

## LAW ENFORCEMENT LIABILITY APPLICATION

This application will be attached to and become a part of the policy.

### I. GENERAL INFORMATION

1. Name of entity to be insured: **CITY OF NORTH MIAMI**

2. Physical address: **776 NE 125<sup>TH</sup> STREET**

3. Mailing address (if different):

4. City: County: State: Zip: **NORTH MIAMI, FLORIDA 33161**

5. Contact Person: Title: Phone: **(305) 895-9892 KAREN MURIR, RISK MANAGER**

6. E-mail Address: Web Page Address: http:\\www. **KMUIR@NORTHMIAMIFL.GOV**

7. Do you have a risk manager?  Full time  Part time  No; If part-time, how many hours per week?

8. If yes, please provide name: Phone: ( ) – **SAME AS ABOVE**

9. You operate as a: (please check all applicable operations).

- City/Municipality  University/School Police  Fish & Game  Native American / Tribal  
 Township  Housing Authority  Parks & Recreation  Hospital Police  
 County  Transit Authority  River, Lake, or Dam Police  Environmental Police

10. If other, please explain:

11. When was your entity organized or incorporated? **1926**

12. What is the current annual operating budget for the law enforcement agency? **\$24,355,450**

13. Population (If district or authority, show service population): Current? Last Census? **60,565 - 2010**

14. Do you have a seasonal population increase of more than 25% during the year?  Yes  No

15. What is the largest city within 25 miles? **MIAMI**

16. Total number of employees: Full-time? Part-time? Volunteers? **160 / 14 / 6**

17. Are you a party to any Mutual Aid Agreements?  Yes  No; If yes, with whom? **SEE ATTACHMENT**

18. Do you provide contracted services for any other entities?  Yes  No; If yes, with whom?

**II. INSURANCE INFORMATION**

1. Please complete the following chart based on coverage currently in force. Please indicate where coverage is not in force.

	Policy Type	Policy Number	Company Name	Expiration	Limits	Deductible	Premium
a.	Police Liability	LE19517154-04	INDIAN HARBOR	10/31/14	\$2 MILLION	\$25,000	\$178,733
b.	Public Officials	POI9516088-04	INDIAN HARBOR	10/1/14	\$2 MILLION	\$50,000	\$104,303
c.	General Liability	NONE					
d.	GL/LE/PO Package						

2. What type of Law Enforcement Liability coverage do you currently have?  Occurrence  Claims-Made

3. If your current coverage is on a claims-made basis, what is the retroactive date?

4. Does your General Liability policy include coverage for your detention facilities?

Yes  No  N/A **SELF-INSURED**

5. Has your Law Enforcement Liability coverage ever been denied, canceled or non-renewed?  Yes  No  
If so, please explain:

6. Please tell us what terms you are interested in this year.

	Limits of Liability	Deductible	Effective Date	Bid Date
Option 1	\$2,000,000	\$25,000	10/31/2014	
Option 2				

**III. HIRING AND TRAINING**

1. What are the minimum educational requirements:

High School Diploma or equivalent?  Yes  No  
 30 or more hours of college?  Yes  No  
 60 or more hours of college?  Yes  No  
 Bachelor's degree?  Yes  No

7. Does your agency have a Field Training Program for new employees?  Yes  No

*If yes, how many weeks?* 12

8. Are officers required to complete training in the use of:

No Baton / PR-24 / ASP?  Yes  No  Not Authorized  
 Chemical irritants?  Yes  No  Not Authorized  
 Stun gun or Taser?  Yes  No  Not Authorized  
 Carotid control hold?  Yes  No  Not Authorized

2. Which of the following are included in your selection process prior to employment?

Written Exam?  Yes  No

9. How often are officers certified for the following?

Department issued handgun.  annual  bi-annual  other  
 Personal (off-duty) handgun.  annual  bi-annual  other

Psychological Exam? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Professional psychological evaluation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Background and employment investigation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No Shotgun. <input checked="" type="checkbox"/> annual <input type="checkbox"/> bi-annual <input type="checkbox"/> other Other, please describe below <input type="checkbox"/> annual <input type="checkbox"/> bi-annual <input type="checkbox"/> other
3. Do all law enforcement officers meet your state's minimum standards for training and receive certification prior to assignment to regular street duty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many hours of training?</i> <u>844</u>	10. Are all officers required to complete a defensive driving program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. If answer to #3 is "No", please explain.	11. Do all officers receive training in simulated or actual high speed pursuit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you follow written policies regarding in-service training or continuing education for all officers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many hours per year?</i> <u>VARIES</u>	12. Do all officers receive training in:  First Aid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No CPR? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Use of defibrillators? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Is all employee training, both past and present, documented and kept on file? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13. What training is required of reserve and auxiliary officers?  <input checked="" type="checkbox"/> Same as full-time officers? <input type="checkbox"/> Less than full-time officers? If less, explain below

#### IV. POLICIES AND PROCEDURES

1. Do you maintain a formal Policies and Procedures Manual? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Do all employees maintain their own copy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Is every employee held accountable for knowing the contents of the manual? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. When was your manual originally assembled? <u>03/22/2000</u>
5. When was your manual last updated? <u>05/22/2014</u>
6. Is your manual regularly reviewed by competent legal counsel? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. By whom? <u>N/A</u>
8. Do you have formal written policies and procedures pertaining to the following subjects: <u>Last Updated</u> Use of deadly force. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>3/09</u> Use of non-deadly force. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Less Lethal Force SOP 12/05 with minor changes in 2010</u> Vehicle high-speed pursuit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>12/05 with minor changes in 8/12</u> Domestic Violence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>7/06</u> Search and seizure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Forfeiture SOP 4/06</u> Intoxicated arrestees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Arrestee transportation SOP 4/13</u> Communicable diseases? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Infectious Diseases SOP 4/13</u> Employee moonlighting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Off Duty/Extra Duty SOP 6/06 with minor changes in 5/12</u>

#### V. RELATED OPERATIONS

1. Do you handle your own dispatching?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you dispatch for any other entities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Do your Law Enforcement dispatchers also dispatch for emergency medical and fire fighting services?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <b>DISPATCHER NOTIFIES MIAMI - DADE COUNTY FIRE DEPT. THEY RESPOND TO MEDICAL / FIRE EMERGENCY</b>
4. Are all incoming calls recorded?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. How long are the tapes maintained?	<b>12 MONTHS</b>
6. How many hours of training do dispatchers receive?	<b>20 HRS / YR / NEWLY HIRED RECEIVE 600 HRS</b>
7. Do you participate in any internship or ride-along programs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so, please attach explanation. <b>ANY CITIZEN CAN REQUEST TO RIDE ALONG OVER THE AGE OF 18. REFER TO HOLD HARMLESS ATTACHED</b>
8. Do you own, operate or maintain any Fixed or rotary wing aircraft?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Watercraft?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please explain: <b>N.M.P.D - MARINE PATROL HAS TWO VESSELS: 2006 CONTENDER &amp; 2006 DEEP IMPACT</b>	
9. Do you authorize off-duty employment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If so, who authorizes?	<b>CHIEF OF POLICE</b>
Is there any moonlighting in bars or taverns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Do you want coverage for moonlighting?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>VI. DETENTION FACILITY</b>	
If you do <b>NOT</b> have a detention facility of any kind, please check this box and skip to the next section. <input checked="" type="checkbox"/> <b>No Detention Facility</b>	
1. Which of the following best describes your facility?	
<input checked="" type="checkbox"/> Temporary holding facility (under 8 hours – no overnight)	
<input type="checkbox"/> Temporary holding cell (from 8 to 24 hours). Do dispatchers serve as jailers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Jail - for persons serving time, awaiting trial or transfer.	
2. When was your facility built? <b>1996</b>	
3. When was your facility last renovated? <b>2007</b>	
4. What is the state certified capacity? <b>N/A</b>	

5. What is the average daily inmate population? <b>N/A</b>
6. Does your facility house... Adult prisoners only? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Males and females? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Violent and non-violent prisoners? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you maintain consistent separation between... facility? Adults and juveniles? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Males and females? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Violent and non-violent inmates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Is your facility equipped with surveillance systems to monitor activity in the following areas? If so, please check. Individual detention cells? <input checked="" type="checkbox"/> Audio <input checked="" type="checkbox"/> Video Secured common areas? <input type="checkbox"/> Audio <input checked="" type="checkbox"/> Video Booking area? <input type="checkbox"/> Audio <input checked="" type="checkbox"/> Video Sally port? <input type="checkbox"/> Audio <input checked="" type="checkbox"/> Video
9. When was your facility last inspected by the following: State Corrections Officials? date: N/A Fire Inspectors? date: 4/2/2014 Department of Health? date: N/A
10. Do you have standard fire protection systems including smoke detectors and fire alarms? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. How many hours of training are required prior to employment as a guard or jailer? <b>N/A</b>
12. Do dispatchers serve as jailers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, do they receive the same training? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you employ or contract with any of the following: Doctor(s)? <input type="checkbox"/> Employ <input type="checkbox"/> Contract How many? _____ Nurse(s)? <input type="checkbox"/> Employ <input type="checkbox"/> Contract How many? _____ <b>NO</b> Dentist? <input type="checkbox"/> Employ <input type="checkbox"/> Contract How many? _____ Psychologist? <input type="checkbox"/> Employ <input type="checkbox"/> Contract How many? _____
14. Do each of the above maintain their own professional errors and omissions liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>N/A</b>
15. Has anyone ever successfully committed suicide in your facility? If yes, please attach explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. How many attempted suicides have there been in your facility in the last three years? <b>None</b>
17. Do you have formal written policies and procedures for: Intake screening and classification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical screening?  Yes  No  
 Suicide detection and prevention?  Yes  No  
 Periodic walk-through of the facility?  Yes  No  
 Administration and control of medication?  Yes  No  
 Use of force?  Yes  No  
 Emergency evacuation?  Yes  No  
 Communicable diseases?  Yes  No

18. When was your manual last updated? **05/22/2014**

19. Is your manual reviewed by legal counsel?  Yes  No

20. Has your facility ever been subject to a court order or Consent Decree?  Yes  No

**VII. POSITIONS TO BE INSURED (This section must be completed)**

**Please complete the following by accounting for each employee only once in their primary classification.**

Position	No.	Position	No.	Position	No.
Chief / Sheriff	<b>1</b>	<i>Armed part-time, auxiliary, or reserve officers. What is the average number of hours per officer / per week? <b>(16 / MONTH)</b></i>	<b>6</b>	<i>Unarmed part-time, auxiliary ,or reserve officers. What is the average number of hours per officer / per week?</i>	<b>0</b>
Deputy Chief / Chief Deputy	<b>2</b>		<b>4</b>		
Other ranking officers (Captains, Lieutenants, Sergeants)	<b>27</b>				
<i>Full-time armed</i> officers with arrest authority (non-ranking)	<b>93</b>	<i>Armed</i> probation officers, both adult and juvenile.	<b>0</b>	<i>Unarmed</i> probation officers, both adult and juvenile.	<b>0</b>
Jail wardens and assistant wardens	<b>0</b>	Jailers –Full-time and Part-time	<b>0</b>	School crossing guards.	<b>14</b>
District Attorney Investigators.	<b>0</b>	Canines ( <b>provide certification</b> of training for both dog and handler).	<b>4</b>	Dispatchers/Communications	<b>13</b>
D.A. or Prosecuting attorneys	<b>0</b>		Animal Control Officers		<b>1</b>
Other (describe):		Civil Process Officers		Building inspectors	
		Court Security officers.		Code Enforcement Officers	<b>8</b>

**VIII. LOSS HISTORY**

1. Has any claim been made or suit filed against the entity or any person in their capacity as an official or employee of the entity in the last four years?  Yes  No

If yes, please attach a narrative summary with details and status.

2. Does any official or employee have any knowledge of any fact, circumstance or situation which might reasonably be expected to give rise to a claim?  Yes  No

If yes, please attach a narrative summary with details.

3. With respect to your Law Enforcement Liability coverage, please complete the following table using the total dollars expended for both the settlements of claims and the expenses associated with defending those claims. "Reserves" refers to the estimated future expenses to resolve or dispose of the claims and includes both settlement and defense expenses.

Year	Premium	Number of Claims	Total Loss Paid Including Deductible	Total Expenses Paid Including Deductible	Total Amount Reserved	Total Incurred Losses + Expenses
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**REFER TO LOSS RUN PROVIDED**

**IX. INSURANCE AGENCY INFORMATION (to be completed by your agent)**

1. Producer's Name:

2. Agency:

3. Mailing Address:

4. City: State: Zip:

5. Phone Number: Fax Number:

6. Are you the incumbent agent?  Yes  No

7. Are you a licensed Surplus Lines Agent?  Yes  No License Number:

8. State Tax ID Number: