

Legal Name of Entity: _____

GENERAL INFORMATION (all entities must complete this section)

Law Enforcement limits will be consistent with the General Liability limits.

1. What Law Enforcement Liability Deductible is requested?
 None (default) \$2,500 \$10,000 \$25,000
 \$1,000 \$5,000 \$15,000
2. Yes No Law Enforcement Line of Duty Accidental Death benefit is available with a limit of \$50,000 per occurrence per officer. Is this coverage desired?
3. What is the minimum education requirement for hiring officers?
 High School College Other: _____
4. Identify mandatory screening checks required prior to hiring: Criminal background Motor Vehicle Records
 Psychological testing Other: _____
5. Describe training that is required of officers prior to assignment: _____

6. Describe continuing in-service education and training programs: _____

7. Yes No Are policies and procedures distributed to all school security / law enforcement personnel?
8. Yes No Are policies and procedures reviewed periodically with personnel as part of training?
9. Yes No Are policies and procedures reviewed by the entity's legal counsel?
10. Yes No Does the entity contract school security / law enforcement services to any other public or private school or entity?

SCHOOL SECURITY ONLY

1. Yes No Are firearms and/or ammunition stored on school property? If "Yes", describe where they are stored and what controls are in place.

 2. Indicate the number of personnel.
 School security, armed: _____ (full-time) _____ (part-time)
 School security, unarmed: _____ (full-time & part-time)
 Service Animal: _____
 (Please complete Service Animal section on the **General Supplemental Application**)
- School Security Comments: _____

MUNICIPAL LAW ENFORCEMENT ONLY

1. Indicate the number of personnel.
 Officers, armed, full-arrest authority: _____ (full-time) _____ (part-time)
 Officers, unarmed, limited authority: _____ (full-time & part-time)
 Administrative: _____ (full-time & part-time)
 Service Animal: _____
 (Please complete Service Animal section on the **General Supplemental Application**)
2. Yes No Is the entity accredited by a professional organization?
 If "Yes", identify organization: _____
3. Describe law enforcement training that is required of officers with powers of arrest: _____

4. Where do officers practice/qualify for use with their firearms? _____
5. Does the entity have written policies governing the following?

<input type="checkbox"/> Yes <input type="checkbox"/> No Use of deadly force	<input type="checkbox"/> Yes <input type="checkbox"/> No Handling of intoxicated persons
<input type="checkbox"/> Yes <input type="checkbox"/> No Use of non-lethal force	<input type="checkbox"/> Yes <input type="checkbox"/> No Outside employment (moonlighting)
<input type="checkbox"/> Yes <input type="checkbox"/> No Vehicle "hot pursuit"	<input type="checkbox"/> Yes <input type="checkbox"/> No Armed while off duty
<input type="checkbox"/> Yes <input type="checkbox"/> No Domestic violence	<input type="checkbox"/> Yes <input type="checkbox"/> No Use of volunteers
6. What outside employment (moonlighting) is authorized for the entity's staff? _____
7. Yes No Does the entity belong to any multi-jurisdictional law enforcement organization such as a drug task force?
 If "Yes", describe involvement: _____
8. Yes No Does the entity participate in a multi-jurisdictional penal institution?
 If "Yes", describe involvement: _____

Indicate which detention facilities are operated by the entity.

Facility	# of Cells	Age of Facility	Accredited*	Total Square Feet	Inmate Capacity	Average Daily Inmates	Average Length of Stay
Jails			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Holding Facilities			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Juvenile Detention Centers			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Detox Centers			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No				

* Accredited by the American Correctional Association

9. Yes No Are any facilities operating under a court order or in violation of any local, state or federal codes or standards?
 If "Yes", describe: _____
10. Are any of the following procedures used in any detention facility?

<input type="checkbox"/> Yes <input type="checkbox"/> No Visual oversight	<input type="checkbox"/> Yes <input type="checkbox"/> No Suicide Prevention Measures
<input type="checkbox"/> Yes <input type="checkbox"/> No Medical Intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No Separation of Juvenile / Adult

Law Enforcement Comments: _____

