



## THE PUBLIC POLICY LIABILITY APPLICATION

### I. GENERAL INFORMATION

|  |                              |
|--|------------------------------|
| Applicant Name – (As to be shown on policy): | Broker Name:                 |
| Risk Manager (or other Contact)/Title:       | Contact/Title:               |
| Street Address:                              | Street Address:              |
| City: _____ County: _____                    | City: _____ County: _____    |
| State: _____ Zip Code: _____                 | State: _____ Zip Code: _____ |
| Phone: _____ Fax: _____                      | Phone: _____ Fax: _____      |
| Website: _____                               | Email: _____                 |
| Proposed Effective Date: _____               | Need Quote By: _____         |

1. Is a full-time risk manager employed? Yes:      No:
2. What is the Bond Rating of the Entity?    Moody's: \_\_\_\_\_ Standard & Poor's: \_\_\_\_\_
3. Has any insurance for the Entity been cancelled or non-renewed in the last 5 years? Yes:      No:  
If yes, please explain: \_\_\_\_\_
4. Please describe or attach information regarding risk management programs, training programs, or safety programs: \_\_\_\_\_
5. How will you handle claims? In House:    Yes: \*    No:  
Independent Administrator/Adjustor:    Yes:      No:  
Insurance Company:    Yes:      No:

\* If you answered Yes to In-House claim handling, attached Supplemental Application must be completed.

### II. COVERAGES: List current and desired coverages below.

| <i><b>Current Coverages:</b></i> | Carrier | Limits | Deductible/<br>SIR | Occurrence or<br>Claims Made | Retro Date for<br>Claims Made | Expiring<br>Premium |
|----------------------------------|---------|--------|--------------------|------------------------------|-------------------------------|---------------------|
| General Liability                |         | \$     | \$                 |                              |                               | \$                  |
| Law Enforcement Liability        |         | \$     | \$                 |                              |                               | \$                  |
| Automobile Liability             |         | \$     | \$                 |                              |                               | \$                  |
| E&O / EPLI                       |         | \$     | \$                 |                              |                               | \$                  |
| Excess Liability                 |         | \$     | \$                 |                              |                               | \$                  |

| <i><b>Desired Coverages:</b></i> | Limits | Deductible/<br>SIR | Occurrence or<br>Claims Made | Retro Date for<br>Claims Made |
|----------------------------------|--------|--------------------|------------------------------|-------------------------------|
| General Liability                | \$     | \$                 |                              |                               |
| Law Enforcement Liability        | \$     | \$                 |                              |                               |
| Automobile Liability             | \$     | \$                 |                              |                               |
| E&O / EPLI                       | \$     | \$                 |                              |                               |
| Excess Liability                 | \$     | \$                 |                              |                               |

### III. EXPOSURES

#### General Liability:

Population: \_\_\_\_\_ Miles of Streets/Roads: \_\_\_\_\_ Total Payroll: \$ \_\_\_\_\_

#### Please provide year-end financial information for the past five years:

| Year | Total Revenue | Total Expenses | Accumulated Surplus or Deficit |
|------|---------------|----------------|--------------------------------|
|      | \$ _____      | \$ _____       | \$ _____                       |
|      | \$ _____      | \$ _____       | \$ _____                       |
|      | \$ _____      | \$ _____       | \$ _____                       |
|      | \$ _____      | \$ _____       | \$ _____                       |
|      | \$ _____      | \$ _____       | \$ _____                       |

#### Please provide Net Operating Expenditures for the current fiscal year utilizing the following calculation:

1. Total Operating Expenditures \$ \_\_\_\_\_
2. Deductions:
  - a. Capital improvements (any purchase or improvement of any individual item of personal or real property which is bonded or financed): \$ \_\_\_\_\_
  - b. Expenditure for independent contractor operations (where contractor carries adequate insurance): \$ \_\_\_\_\_
  - c. Welfare benefits (not administrative costs): \$ \_\_\_\_\_
  - d. Expenditures on exposures which are separately rated below:

|                            |          |
|----------------------------|----------|
| EMTs/Nurses/Paramedics:    | \$ _____ |
| Housing Projects:          | \$ _____ |
| Law Enforcement Liability: | \$ _____ |
| Schools or Colleges:       | \$ _____ |
| Streets/Highways/Roads:    | \$ _____ |
| Utilities:                 | \$ _____ |
3. Total Net Operating Expenditures (subtract item 1 from total of items 2 a through 2 d): \$ \_\_\_\_\_

#### Law Enforcement:

Police Officers: Full-time/armed: \_\_\_\_\_ Full-time/non-armed: \_\_\_\_\_ Volunteers: \_\_\_\_\_  
Part-time/armed: \_\_\_\_\_ Part-time/non-armed: \_\_\_\_\_

1. Do all sworn officers receive police academy and firearms training prior to appointments? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If No, please explain: \_\_\_\_\_
2. How many hours of academy and initial training are provided to each sworn officer? \_\_\_\_\_
1. How many hours of subsequent annual training is provided to each sworn officer?  
Departmental Policy/Procedure: \_\_\_\_\_ Firearms: \_\_\_\_\_  
Other (please indicate): \_\_\_\_\_
4. a. Do you have a policy & procedure manual covering all Law Enforcement operations? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If Yes, does it include: hot pursuit, firearms, etc.? Please explain: \_\_\_\_\_  
\_\_\_\_\_
- b. Indicate the date the manual was most recently updated: \_\_\_\_\_
5. Is Law Enforcement Department CALEA certified? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Jails:**

Facilities: Number penal: \_\_\_\_\_ Total Square footage: \_\_\_\_\_ Number holding cells: \_\_\_\_\_ Inmate/jailer ratio: \_\_\_\_\_  
Maximum capacity: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Current capacity: Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Staffing: Full-time jailers/correctional officers: \_\_\_\_\_ Part-time jailers/correctional officers: \_\_\_\_\_

1. Are all jailers/correctional officers trained in the suicide prevention program? Yes: No:  
Date of most current inspection by Department of Corrections: \_\_\_\_\_ (Attach copy of report)
2. Do all jailers/correctional officers receive formal or state-mandated training prior to appointment? Yes: No:
3. How many hours of academy and initial training are provided to each officer? \_\_\_\_\_
2. How many hours of subsequent annual training is provided to each officer?  
Departmental Policy/Procedure: \_\_\_\_\_ Firearms: \_\_\_\_\_  
Other (please indicate): \_\_\_\_\_
5. a. Do you have a policy & procedure manual covering all jail/detention operations? Yes: No:  
b. Indicate the date the manual was most recently updated: \_\_\_\_\_
6. Do you have a written jail suicide prevention program? Yes: No:
7. a. Does the jail contract with outside medical providers for inmate medical services? Yes: No:  
b. If Yes, please list provider's carrier and policy limits: \_\_\_\_\_

**Additional Exposures:**

Utilities: (Indicate payroll excluding clerical) Water: \$ \_\_\_\_\_ Sewage treatment plant: \$ \_\_\_\_\_  
Electric: \$ \_\_\_\_\_ Gas: \$ \_\_\_\_\_

Housing Projects: Number of locations: \_\_\_\_\_ Number of units: \_\_\_\_\_  
Swimming Pools: Number of pools: \_\_\_\_\_ Number of pools with lifeguards: \_\_\_\_\_ Number of water parks: \_\_\_\_\_

Stadiums (5,000+ capacity): Seating capacity: \_\_\_\_\_ Annual receipts: \$ \_\_\_\_\_

Exhibition/Convention Center: Capacity: \_\_\_\_\_ Square footage: \_\_\_\_\_

Principal uses: \_\_\_\_\_

- Amusement parks: Yes: No:
- Ski facilities: Yes: No:
- Golf courses: Yes: No: If Yes, number of courses: \_\_\_\_\_
- Watercraft: Yes: No: If Yes, please describe: \_\_\_\_\_
- Lakes/Reservoirs Yes: No: If Yes, please describe: \_\_\_\_\_

**Incidental Medical Malpractice:**

1. Nurses: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Volunteer: \_\_\_\_\_
2. Physicians: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Volunteer: \_\_\_\_\_
3. EMTs/Paramedics: \_\_\_\_\_
4. Does physician, nurse or other healthcare provider carry E&O professional medical malpractice coverage: Yes: No:
5. a. Number of medical clinics: \_\_\_\_\_
- b. Are there operations performed other than outpatient services? Yes: No:  
If Yes, please describe specifically: \_\_\_\_\_
- c. Does the Entity **purchase separate insurance** for these facilities? Yes: No:  
If Yes, please list carrier and limits: \_\_\_\_\_  
If No, does the Entity contract out medical services for these facilities? Yes: No:

## Schools/Colleges:

Daycare Operations: Number of locations: \_\_\_\_\_ Number of children: \_\_\_\_\_  
 Ratio of children to care providers: \_\_\_\_\_ Age range of children: \_\_\_\_\_  
 Schools – Primary (Grades K-8): Number of students/ADA: \_\_\_\_\_ Number of teachers: \_\_\_\_\_  
 Schools – Secondary (Grades 9-12): Number of students/ADA: \_\_\_\_\_ Number of teachers: \_\_\_\_\_  
 Adult Education: Number of students: \_\_\_\_\_ Number of teachers: \_\_\_\_\_  
 Vocational or Trade Schools: Number of students: \_\_\_\_\_ Number of teachers: \_\_\_\_\_  
 Colleges: Yes: No: If Yes, supplemental application is required.

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## Landfills:

- Number of landfills: \_\_\_\_\_  
List location of each: \_\_\_\_\_
  - Are landfills owned and operated by Entity? Yes: No:  
If No, please explain: \_\_\_\_\_
  - Are all landfills fenced? Yes: No:  
If No, please explain: \_\_\_\_\_
  - Are all landfills locked and guarded? Yes: No:
  - Does the public have access? Yes: No:
- 

## Dams:

- Number of dams: \_\_\_\_\_  
List location and hazard index of each: \_\_\_\_\_
  - Downstream exposure: Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_  
Industrial: \_\_\_\_\_
  - Are annual inspections conducted? (Attach latest inspection report) Yes: No:
  - Are all dams owned and operated by Entity? Yes: No:  
If No, please explain: \_\_\_\_\_
- 

## Public Officials Liability:

- Employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
- Do you have a written human resources manual? Yes: No:  
If Yes, what year was this manual updated? \_\_\_\_\_  
Please indicate if the manual contains a policy/procedure for the following:
 

|   |      |     |
|---|------|-----|
| Written application for employment:       | Yes: | No: |
| Legally-prohibited discrimination:        | Yes: | No: |
| Employee disciplinary actions:            | Yes: | No: |
| Terminations, layoffs, early retirements: | Yes: | No: |
| Employee appraisals/reviews:              | Yes: | No: |
| Sexual molestation/sexual harassment:     | Yes: | No: |
- Is there any employee training you provide as respects the above? Yes: No:
- Do you have an employee handbook? Yes: No:  
If Yes, is it distributed to all employees? Yes: No:  
If Yes, is employee signature required? Yes: No:
- Employee turnover for the last 3 years: Full-time employees hired: \_\_\_\_\_ Part-time employees hired: \_\_\_\_\_  
Full-time employees terminated: \_\_\_\_\_ Part-time employees terminated: \_\_\_\_\_

6. What is the advance review procedure for employee termination? \_\_\_\_\_  
 Is legal counsel consulted? Yes: No:
7. Are there any facts or circumstances that may result in employment-practice claims being made against you? Yes: No:  
 If Yes, please provide a listing of each instance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### IV. LOSS HISTORY – Other than Automobile Liability

Please provide 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.

1. Does Insured reserve only to retention level? Yes: No:  
 If Yes, excess claims information must be provided.
2. If losses are not broken out by General Liability, Law Enforcement Liability and Public Officials Liability, please confirm that these are all included in the information you have provided? Yes: No:  
 If No, please explain: \_\_\_\_\_
3. Attach a list of all opened and closed claims excess of \$50,000. Include date of loss, description of claim/injury, total incurred and paid amounts.
4. Attach company loss runs.

##### General Liability:

| Experience Period | Number of Claims | Total Incurred | Total Paid | Valuation Date |
|-------------------|------------------|----------------|------------|----------------|
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |

##### Law Enforcement Liability:

| Experience Period | Number of Claims | Total Incurred | Total Paid | Valuation Date |
|-------------------|------------------|----------------|------------|----------------|
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |

##### Public Officials Liability:

| Experience Period | Number of Claims | Total Incurred | Total Paid | Valuation Date |
|-------------------|------------------|----------------|------------|----------------|
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |

If Automobile Liability is not being requested, please proceed to Section VII.

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## V. AUTOMOBILE LIABILITY

**Please summarize your vehicle fleet:**

| Vehicles:  | # Units |
|--|---------|
| Police cars:   |         |
| Private passenger – all other:                                       |         |
| Vans (no passenger), light trucks & pickups (up to 10,000 lbs. GVW): |         |
| Passenger vans (1-8 seats):  |         |
| Passenger vans (9-20 seats):   |         |
| Medium trucks (10,001 to 20,000 lbs. GVW):                           |         |
| Heavy trucks (20,001 to 45,000 lbs. GVW):                            |         |
| Extra heavy trucks (over 45,000 lbs. GVW):                           |         |
| Heavy truck tractor (up to 45,000 lbs. GVW):                         |         |
| Extra heavy truck tractor (over 45,000 lbs. GVW):                    |         |
| Fire trucks:   |         |
| Ambulances:  |         |

| Buses:           | # Municipal | # School |
|------------------|-------------|----------|
| 1-8 passengers   |             |          |
| 9-20 passengers  |             |          |
| 21-60 passengers |             |          |
| 61+ passengers   |             |          |

**Please provide vehicle count for the past 5 years:**

| Policy Term | # of Vehicles |
|-------------|---------------|
|             |               |
|             |               |
|             |               |
|             |               |
|             |               |

- |   |        |         |          |            |      |     |
|---|--------|---------|----------|------------|------|-----|
| 1. How often are vehicles inspected:  | Daily: | Weekly: | Monthly: | Quarterly: |      |     |
| 2. Are safety inspection records maintained?  |        |         |          |            | Yes: | No: |
| 3. Do you have a formal written accident reporting procedure?   |        |         |          |            | Yes: | No: |
| 4. Do you have driver-hiring criteria in place?   |        |         |          |            | Yes: | No: |
| a. MVRs checked on all drivers prior to hire?   |        |         |          |            | Yes: | No: |
| b. MVRs checked at least annually thereafter?   |        |         |          |            | Yes: | No: |
| c. Drug/alcohol testing at time of hire?  |        |         |          |            | Yes: | No: |
| d. Reference checks?  |        |         |          |            | Yes: | No: |
| e. Road test given prior to hire?   |        |         |          |            | Yes: | No: |
| 5. Do you provide a driver training program?  |        |         |          |            | Yes: | No: |
| If Yes, please describe:  | _____  |         |          |            |      |     |
| Any other actions taken with regard to driver hiring or training:                                       | _____  |         |          |            |      |     |
| 6. Do you provide safety incentive awards?  |        |         |          |            | Yes: | No: |
| If Yes, please describe:  | _____  |         |          |            |      |     |
| 7. Are employees, or families of employees, allowed to use company autos for non-business/personal use? |        |         |          |            | Yes: | No: |
| If Yes, please describe:  | _____  |         |          |            |      |     |

## VI. LOSS HISTORY – Automobile Liability

Please provide 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.

1. Does Insured reserve only to retention level? Yes:      No:  
If Yes, excess claims information must be provided.
2. Attach a list of all opened and closed claims excess of \$50,000. Include date of loss, description of claim/injury, total incurred and paid amounts.
3. Attach company loss runs.

### Automobile Liability:

| Experience Period | Number of Claims | Total Incurred | Total Paid | Valuation Date |
|-------------------|------------------|----------------|------------|----------------|
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |
|                   |                  | \$             | \$         |                |

## VII. Signature

### FRAUD WARNING

#### Notice to Applicants of all states except Colorado, New York, and Pennsylvania:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes 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 and denial of insurance benefits.

#### 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 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

#### Notice to Pennsylvania Applicants:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes 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.

\*\*\*\*\*

Completion of this questionnaire creates no obligation upon the applicant to accept insurance or upon Genesis Management and Insurance Services Corporation to offer insurance. However, in the event that any insurance offering is accepted by the applicant or is issued by Genesis, this questionnaire will form the basis for the acceptance and insurance.

Signature: \_\_\_\_\_

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

Company: \_\_\_\_\_

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

\_\_\_\_\_

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

Please see Supplemental Claims Information page below.

Please also see Supplemental Application for Sexual Abuse and Molestation Coverage below.

Please also see Law Enforcement Supplemental Application

## The Public Policy

### Supplemental Claims Information

1. Please provide name, address, phone number and key contact of the proposed claim handler:

Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

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

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

2. Please list the names, experience levels and authority levels of the claims handling staff:

| Name | Experience | Authority Level |
|------|------------|-----------------|
|      |            |                 |
|      |            |                 |
|      |            |                 |
|      |            |                 |

3. Who is responsible for reporting claims to the excess carrier? \_\_\_\_\_

4. Are reserves established for each reported claim? Yes:      No:

If No, please explain: \_\_\_\_\_

5. Describe method utilized in setting reserves: Case by case:      Formula:

Please explain: \_\_\_\_\_

6. Who establishes the reserves? \_\_\_\_\_

7. Are you in compliance with GASB 10? Yes:      No:

8. Describe your claim system: Manual:      Automated:

If automated, is software internally-programmed? Yes:      No:

If automated, is software vendor-programmed? Yes:      No:

9. If vendor-programmed, please provide name of vendor: \_\_\_\_\_

10. How often are claim reports generated: \_\_\_\_\_

11. Do your claim reports include details on the current status of each claim, as well as the paid amount, incurred amount and description of loss? Yes:      No:

12. How is litigation handled? Legal Staff:      Yes:      No:

Independent Counsel:      Yes:      No:

Both:      Yes:      No:

13. Are all claim files and reports centralized and coordinated by one individual? Yes:      No:



## Law Enforcement Supplemental Application

### Your Community

1. Does your law enforcement agency hold regular “town hall meetings” to dialogue with community members about policing activities? Yes: No:
2. Does your law enforcement agency regularly survey the community on attitudes toward policing? If so, do you publish those results? Yes: No:
3. Does your law enforcement agency collaborate with other community resources – faith-based organizations, business leaders, charitable organizations – to address issues that lead to increase in crimes? If YES, please describe briefly Yes: No:
4. Does your law enforcement agency specifically work with local schools in developing policies and practices designed for early prevention/intervention with at risk youth? Yes: No:
5. Does your law enforcement agency encourage non-enforcement dialogue through engagement in community events, coaching or mentoring programs, etc.? Describe one such involvement Yes: No:

### Your Law Enforcement Department:

1. Does your department have any form of civilian oversight board or advisory group? Yes: No:
2. Do your officer training programs emphasize de-escalation techniques and alternatives to arrest and summons, where appropriate? Yes: No:
3. Do your policies and training include shoot/don't shoot scenarios and the use of less than lethal technologies? Yes: No:
4. Do your hiring practices involve the community in the recruiting or screening function? Yes: No:
5. (a) Has your department adopted and are they enforcing policies prohibiting profiling and discrimination based on race, ethnicity, national origin, religion, age, gender, gender identity/expression, sexual orientation, immigration status, disability, housing status, occupation, or language fluency? Yes: No:  
(b) Do your officers receive bias awareness and ethnic/racial/LGBT diversity training? Yes: No:
6. (a) Do your offices receive training on scenario-based, situational decision-making dealing with mental illness, physical disabilities and drug addiction? Yes: No:  
(b) Do you have a crisis intervention team or those services available for your officers to call on if the need arises? Yes: No:
7. Are your police cruisers equipped with dashboard cameras? Yes: No:
8. (a) Are your officers equipped with body cameras? Yes: No:  
(b) If Yes, are written policies and procedures established for body cameras? Yes: No:  
(c) Can officers turn off body cameras? Yes: No:
9. Are you officers equipped with conducted electrical weapons (“tasers”)? Yes: No:
10. If YES, do you conduct annual training on their use? Yes: No:

## Law Enforcement:

Police Officers: Full-time/armed: \_\_\_\_\_ Full-time/non-armed: \_\_\_\_\_ Volunteers: \_\_\_\_\_  
Part-time/armed: \_\_\_\_\_ Part-time/non-armed: \_\_\_\_\_

1. Do all sworn officers receive police academy and firearms training prior to appointments? Yes: No:  
If No, please explain:
  
2. How many hours of academy and initial training are provided to each sworn officer?
3. How many hours of subsequent annual training is provided to each sworn officer?  
Departmental Policy/Procedure:                      Firearms:  
Other (please indicate):
4. a. Do you have a policy & procedure manual covering all Law Enforcement operations? Yes: No:  
If Yes, does it include: hot pursuit, firearms, etc.? Please explain:  
  
b. Indicate the date the manual was most recently updated:
5. Is Law Enforcement Department CALEA certified? Yes: No:  
If No, any other Law Enforcement Department certifications

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## Jails:

Facilities:

Number penal:                                      Total Square Footage:                                      Number holding cells:  
Staffing: Full-time jailers/correctional officers:                                      Part-time jailers/correctional officers:  
Inmate/jailer ratio:  
Current capacity: Male:                                      Female:  
Maximum capacity: Male                                      Female:

1. Are all jailers/correctional officers trained in the suicide prevention program? Yes: No:  
Date of most current inspection by Department of Corrections: (Attach copy of report)
2. Do all jailers/correctional officers receive formal or state-mandated training prior to appointment? Yes: No:
  
3. How many hours of academy and initial training are provided to each officer?
4. How many hours of subsequent annual training is provided to each officer?  
Departmental Policy/Procedure:                                      Firearms:  
Other (please indicate):
5. a. Do you have a policy & procedure manual covering all jail/detention operations? Yes: No:  
b. Indicate the date the manual was most recently updated:
6. Do you have a written jail suicide prevention program? Yes: No:
7. a. Does the jail contract with outside medical providers for inmate medical services? Yes: No:  
b. If Yes, please list provider's carrier                                      and policy limits: