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## LAW ENFORCEMENT PERSONAL PROFESSIONAL CIVIL LIABILITY – GROUP POLICY SUPPLEMENTAL APPLICATION

**ATTACH ADDITIONAL SHEETS AS NECESSARY.**

**ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

### GENERAL INFORMATION

1)

Named Insured:			
Jurisdiction/Agency:			
Brokerage/Broker:		Agency/Agent:	
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:		
Effective Date:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

*Please attach copies of the following:*

- a) *Currently valued five-year loss runs, including claim detail for all losses open or exceeding \$15,000*
- b) *Copies of any disciplinary proceedings, judicial reviews or internal affairs investigations statements for any officers to be covered who were sanctioned, placed on leave or otherwise formally disciplined*

3)

What limits is your group seeking per officer (if the group's jurisdiction is within the state of Colorado, check here  and skip to question 4).)?

<input type="checkbox"/> Bronze	<input type="checkbox"/> Silver	<input type="checkbox"/> Gold
<input type="checkbox"/> \$25,000 Per Civil Liability Claim	<input type="checkbox"/> \$50,000 Per Civil Liability Claim	<input type="checkbox"/> \$100,000 Per Civil Liability Claim
<input type="checkbox"/> \$10,000 Per Admin. Defense Claim	<input type="checkbox"/> \$25,000 Per Admin. Defense Claim	<input type="checkbox"/> \$50,000 Per Admin. Defense Claim
<input type="checkbox"/> \$25,000 Officer Aggregate	<input type="checkbox"/> \$50,000 Officer Aggregate	<input type="checkbox"/> \$100,000 Officer Aggregate
<input type="checkbox"/> \$50,000 Officer Aggregate	<input type="checkbox"/> \$100,000 Officer Aggregate	<input type="checkbox"/> \$200,000 Officer Aggregate
<input type="checkbox"/> \$75,000 Officer Aggregate	<input type="checkbox"/> \$150,000 Officer Aggregate	<input type="checkbox"/> \$300,000 Officer Aggregate
<input type="checkbox"/> \$100,000 Officer Aggregate	<input type="checkbox"/> \$200,000 Officer Aggregate	<input type="checkbox"/> \$400,000 Officer Aggregate
<input type="checkbox"/> \$125,000 Officer Aggregate	<input type="checkbox"/> \$250,000 Officer Aggregate	<input type="checkbox"/> \$500,000 Officer Aggregate

4)

What total policy aggregate are you seeking (up to \$2,000,000)? \_\_\_\_\_

5)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- 6) Premise Address of Station (if different from above): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 7) Please check the type of entity of the group's employer:  
 Federal Police Department     Federal Agency     State Police Department  
 County Police Department     County Sheriff's Department     City/Town Police Department  
 City/Town Police Department     Special Service District (SSD)     Other (please describe): \_\_\_\_\_
- 8) Does the department or city/municipality currently have a Professional Liability policy in place which includes law enforcement operations? Yes  No   
 a. Are individuals/employees covered under this policy? Yes  No
- 9) What is the county or city and state of jurisdiction? \_\_\_\_\_
- 10) What is the population of this jurisdiction? \_\_\_\_\_
- 11) In the last five years, has this department/agency been placed under administration or additional oversight by the Federal Department of Justice? Yes  No   
 a. If yes, please attach details.  
 b. Date(s) of DOJ administration/oversight: \_\_\_\_\_
- 12) If the group includes K9 officers, what role do these canines serve in your department? Check all that apply:  
 Drug Enforcement     Explosives Detection     Suspect Pursuit and Capture  
 Missing Persons     Cadaver     Community Engagement/Social  
 Other: \_\_\_\_\_
- 13) Does the department require initial training and routine in-service/requalification for the following?  
 a. Service weapon(s) qualification? Yes  No   
 b. Interval: \_\_\_\_\_  
 c. Nighttime/reduced vision firearm training? Yes  No   
 d. Interval: \_\_\_\_\_  
 e. Non-deadly/less than lethal weapon training? Yes  No   
 f. Interval: \_\_\_\_\_  
 g. Canine handling qualification? Yes  No   
 h. Interval: \_\_\_\_\_  
 i. Emergency vehicle handling training? Yes  No   
 j. Interval: \_\_\_\_\_  
 k. De-escalation/Suspect in mental crisis training? Yes  No   
 l. Interval: \_\_\_\_\_
- 14) Does the department require "Use of Force" reports? Yes  No   
 a. If yes, how many have you filed in the last three years? \_\_\_\_\_
- 15) Does the department permit vehicle hot pursuit? Yes  No   
 a. If yes, have you been involved in a vehicle hot pursuit? Yes  No
- 16) Does the department require officers to administer emergency aid to injured suspects (in the absence of imminent danger)? Yes  No
- 17) Does the department require the use of body cameras? Yes  No   
 a. If yes, are officers required to keep it on and unobstructed during all duty hours? Yes  No

## INDIVIDUAL OFFICER SUPPLEMENTAL INFORMATION

Complete this section for each officer individually who has had one or more substantiated complaints made against them in the last five (5) years as indicated on the Kinsale Public Entity Scheduled Officers Supplemental Table. Duplicate this page as necessary.

- 18) Have you ever been subject to an administrative investigation (judicial sanctions, disciplinary proceedings, internal affairs investigation, citizen complaint review, etc.)? Yes  No
- a. If yes, how many? \_\_\_\_\_
- b. Were you disciplined for any of these investigations, including referrals for re-training or additional fitness evaluations? If yes, attach an explanation. Yes  No
- 19) Have you ever deployed an instrument of non-deadly/less than lethal force? Yes  No
- a. If yes, approximately how many times? \_\_\_\_\_
- b. Has a suspect in your custody ever required emergency medical intervention following your use of non-deadly/less than lethal force? If yes, attach an explanation. Yes  No
- 20) Have you ever been an active party in an officer on civilian firearm incident? If yes, please attach details. Yes  No
- a. Have you ever been a witness or other secondary party to an officer on civilian firearm incident? If yes, please attach details. Yes  No

### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_