

C. DEPARTMENT POLICIES AND PROCEDURES

1. Do you have written policies governing the following law enforcement operations?

Policy Description	Date of last revision
Use of deadly force..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of non-deadly force <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of force reports <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle "hot pursuit" <input type="checkbox"/> Yes <input type="checkbox"/> No	
Motor vehicle stops & searches <input type="checkbox"/> Yes <input type="checkbox"/> No	
Firearms & less than lethal weapons <input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic violence <input type="checkbox"/> Yes <input type="checkbox"/> No	
Searches <input type="checkbox"/> Yes <input type="checkbox"/> No	
Custodial interrogation/detention <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service of warrant..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation of prisoners..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling of intoxicated individuals..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Communicable diseases..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	
"Moonlighting" <input type="checkbox"/> Yes <input type="checkbox"/> No	

- 2. Are policies and procedures distributed to all personnel?..... Yes No
- 3. Are policies and procedures reviewed annually by competent legal counsel?..... Yes No
- 4. Are policies and procedures reviewed periodically with personnel as part of formal training? Yes No
- 5. Do you require use of force reports to be filed?..... Yes No
 If yes, are they followed up on?..... Yes No

D. EDUCATION AND TRAINING

1. Identify the background checks required prior to hiring:

- a. Motor vehicle records Yes No
- b. Psychological testing Yes No
- c. Educational verification..... Yes No
- d. Criminal investigation Yes No
- e. Reference check..... Yes No
- f. Employment history check Yes No
- g. Other Yes No

If yes, please Explain: _____

2. Minimum educational requirement for hiring officers?

- High School Some College College Graduate Other (please explain): _____

3. Confirm that all armed street officers have received formal academy training and are in

compliance with minimum state requirements?..... Confirmed Not Confirmed

4. Is formal training required before armed and assigned street duty? Yes No
 If no, verify officer is not armed or is accompanied by trained personnel..... Confirmed
5. How often must officer re-qualify with: service revolver? _____ personal weapon? _____
6. What training do part-time/reserve/auxiliary officers receive?..... N/A
 Explain: _____
7. Minimum number of hours of annual in-service training? _____
8. If there is a seasonal population change, are there borrowed officers?..... Yes No N/A
 If yes, are they trained in your agency's policies and procedures?..... Yes No
9. Do all officers receive training in:
- a. First aid? Yes No
- b. Vehicular operations? Yes No
- c. CPR?..... Yes No
10. Is all training documented on a training log?..... Yes No
11. Are officers trained and qualified before using?
- a. Baton?..... Yes No Not Used
- b. Control holds? Yes No Not Used
- c. Mace/Chemicals?..... Yes No Not Used
- d. Stun guns? Yes No Not Used

E. EMERGENCY DISPATCH

1. Confirm that all incoming calls to dispatchers are recorded and that tapes are maintained for a minimum of 30 days Confirmed Not Confirmed
2. Describe the training program for dispatchers: _____
3. Do you dispatch for other entities? Yes No
 If yes:
- a. For what entities do you perform emergency dispatching duties? _____
- b. What is the total population served? _____

F. GENERAL UNDERWRITING INFORMATION

1. Are you involved with any of the following?
- | Description | Is there a written contract? | Contract approved by legal counsel? |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Contracting law enforcement to any other entity?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mutual aid or reciprocal agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drug task force or SWAT team?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Describe: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
2. a. Do you authorize officer "moonlighting"? Yes No
 b. Confirm no "moonlighting" in bars and taverns:..... Confirmed Not Confirmed
3. Are you accredited by any professional organizations? Yes No
 If yes:
- a) What organization(s)? _____

b) Please provide certificate(s).

4. Do you subscribe to LETN? Yes No
If yes, please provide certificate.
5. Has there been continuous claims made coverage for the past five years? Yes No
If no, please explain: _____

G. JAIL / HOLDING CELL / DETENTION CELL OPERATIONS

1. Do you operate a: Jail? Holding cell? Detention cell? Other? No lockup facility?
2. **If you have a jail, attach copies of the last state corrections official's inspection report, fire inspector's report and department of health inspection report.** None
3. Facilities:
- a. Date constructed: _____
 - b. Date renovated: _____
 - c. Number of cells: _____
 - d. State certified capacity: _____
 - e. Average number of daily inmates: _____
 - f. Average length of stay: _____
 - g. Smoke detectors in jail area? Yes No
 - h. Walk-throughs every 30 minutes? Yes No
 - i. Are there audio/video systems? Yes No
If yes:
 - 1) Booking area..... Audio Video None
 - 2) Cell area..... Audio Video None
 - 3) Sally port Audio Video None
4. Any suicides or suicide attempts in the last five years? Yes No
If yes, explain and provide details for prevention of future suicides: _____
5. In the past three years have there been any (Check all that apply, and explain preventative measures):
 Fatalities Assaults which required hospitalization Sexual Assault None
6. Are all jailers required to maintain a jail log to document incidents, action taken, and identify witnesses? Yes No
If yes, how long is log retained? _____
7. Is the facility under a court order or consent decree? Yes No
If yes:
 - 1) Attach copy with any modifications; and
 - 2) Explain the actions taken by the insured to bring the facility into compliance.
8. Do you have a separate facility for juvenile detainees? Yes No
9. Jailers
- a. Number of jailers per shift: Day: _____ Evening: _____ Night: _____
 - b. Are jailers on duty 24 hours per day? Yes No
 - c. Does dispatcher also act as jailer? Yes No
If yes, what training is required? _____
 - d. Minimum educational requirement for hiring jailers?

High School Some College College Graduate Other (please explain): _____

- e. Confirm that formal training is required prior to assignment for all jail officers and that formal training is in compliance with minimum state requirements..... Confirmed Not Confirmed
- f. Are policies and procedures reviewed periodically with jail personnel as part of formal training? Yes No

10. Do you have written policies governing jail operations? Yes No

Policy Description	Date of last revision
Intake screening of inmates/detainees <input type="checkbox"/> Yes <input type="checkbox"/> No	
Strip searches <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical treatment/sick call <input type="checkbox"/> Yes <input type="checkbox"/> No	
Storage and administration of medication <input type="checkbox"/> Yes <input type="checkbox"/> No	
Suicide ID guidelines <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of deadly force <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of non-deadly force <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of force reports <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling of intoxicated individuals <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is jail evacuation posted through the facility <input type="checkbox"/> Yes <input type="checkbox"/> No	
Key control and security <input type="checkbox"/> Yes <input type="checkbox"/> No	
Restraints <input type="checkbox"/> Yes <input type="checkbox"/> No	
Visual observation of inmates/detainees <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inmate transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Discipline procedures <input type="checkbox"/> Yes <input type="checkbox"/> No	
Handling persons with communicable diseases <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grievance procedure for inmate complaints <input type="checkbox"/> Yes <input type="checkbox"/> No	

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- d. Do you require use of force reports to be filed? Yes No
- If yes, are they followed up on? Yes No