

THE INFORMATION BEING REQUESTED MAY BE FOR A CLAIMS-MADE POLICY. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

Coverage Type: Occurrence Claims Made

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.
An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s): City of Longview		Today's Date: 04/23/2020
Proposed Effective Date (mm/dd/yyyy): 10/1/2020	Proposed Expiration Date (mm/dd/yyyy): 9/30/2021	

UNDERWRITING INFORMATION

- Are you part of any mutual law enforcement assistance agreements between political subdivisions? Yes No
- Excluding mutual aid agreements, do you contract your law enforcement services to any other public or private entity? Yes No
If yes, please attach a copy of the contract

3. Complete the following for each task force in which you participate:

Task Force Type	Number of Officers Involved	Do you lead this task force?	Is task force a separate entity?	Is task force insured elsewhere?
Drug	5	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Swat	17	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gang	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Does the agency operate an indoor shooting range? Yes No
- Does the agency operate an outdoor shooting range? Yes No
If yes to either of the above is it used by:
 - Outside law enforcement agencies? Yes No
 - The general public? Yes No
If yes to b. above:
 - Is an injury waiver required? Yes No
 - Is range safety enforced (signs, personal protective equipment, training of staff and users, use of buffers, barriers, non-porous surfaces (indoor range only), reporting protocols for health symptoms and medical attention)? Yes No
 - Is lead-free ammunition used? Yes No

INSURANCE COVERAGE AND LIMITS INFORMATION

- Has claims-made coverage been continuous through the retroactive date? Yes No N/A
If yes, state the continuous claims made retroactive date (mm/dd/yyyy): _____
- Each Wrongful Law Enforcement Liability Limit/Aggregate Limit:
 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000 Other **\$1mil / \$2mil**
- Deductible: \$10,000 \$25,000 Other _____

EMPLOYEE CLASSIFICATION INFORMATION

Complete the below table regarding your Law Agency personnel:

GROUP 1: Sheriff or Police Department	NO.	GROUP 2: Sheriff or Police Department	NO.	GROUP 3: Sheriff or Police Department	NO.	GROUP 4: Sheriff or Police Department	NO.
Law Agency: Full Time Officers or Deputies (including sergeants, chief and sheriff)	174	Law Agency: Part-time/reserve/ auxiliary officers armed or with arrest authority	1	Unarmed part-time/ reserve/ auxiliary officers without arrest authority Law agency: patrol or emergency/ 911 dispatchers NOTE: Do not include emergency / 911 dispatchers working for another department or operation of your public entity.	25 40	Other unarmed law agency personnel (includes clerical, cooks, and other unarmed personnel not included elsewhere)	22
Police Dogs	3	Full-time jailers	0	Law Agency: Animal Control Personnel	0		
		Part-time jailers	0	Jail Nurse	0		
				Jail Counselor	0		
				Other Jail Medical Personnel – other than physicians	0		
				Law Agency: Crossing Guards	8		

Complete the below table regarding Security or Enforcement officers and Juvenile Detention Center personnel.

GROUP 2: Court Security or Enforcement, Parole, Probation, or Juvenile Detention Center Officers	NO.	GROUP 3: Other Departments	NO.	GROUP 4: Other Juvenile Detention Personnel	NO.
Armed Juvenile Detention Officers		Armed Animal Control Personnel		Other juvenile detention personnel (includes clerical, cooks, and other unarmed juvenile personnel not included elsewhere)	
Unarmed Juvenile Detention Officers					
Armed Court Security Officers		Unarmed Animal Control Personnel			
Unarmed Court Security Officers					
Armed Probation Officers		Juvenile Detention Center Nurse			
Unarmed Probation Officers					
Armed Parole Officers		Juvenile Detention Center Counselor			
Unarmed Parole Officers					
		Other Juvenile Detention Center Medical Personnel (other than Physicians)			

If any of the above employees are not part of your Law Agency, please advise what department they report to:

If you have any other security or enforcement officers not included above, please describe below:

DEPARTMENT POLICIES AND PROCEDURES INFORMATION

9. Does the agency have a policy and procedure manual?..... Yes No
10. Are employees required to acknowledge review and receipt of policies and procedures?..... Yes No
11. Date of last overall revision of your policy and procedure manual (mm/dd/yyyy): _____
12. How often is the manual reviewed with personnel? **reviewed as needed**
13. Does the applicant have written policies or procedures governing the following exposures?

Exposures	Does a written policy or procedure regarding this exposure exist?	Date of Last Revision (mm/dd/yyyy):
Use of force continuum/escalation procedures/restraints	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	01/01/2017
Body-worn cameras	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2/25/2019
Vehicular pursuits	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4/06/2014
Domestic violence response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8/19/2009
Patrol driving and response	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7/09/2007
Searches: <input checked="" type="checkbox"/> Blanket <input checked="" type="checkbox"/> For-Cause	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	01/13/2016
Transportation of prisoners	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1/13/2016
Arrests and investigatory stops	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1/13/2016
Firearms & less than lethal weapons	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2/14/2013
Service of warrant	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1/13/2016
Motor vehicle stops & searches	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11/07/2011
Canines	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	07/09/2007
Sexual harassment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	01/05/2010
Use of volunteers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11/07/2011
Police ride-along program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	06/06/2017
Suicide Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	06/06/2017
Secondary employment & off-duty powers (moonlighting)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	06/06/2017

*Describe any limitation of secondary employment exposures outlined in your policies or procedures:***officers are permitted to work at secondary jobs approved by administration. officers must function w/in LPD guidelines**

14. Have the policies and procedures been reviewed by legal counsel?..... Yes No
15. Have the updated policies and procedures been distributed and acknowledged by all employees? Yes No

EDUCATION AND TRAINING INFORMATION

16. Complete the following:

Training Requirements	Patrol and Auxiliary Officers	New Officer and Annual In-Service Training	Is the manual distributed to all personnel?
Do all officers meet state certifying agency minimum training standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Firearms Training and Qualification Frequency of Qualification: 1 per year	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impact Weapon Training and Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Agent (Oleoresincapsium) Training and Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taser Training and Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Speed Pursuit Driving	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Department Policy and Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Body-worn Camera Use and Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Constitutional Use of Force	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Legislative and Case Law	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suicide Screening	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Duties of reserve/auxiliary officers: Traffic control Civil Disturbance Crowd Control Other
18. Are volunteers used in any capacity for law agency operations?..... Yes No
 If yes, describe the type of training provided: **one reserve officer is allowed to function as patrol; citizens on patrol allowed for traffic control**

JAIL/DETENTION/HOLDING FACILITY OPERATIONS INFORMATION

19. How many, if any, of the following do you operate? Check if N/A

Facility	# of Cells	Accredited Facility?	Square Footage	Design Capacity	Average Inmate/ Detention Population	Maximum Capacity in Past 12 Months	Surveillance Type (CCTV, Eyes On, Audio, Other)
Jail		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Holding Cell		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Juvenile Detention Center		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No					

20. For any of the above operations do you have the following written policies about the exposure?

Exposure	Date of Last Revision	New employee and at least Annual Training?
Use of Force <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Restraints <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Inmate Classification <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Strip Searches <input type="checkbox"/> Blanket <input type="checkbox"/> For-Cause <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Suicide Prevention <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Evacuation <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Control and Security <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Inmate Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Discipline and Grievance Procedures <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Detainees under Immigration Customs Enforcement <input type="checkbox"/> Yes <input type="checkbox"/> No If you have ICE detainees, indicate if any of the following apply: ICE Requests <input type="checkbox"/> Court Order <input type="checkbox"/> Held under contract with ICE (provide copy of contract) <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

21. How frequently are cell checks conducted for each of the following?
 a. General Population: _____ b. Suicide: _____ c. Maximum Security Cells: _____
22. In the past three (3) years, have there been any suicides or attempted suicides in your jail or similar holding facilities?..... Yes No
 If yes, No. of suicides: _____ No. of attempts: _____
23. Are juveniles separated from adult criminals?..... Yes No
24. Are suspects of violent crimes separated from suspects of misdemeanor crimes?..... Yes No
25. Are medical facilities available in the jail or similar holding facility?..... Yes No
 If yes, describe: _____
 If no, how do inmates receive treatment? _____
26. Has the facility ever been subject to a Court Order or consent decree?..... Yes No
 If yes, what is the status of the order? _____
27. Is the jail administrator a "Certified Jail Manager" per the American Jail Association (AJA)?..... Yes No
28. Process to ensure any detainee is brought before a court with the initial 48 hours of detention?..... Yes No

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, NEW YORK, OHIO, AND PENNSYLVANIA: 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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA: 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.

MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

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

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

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

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: x <i>B Hubbard</i>	Authorized Representative Name – Printed: Bonnie Hubbard	Date (mm/dd/yyyy): <i>04/27/2020</i>
Producer Signature*: x	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency: HUB International	Agency Contact: Cameron Jones	Agency Phone Number: 817-820-8163

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.