

SAVERS PROPERTY & CASUALTY INSURANCE COMPANY

STAR INSURANCE COMPANY

MISSOURI PUBLIC ENTITY PROGRAM

LAW ENFORCEMENT LIABILITY RENEWAL APPLICATION

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

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) _____

Annual number of arrests? _____ 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 devices (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 Yes No

LETN State Programs Other _____

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 know 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 excluded 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 _____, 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 be issued.

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

APPLICATION MUST BE SIGNED

APPLICANT SIGNATURE	APPLICANT TITLE	DATE
AGENT SIGNATURE	AGENT NAME (PRINT)	DATE