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**ACTIVE
SHOOTER/WORKPLACE
VIOLENCE INSURANCE
APPLICATION**

General Information

Contact person's name: _____ Date: _____

Name of business/entity to be insured: _____

Insured's mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Fax: _____

Daytime phone number: _____ Evening phone number: _____

Producer's agency/brokerage: _____

Producer's name: _____ Producer's no.: _____

Producer's phone number: _____ Producer's e-mail: _____

Insured's Information

Insured's website address: _____

Is this a new business? Yes No If no, how many years have you been in business?: _____

Insured is: Corporation Partnership Joint Venture Other (please describe): _____

Type of business/entity?: _____

Total number of locations: _____

Total number of participants/visitors/students/residents/patients/etc.: _____

Total number of employees: _____ Full-Time: _____ Part-Time: _____

Number of employees at each location: _____

Does the insured have a(n):

Employee Assistance Program (EAP)? Yes No

Progressive discipline policy? Yes No

Employee grievance/dispute resolution procedure? Yes No

Customer complaint/grievance resolution procedure? Yes No

Written policy on workplace violence that is available to all employees? Yes No

Program to train supervisory and management personnel to recognize, report, and respond to all potentially hostile employees or situations? Yes No

Background check procedure for all potential employees? Yes No

What security measures limiting and/or monitoring public accesses are in place at the insured's locations?: _____

Insurance History

Who is your current insurance carrier (or your last if no current provider)?: _____

Provide name for all insurance companies that have provided the insured insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company name			
Expiration date			
Annual premium	\$	\$	\$

Has the insured ever had a claim (including liability loss for homeowner, commercial, etc.)? Yes No

If yes, please explain: _____

Have you had any incident, event, occurrence, loss, or wrongful act prior to the inception of this policy, which might give rise to a claim? Yes No

If yes, please explain: _____

Has the insured or anyone on the insured's behalf, attempted to place this risk in standard markets? Yes No

If yes, please explain: _____

Desired Insurance – Please select the limit options you would like quotes for:

Per act/aggregate		Per person/per act/aggregate	
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Detailed Information

What is the total annual revenue?: _____

Please provide a full schedule of all locations detailing the information below:

Address and zip code of each location: _____

Number of employees at each location: _____

Approximate size/number of visitors, students, patients, residents, etc.: _____

Approximate square feet of each location: _____

Distance to nearest police station or fire department: _____

(Note: please attach a separate schedule if more than one location.)

Does the insured have an onsite security team? Yes No

If yes, please provide further details: _____

Does the insured have an emergency plan that sets out response protocols, including evacuation, lockdown, accountability and reunification? Yes No

If yes, please attach and provide further details: _____

Does the insured have an active shooter security plan in place? Yes No

If yes, please attach and provide further details: _____

Are there any physical measures, or otherwise, in place to deter an attack or assault? Yes No

If yes, please provide further details: _____

Does the insured have a security/crisis management plan in place and are drills or exercises conducted? Yes No

If yes, please attach and provide details on what type and how regularly drills take place: _____

Have your security/crisis management plans been designed/reviewed by an independent risk analysis company? Yes No

If yes, please provide further details: _____

Does the insured have security screening measures in place for employees? Yes No

If yes, please provide further details: _____

Does the insured monitor email and social media? Yes No

If yes, please provide further details: _____

What is the current budget for emergency preparedness (security personnel, equipment, emergency supplies, training/drills, notification/communication, and planning)?: _____

To the best of your knowledge, has the insured suffered any violent acts, threats, attacks, or incidents at any of their locations during the last five years? Yes No

Please provide a designated point of contact for future event responder contact/correspondence

Name: _____ Position/title: _____

Telephone number: _____ E-mail: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print name

Print name