



**Professional  
Governmental  
Underwriters, LLC**  
**The Authority.**



**NORTH CAROLINA POLICE PROFESSIONAL LIABILITY  
INSURANCE RENEWAL APPLICATION**

THIS IS AN APPLICATION FOR A CLAIMS-MADE OR OCCURRENCE POLICY, AS SELECTED BY THE APPLICANT. UNLESS OTHERWISE ELECTED BY THE APPLICANT, DEFENSE EXPENSES SHALL BE PAID IN ADDITION TO THE LIMITS OF LIABILITY, BUT WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

**I. APPLICANT INFORMATION**

**A. GENERAL INFORMATION:**

1. Name of Applicant: \_\_\_\_\_

2. Main Address for Correspondence:

Street: \_\_\_\_\_

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

County: \_\_\_\_\_

3. Indicate street addresses of all locations where police operations are headquartered or located, and any auxiliary locations (other than the address shown in 2. above).

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

4. Department Administrator or Contact Person (Name and Title):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

5. Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

6. Current population of city, town, county or other political subdivision which Applicant provides services to:

\_\_\_\_\_

**B. SPECIAL SERVICES AND MOONLIGHTING:**

7. Does the Applicant contract its law enforcement services to any other public or private entity? Yes  No

*If "Yes," please attach a copy of the servicing contract(s).*

8. Is the Applicant a party to any mutual aid, reciprocal, or regional task force agreements? Yes  No

*If "Yes", please attach a copy of such agreement(s).*

9. Does the Applicant require that it be named as an "Additional Insured" when providing law enforcement services to any other public or private entity pursuant to contract or for approved special events (i.e., concerts, parades, races)? Yes  No
10. Does the Applicant authorize moonlighting by its law enforcement officers? Yes  No
- (a) If "Yes," indicate name and title of individual who authorizes:  
\_\_\_\_\_
- (b) What percentage of the law enforcement staff moonlights, on average? \_\_\_\_\_%
- (c) Is moonlighting in bars or taverns, or other establishments serving alcohol, authorized? Yes  No

**II. POLICIES AND PROCEDURES**

1. Does the Applicant have a law enforcement policies and procedures manual? Yes  No
- If "Yes",
- (a) What is the date of last revision or update? \_\_\_\_\_
- (b) Is the manual distributed to all personnel? Yes  No
- (c) Is the manual reviewed with personnel periodically as part of their formal training? Yes  No

*Please attach a copy of all such policies and procedures.*

2. Does the Applicant monitor compliance with its policies and procedures on a regular basis? Yes  No
3. Does the Applicant require "Use of Force" reports to be filed by its officers? Yes  No
- If "Yes," are they followed up on by Applicant? Yes  No

**III. EDUCATION AND TRAINING REQUIREMENTS OF OFFICERS**

1. What is the minimum education requirement for hiring an officer?
- (a) High School Diploma/GED
- (b) Some College
- (c) College Graduate
- (d) Other (explain): \_\_\_\_\_
2. Is psychological testing required before hiring any officer? Yes  No
- (a) If "Yes," are results reviewed by a person trained in this field? Yes  No
- (b) Is officer interviewed by a psychologist or psychiatrist? Yes  No

3. What background investigations are completed prior to hiring any officer?  
\_\_\_\_\_
4. If the Applicant has a lockdown facility, what training of correctional officers is required before assignment?
- (a) Full-time jailers:  
 Formal Academy? Yes  No  N/A   
 Number of hours: \_\_\_\_\_  
 Other (explain): \_\_\_\_\_
- (b) Part-time jailers:  
 Formal Academy? Yes  No  N/A   
 Number of hours: \_\_\_\_\_  
 Other (explain): \_\_\_\_\_
5. What law enforcement training is required of armed street officers?  
 Formal Academy? Yes  No   
 Number of hours: \_\_\_\_\_  
 Other (explain): \_\_\_\_\_
6. Does the Applicant have a minimum in-service training update? Yes  No   
 Number of hours: \_\_\_\_\_
7. Is formal training required before an officer is armed and assigned street duty? Yes  No   
 If "No," verify that officer is either:  not armed; or  
 is armed, but is accompanied by a trained officer.
8. How often must an officer re-qualify with:  
 (a) Service Revolver? \_\_\_\_\_  
 (b) Personal Weapon? \_\_\_\_\_  
 (c) Other Weapon (please specify)? \_\_\_\_\_
9. Does firearm training include firing range exercises at night or simulated night conditions? Yes  No
10. What training do part-time or auxiliary officers, armed and with arrest authority, receive?  
\_\_\_\_\_
- (a) Is training given before duty assignment? Yes  No
- (b) If "No," verify that officer is either:  not armed; or  
 is armed, but is accompanied by a trained officer.
- (c) What type of assignments do auxiliary officers typically perform?  
\_\_\_\_\_
11. Are officers trained in emergency vehicle handling (i.e., "hot pursuit")? Yes  No
12. Has the Applicant received accreditation from the Commission on Accreditation for Law Enforcement Agencies, Inc.? Yes  No

**IV. DISPATCHING**

1. Does the Applicant handle its own police dispatch? Yes  No   
If "No," who handles for Applicant? \_\_\_\_\_
2. Does the Applicant dispatch for other public entities or police units? Yes  No   
(a) If "Yes," how many other entities or units? \_\_\_\_\_  
(b) What is the total population served? \_\_\_\_\_
3. Are incoming calls to dispatch recorded? Yes  No   
If "Yes," how long are recordings retained by Applicant? \_\_\_\_\_
4. Are the following services provided by Applicant?  
(a) Emergency Medical dispatch Yes  No   
(b) Fire dispatch Yes  No   
(c) Police dispatch Yes  No

**V. JAIL OR LOCK-UP FACILITIES**

***IF NO LOCK UP FACILITY, PLEASE CHECK BELOW AND GO TO SECTION VI.***

**No Lock Up Facility**

1. Does the Applicant operate any of the following? If so, indicate location.  
(a) Jail: \_\_\_\_\_ Yes  No   
(b) Holding Cell: \_\_\_\_\_ Yes  No   
(c) Detention Cell: \_\_\_\_\_ Yes  No

*For each Facility indicate the following, if applicable. Use a separate sheet if necessary.*

2. What is the state certified capacity of facility? \_\_\_\_\_
3. What is the average number of daily inmates? \_\_\_\_\_
4. What is the average length of stay? \_\_\_\_\_
5. Are there full-time jailers on duty twenty-four (24) hours per day? Yes  No
6. In the last five (5) years, have there been any suicides or suicide attempts by inmates? Yes  No   
If "Yes," explain incident, and provide details of preventative measures taken:  
\_\_\_\_\_
7. Are walk-throughs of the facility done every thirty (30) minutes? Yes  No
8. Does Applicant have smoke detectors in the facility? Yes  No

9. Does the Applicant have a procedures manual for the facility? Yes  No

(a) Date of original procedures manual for facility: \_\_\_\_\_

(b) Date of last revision/update of manual: \_\_\_\_\_

10. Are there audio or video surveillance systems in:

(a) Booking Area? Yes  No  Audio Yes  No  Video Yes  No

(b) Sally Port? Yes  No  Yes  No

(c) Each Cell Unit? Yes  No  Yes  No

**VI. PERSONNEL**

**LIST EACH PERSON ONLY ONCE UNDER HIS OR HER PRIMARY DUTIES.**

1. Sheriff/Chief:  
\_\_\_\_\_

2. Chief Deputy/Deputy Chief:  
\_\_\_\_\_

3. Personnel with rank of Sergeant or higher:  
\_\_\_\_\_

4. Full-time personnel with regular street duties including detectives, investigators and civil processors: (Do not include officers under Question 3. above.)  
\_\_\_\_\_

5. Armed part-time auxiliary reserve officers with arrest authority:  
\_\_\_\_\_

6. Unarmed part-time auxiliary reserve officers without arrest authority:  
\_\_\_\_\_

7. Communications and dispatch personnel:  
\_\_\_\_\_

8. Police Dogs (Please attach certificate of training for both dog and dog-handler.):  
\_\_\_\_\_

9. Jail Administrators:  
\_\_\_\_\_

10. Full-time Jailers/Matrons:  
\_\_\_\_\_

11. Part-time Jailers/Matrons:  
\_\_\_\_\_

12. Court Security Staff:

13. Medical Personnel\*:

	Employed	Contracted	Professional Liability Limits
Nurses:	_____	_____	_____
Doctors:	_____	_____	_____
Coroners:	_____	_____	_____

\*If Medical Personnel are indicated above, provide insurance carrier, limits of liability and expiration date of medical malpractice or other professional liability coverage:

**VII. IMPORTANT NOTICES; STATE FRAUD NOTICES:**

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.**

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.**

**APPLICANT FRAUD WARNINGS**

**NOTICE TO ALABAMA APPLICANTS:** 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 is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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 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.

**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 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.

**NOTICE TO KANSAS APPLICANTS:** A "fraudulent insurance act" means an act committed by 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 issuance 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 that 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.

**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 MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 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 OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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 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 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.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND 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 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.

**NOTICE TO WASHINGTON 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 WEST VIRGINIA 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 ALL OTHER STATES:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

**NOTICE TO NEW YORK APPLICANTS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**VIII. AUTHORIZED REPRESENTATIVE; APPLICANT'S SIGNATURE:**

1. Provide the name and title of the individual designated to receive any and all notices from the insurer concerning any policy issued as a result of this application (please type or print).

Name: \_\_\_\_\_

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



2. Entities Attestation: The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signing of this application does not bind the signer to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.

_____	_____
Authorized Signatory of Entity	Date
_____	_____
Print Name and Title	Phone Number

**IX. AGENCY INFORMATION**

Agency Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Will you make surplus lines filings if necessary? Yes  No

Provide your surplus lines license number: \_\_\_\_\_