

12) Are you a party to a Mutual Aid Agreement? [] Yes [] No

13) Do you contract law enforcement to any other public or private entity, eg. a private prison? [] Yes [] No

(a) If yes, please explain:

II. MOONLIGHTING SECTION:

1) Do you authorize moonlighting? [] Yes [] No

(a) If yes, who authorizes it ? _____

2) What percentage of staff moonlights? _____%

3) Is staff authorized to moonlight in bars, taverns, night clubs? [] Yes [] No

III. JAIL OPERATIONS

1) Do you operate:

(a) A jail? [] Yes [] No

- (a) Year facility was built: _____
- (b) Year renovated: _____
- (c) Number of cells: _____
- (d) Number of dorms: _____
- (e) Average number of daily inmates: _____
- (f) State Certified Capacity _____
- (g) Average length of stay _____

(b) A holding cell? [] Yes [] No

- (a) Year facility was built: _____
- (b) Year renovated: _____
- (c) Number of cells: _____
- (d) Average number of daily inmates: _____
- (e) Maximum hours of detention _____
- (f) State Certified Capacity _____

(c) A detention cell? [] Yes [] No

- (a) Year facility was built: _____
- (b) Year renovated: _____
- (c) Number of cells: _____
- (d) Average number of daily inmates: _____
- (e) Maximum hours of detention _____
- (f) State Certified Capacity _____

(d) A correctional facility? [] Yes [] No

- (a) Year facility was built: _____
- (b) Year renovated: _____
- (c) Number of cells: _____
- (d) Number of dorms: _____
- (e) Average number of daily inmates: _____
- (f) State Certified Capacity _____
- (g) Average length of stay _____

- 2) Do you house female inmates? [] Yes [] No
 (a) Separate from other inmates? [] Yes [] No
- 3) Do you house juveniles? [] Yes [] No
 (a) Separate from other inmates? [] Yes [] No
- 4) Full-time jailers on duty 24 hours per day? [] Yes [] No
- 5) Part-time jailers utilized? [] Yes [] No

(a) If yes, what % of time _____%, and

(b) Explain _____

- 6) In the last five (5) years, have there been any jail suicides? [] Yes [] No

If yes, provide complete details. _____

What are the suicide watch procedures? _____

- 7) Are jail premises regularly inspected by: (Please check all that apply)

(a) State officials _____ (b) Fire Inspectors _____ (c) Department of Health _____

(b) Has the facility received certification for its fire prevention system? [] Yes [] No

(c) If yes, date of certification: _____

- 8) Date of last jail inspection:

a) by State: _____ b) by corrections officials: _____

- 9) (a) Do you have smoke detectors in the cells? [] Yes [] No
 (b) Fire alarm system? [] Yes [] No
 (c) Do you have fire retardant mattresses and cell padding? [] Yes [] No

- 10) Is there audio/video monitoring:

(a) In booking area? [] Audio [] Video
 (b) In sally port? [] Audio [] Video
 (c) In cell area? [] Audio [] Video

- 11) (a) Does your facility house federal prisoners? [] Yes [] No
 (b) Does your facility house state prisoners? [] Yes [] No

- 12) Are there cell operations manuals covering:

(a) Intake screenings [] Yes [] No
 (b) Strip searches [] Yes [] No
 (c) Body cavity search [] Yes [] No
 (d) Cell evacuation [] Yes [] No
 (e) Medical Treatment [] Yes [] No

- 13) How many arrests were made last year? _____

- 14) Has the facility ever been subject to a federal court order regarding operations? [] Yes [] No

- 15) Has the facility been audited by the National Sheriff's Association Jail Audit System? [] Yes [] No

IV. DEPARTMENT POLICY AND PROCEDURES MANUAL

- 1) Do you have a policies & procedures manual? Yes No
 (a) Date of last revision/update: _____
- 2) (a) Manual distributed to all personnel? Yes No
 (b) Manual reviewed with them periodically? Yes No
- 3) Does your training program include periodic review of all or excerpts from the manual? Yes No
- 4) Do you have written policies or procedures governing: Date Written/Last Revision Date
- | | | | | | |
|--|--------------------------|-----|--------------------------|----|-------|
| (a) Use of deadly force? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____ |
| (b) Use of non-deadly force? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____ |
| (c) Vehicle "hot" pursuit? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____ |
| (d) Domestic violence? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____ |
| (e) AIDS? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____ |
| (f) Handling of intoxicated individuals? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | _____ |
- 5) Does your department perform procedures compliance monitoring? Yes No
- 6) (a) Do you require use of force reports to be filed? Yes No
 (b) Are they followed-up on? Yes No
- 7) (a) Is there a loss control program in effect? Yes No
 (b) If yes, describe: _____
-
- 8) Does jail manual include:
- | | | | | | |
|--|--------------------------|-----|--------------------------|----|--|
| (a) Classification inmate access | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| (b) Medical screening/receiving | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| (c) Inmate access to courts/legal services | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| (d) Sick call | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| (e) Jail emergency evacuation | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| (f) Inmate grievance procedure | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| (g) Inmate recreation | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| (h) Schedule of inmate offenses | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
- 9) How do you interact with US Customs, FBI, other local police, and enforcement agencies? _____
-
- 10) Does the department authorize the use of .357 Magnum or Glock? Yes No
- 11) Does the department have a SWAT team or other tactical teams? Yes No

V. EDUCATION AND TRAINING REQUIREMENTS

- 1) What is minimal education requirement for hiring new officers? _____
- 2) Does the department offer loss control classes? Yes No
- 3) Does the department offer continuing education or additional training classes? Yes No

4) Do you use training programs offered by the following:

- | | | | | |
|---|-----|-----|-----|----|
| (a) National Sheriffs Association | [] | Yes | [] | No |
| (b) International Association of Police | [] | Yes | [] | No |
| (c) International City Management Association | [] | Yes | [] | No |
| (d) National Institute of Justice | [] | Yes | [] | No |
| (e) National Institute of Corrections | [] | Yes | [] | No |
| (f) Drug Enforcement Administration | [] | Yes | [] | No |
| (g) Secret Service | [] | Yes | [] | No |
| (h) Federal Bureau of Investigation | [] | Yes | [] | No |
| (i) Federal Bureau of Prisons | [] | Yes | [] | No |

If so, describe your training programs on a separate attachment for each.

5) Is psychological testing required before hiring? [] Yes [] No

(a) Are the results reviewed by a person trained in the field? [] Yes [] No

6) Are officers trained prior to assignment? [] Yes [] No

7) Are physical examinations administered prior to employment? [] Yes [] No

8) Is a polygraph exam done? [] Yes [] No

9) What law enforcement training is required of armed street officers? (Please check on all apply)

(a) [] Formal policy academy training, number of hours: _____

(b) [] Formal Sheriff's training, number of hours: _____

(c) [] Others: _____

Explain: _____

10) Are officers trained and qualified before using:

How often must officers re-qualify with each of these?

- | | | | | | |
|----------------------|-----|-----|-----|----|-------|
| (a) Baton | [] | Yes | [] | No | _____ |
| (b) Mace/chemicals | [] | Yes | [] | No | _____ |
| (c) Control holds | [] | Yes | [] | No | _____ |
| (d) Service revolver | [] | Yes | [] | No | _____ |
| (e) Stun guns | [] | Yes | [] | No | _____ |
| (f) Personal weapon | [] | Yes | [] | No | _____ |

11) What training do part-time/auxiliary officers, armed and with arrest authority receive? _____

12) What background investigations are completed prior to hiring any officers? _____

Educational Training of Personnel (Indicate number of hours of formal academy training and minimal education requirements for hiring):

| | Hours of Training | Minimal Education Req. |
|---|-------------------|------------------------|
| Law Enforcement | | |
| Correctional/Jail/ Detention | | |
| Civil/Criminal Process | | |

13) Do all officers receive training in:

- (a) First Aid? Yes No
- (b) CPR? Yes No

14) Are all officers trained in emergency vehicle handling (i.e. "Hot" pursuit)? Yes No

VI. DISPATCHING

1) Does Department handle it's own dispatching? Yes No

2) Does the Entity dispatch for any other entities? Yes No

If yes, whom? _____

3) Total population served by dispatching services _____

4) Are incoming calls recorded? Yes No

4) How long are tapes maintained? _____

5) What dispatching services are provided?

- Emergency Medical _____
- Fire _____
- Police _____
- Other _____

6) What training do dispatchers receive? _____

VII. DEPARTMENT BUDGET (FOR PAST FIVE YEARS):

| Year | Budget | Payroll |
|-------|----------|----------|
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

VIII. DOES THE DEPARTMENT PROVIDE SECURITY FOR THE FOLLOWING UNITS:

- School Yes No
- Airport Yes No
- Hospital Yes No
- Municipality Utility Yes No
- Waterways Harbor Yes No
- Animal Shelter Yes No
- Child Abuse/Spouse Ctr. Yes No
- Orphanage Yes No

Other, please identify: _____

IX. CLASSIFICATION OF STAFF AND COUNT (Indicate number to be covered. Please do not duplicate counts.)

CLASS A

Sheriff Chief of Police/Deputy Chief _____
 Detectives and Investigators _____
 All armed personnel with regular street/road duties _____
 Personnel with rank of Sergeant or higher _____
 Jail Administrators _____
 Police Dogs, Horses _____
 Constable/Marshall/Warden _____

TOTAL FOR CLASS A _____

CLASS B

Jailers/Matrons/Correctional Officers _____
 Civil Process _____
 Court Security Staff _____
 Part-Time/Auxiliary/Reserve Officers armed and with arrest authority _____
 Attorneys _____

TOTAL FOR CLASS B _____

CLASS C

School Crossing Guards _____
 Animal Control Officers _____
 Unarmed part-time/auxiliary/reserve officers without arrest authority _____
 Jail Nurses/Physician/Psychologist/Counselor _____
 Jail Classification Specialist _____
 Jail Chaplain/Recreational Specialist _____
 EMT and Paramedics _____

TOTAL FOR CLASS C _____

CLASS D

Clerical _____
 Jail Cooks _____
 Ride Along Field-Intern Personnel _____
 Civil Defense _____
 Volunteers _____
 All Other Positions, please describe _____

TOTAL FOR CLASS D _____

TOTAL STAFF (A, B, C, & D) _____

X. CLAIM HISTORY

1) Within the last five (5) years has any of the following liability insurance been nonrenewed, canceled, or declined (If applicable):

Law Enforcement Liability Insurance, [] Nonrenewed [] Canceled [] Declined
 General Liability Insurance, [] Nonrenewed [] Canceled [] Declined
 Public Official, [] Nonrenewed [] Canceled [] Declined

If any are marked, please explain _____

(a) If none, please check here: [] NONE

- 2) Loss experience for the last five (5) years (insured or not) including incidents that may lead to a claim. If any, please attach exhibit giving (a) date and description of claim, (b) present status, (c) amount of defense expense and liability paid, if closed, (d) amount reserved for defense expenses and liability, if file not closed.

Summary:

| <i>Year</i> | <i>Premium</i> | <i>No. of claims</i> | <i>Paid claims</i> | <i>Paid claims expenses</i> | <i>Open claim reserves</i> |
|-------------|----------------|----------------------|--------------------|-----------------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(a) If none, please check here: NONE

DETAILS OF CLAIMS SUMMARIZED ABOVE (Attach Narrative Summary of Each claim)

| <i>Amount</i> | <i>Date of Incident</i> | <i>Claimant</i> | <i>Type of claim</i> | <i>Reserved or Paid</i> | <i>Open or Closed</i> |
|---------------|-------------------------|-----------------|----------------------|-------------------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

XI. WARRANTIES

- 1) Has the Applicant or any of its officers or employees been the subject of any disciplinary action by an governmental body or professional association within the 5 years? Yes No

(a) If so, please give details and advise present status of any individuals involved.

- 2) After inquiry, is Applicant or its officers employees, or affiliates aware of any actual or alleged efforts, omissions, offenses, or circumstances which may reasonably be expected to result in a claim being made against the Applicant or any proposed Insured person or entity? Yes No

- 3) List any similar insurance carried during the past five years. _____

(a) If none, please check here: NONE

| <i>Claims Made</i> | <i>Policy Period</i> | <i>Insurer</i> | <i>Coverage Type</i> | <i>Limit</i> | <i>Deductible</i> | <i>Premium</i> |
|--------------------|----------------------|----------------|----------------------|--------------|-------------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

- 5) Has any application for similar insurance made of behalf of the Applicant affiliates been declined or has any such insurance ever been rescinded, cancelled or has renewal been refused? Yes No

If 'yes', please explain: _____

- 6) Limit of Liability desired; (same limit would apply to "each claim" and as annual aggregate for all claims)

\$1,000,000 \$3,000,000 \$5,000,000 \$10,000,000 Other _____

7) Deductible desired: \$ _____ each claim

8) Retro Date: _____

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY OR INSURE ANY SERVICES. HOWEVER, IT IS AGREED THAT SHOULD A POLICY BE ISSUED, THIS APPLICATION WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

NOTICE:

THE LIMIT OF LIABILITY IN THE POLICY, IF ISSUED, MAY BE REDUCED OR COMPLETELY EXHAUSTED BY CLAIM COSTS AND/OR LEGAL DEFENSE. IN SUCH EVENT, THE COMPANY SHALL NOT BE LIABLE FOR ANY JUDGEMENT, SETTLEMENT OR CLAIM COSTS OR LEGAL DEFENSE COSTS WHICH ARE IN EXCESS OF THE LIMITS OF LIABILITY STATED ON THE DECLARATIONS PAGE OF THE POLICY.

THE UNDERSIGNED(S) CERTIFIES THAT HE/SHE IS THE DULY AUTHORIZED REPRESENTATIVE(S) OF EACH PROPOSED INSURED WHICH SUBMITS THIS APPLICATION TO THE LEXINGTON INSURANCE COMPANY FOR A POLICY OF INSURANCE. THE STATEMENTS AND INFORMATION ABOVE AND ALL SCHEDULES AND DOCUMENTS SUBMITTED OF WHICH THE UNDERWRITER RECEIVES NOTICE, ARE DEEMED PARTS OF THE APPLICATION (ALL OF WHICH SCHEDULES AND DOCUMENTS SHALL BE DEEMED ATTACHED TO THE POLICY AS IF PHYSICALLY ATTACHED THERETO), AND THE WORD "APPLICATION" REFERS TO ALL OF THE FOREGOING.

EACH PROPOSED INSURED REPRESENTS THAT THE STATEMENT SET FORTH IN THE APPLICATION ARE TRUE AND CORRECT, AND THAT REASONABLE EFFORTS HAVE BEEN MADE TO OBTAIN INFORMATION SUFFICIENT FOR ACCURATE PROPOSED INSURED THAT EACH POLICY OR RENEWAL THERE OF, IF ISSUED, IS ISSUED IN RELIANCE UPON THE TRUTH OF THE REPRESENTATIONS AND INFORMATION IN THE APPLICATION.

EACH PROPOSED INSURED UNDERSTANDS AND AGREES THAT ANY INSURANCE POLICY ISSUED BY THE COMPANY SHALL BE SUBJECT TO RESCISSION OF THIS APPLICATION CONTAINS ONE OR MORE MISREPRESENTATIONS OR OMISSIONS MATERIAL TO THE ACCEPTANCE OF THE RISK BY THE COMPANY.

IF THE INFORMATION SUPPLIED ON THIS APPLICATION OR ATTACHMENTS THERETO CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES.

AUTHORIZED SIGNATURE

DATE