  
Submitted By  
Producer \_\_\_\_\_

Tax I.D. No. \_\_\_\_\_  
(in states where required)

Surplus Lines License No. \_\_\_\_\_