TRIDENT
PUBLIC RISK SOLUTIONS
Member Argo Group

JAIL SUPPLEMENTAL APPLICATION

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER ***ARGONAUT INSURANCE COMPANY*** OR ***ARGONAUT GREAT CENTRAL INSURANCE COMPANY***, A LICENSED INSURER.

Entity Name	Date

Please include a copy of the most current State Inspection Report.

I. UNDERWRITING INFORMATION

Jail Administrator Name: ______________________ Length of Tenure: ________

Jail Administrator Highest Level of Education: ______________________

Is the entity accredited by ACA? ☐ Yes ☐ No

Number of Suicides Last 36 Months: ________ Number of Suicide Attempts Last 36 Months: ________

Jail Medical Services Contracted out? ☐ Yes ☐ No

If Medical Contracted, Contract in Place shifting Medical Malpractice Liability to Contractor? ☐ Yes ☐ No

Jail Type: ☐ Linear ☐ Podular - Remote ☐ Podular - Direct

Personnel Type	# Full-time	# Part-time
Jailers/Matrons/Detention Guards		

Jailer Turnover	Voluntary Terminations	Involuntary Terminations
Last 12 months		
Last 36 months		

Maximum State Certified Capacity	Daily Average	Average Length of Stay

II. POLICIES AND PROCEDURES

Policy	Do You Have Policy	Date of Last Revision	Frequency of Training
Use of Force	☐ Yes ☐ No		
Classification	☐ Yes ☐ No		
Use of Restraints	☐ Yes ☐ No		
Suicide Prevention	☐ Yes ☐ No		
Strip Searches	☐ Yes ☐ No		

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE