

# Missouri Rural Services Corporation

P.O. Box 104268 - Jefferson City, MO 65110-4268 - 1.800.726.9304

<https://www.missouriruralservices.com>

## Missouri Public Entity Law Enforcement Liability Application New & Renewal Business

### I. GENERAL INFORMATION

Municipality		Population at last census	
Address			
Date of application		Expiration date of current policy	
Limits of insurance		Deductible	
Insurance contact:			Phone
Applicant is a		City	County
			Other

### II. EXPOSURE DATA

1. Do you have a "ride along" program?		Yes		No	Describe	
Do you have police dogs?		Yes		No		

**NOTE:** This Company's policy does not cover animal mortality.

Do you have a horse mounted patrol?		Yes		No
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**NOTE:** This Company's policy does not cover animal mortality.

2. Describe all jail facilities (age, capacity, etc.)					
No. of holding facilities/cells		Do cells have bars?		Yes	No
Where are cells located (describe)					
<i>Annual number of arrests?</i>		Maximum length of incarceration:			
Average daily number of inmates?		Do you prepare food for inmates?		Yes	No
Are regular maintenance inspections conducted?		Yes		No	
How often are inmates checked?					
Are jailers on-duty 24 hours per day?		Yes		No	
Are jail premises regularly inspected by fire inspectors?		Yes		No	
Department of Health?		Yes	No	State corrections officials?	Yes
					No
Smoke detectors in jail?		Yes		No	
Other security or monitoring devises (describe)					
Are juvenile facilities maintained?		Yes	No	Year built	Capacity
Describe Juvenile supervision					
Do you participate in a work release program?		Yes		No	

What functions are performed?																					
How is transportation of prisoners provided?																					
How are prisoners supervised?																					
3. Personnel to be included																					
a. Number of full-time personnel with unaccompanied arrest authority																					
b. Number of part-time/auxiliary or reserve with unaccompanied arrest authority																					
c. Number of full-time officers exercising no arrest authority																					
d. Number of part-time officers exercising no arrest authority																					
Number of jailers/matrons				Number of court security (only)																	
Civil process (only)				Number of clerical and dispatchers																	
Animal control officers																					
Do you maintain a roster of volunteer policemen?			Yes			No															
Number of volunteer policemen?																					
Do you allow employee "moonlighting"?			Yes			No	If "Yes," describe types of occupations allowed														
4. Education and Training Requirements																					
Describe educational/training background required of all personnel																					
Are there continuing education/training programs																					
		LETN		State Programs		Other		Yes		No											
5. Does applicant maintain any automobile impound facilities?																					
		Yes				No		Describe													
Maximum number and value of autos stored																					
Limit of garagekeeper's legal liability																					
Describe police procedures for handling personal property of prisoners																					
6. Do you have a procedure manual?																					
		Yes				No		Is it current?				Yes				No					
How often updated?				By whom?																	
Is the manual distributed to all personnel?						Yes		No													
Is the manual reviewed regularly as part of your training?						Yes		No													
How often is it reviewed?																					
Do you operate a dispatch?				Yes				No				Full-time				Part-time				Contracted	
Are sworn officers required to carry a weapon off duty?						Yes		No													
Do you have written rules on use of deadly force?						Yes		No (Attach copy)													
Do you have a written high speed pursuit policy?						Yes		No (Attach copy)													
7. Do you own/operate a firing range?																					
		Yes				No		Open to public?				Yes				No					

If "no", where do officers practice shooting?	
Certified range officer	
Describe weapons qualification requirements	

**III. CLAIMS HISTORY**

Have you had any law enforcement claims during the last five years?		Yes		No
If "yes" and Meadowbrook Claims Service did not handle the claim, attach either:				
	Prior carrier loss runs		Claim Supplement	

**IV. APPLICANT ACKNOWLEDGEMENT AND SIGNATURE**

No fact, circumstance or situation indicating the probability of a claim or action is now known to any public official or employee; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, it will be <u>excluded</u> from coverage under the policy for which this application is being made.	
The official designated to receive any and all notices from the Company or their authorized representative concerning this coverage is:	
Full Name	Title

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands the application or proposal, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy, which may render inaccurate, untrue or incomplete any statement made herein, will immediately be reported in writing to the Company. The undersigned acknowledges and agrees that the submission and the Company's receipt of such written report prior to the Inception of the policy is a condition precedent to coverage.

The signing of the application or proposal does not bind the undersigned to purchase the coverage nor does review of the application or proposal bind the Company to issue a policy. It is agreed that this application or proposal shall be the basis of the coverage should a policy by issued.

***IMPORTANT: ATTACH A COPY OF LATEST BUDGET AND BID SPECIFICATION (IF APPLICABLE).***

**APPLICATION MUST BE SIGNED**

APPLICANT SIGNATURE	APPLICANT TITLE	DATE

AGENT SIGNATURE	AGENT NAME (PRINT)	DATE