Active Assailant

Insurance application form

US

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please complete the following details for the company that is applying for the insurance policy.

Company Name:

Primary Address (Address, State, ZIP, Country):

Website Address:

Years in business: Total number of locations:

1.2 Please provide an estimated effective date for this insurance policy to start:

1.3 Please provide details for the primary contact for this insurance policy:

Contact Name: Position:

Email Address: Telephone Number:

Section 2: Activities

2.1 Please state the type of company you are:

Section 3: Premises Information

Please provide an excel schedule of locations if more than one premises are to be insured.

3.1 Premises Address (Address, State, ZIP, Country):

Is this location owned or leased:

What is the average number of individuals on the premises at any given time (all employees and third parties combined)?

What is the maximum number of individuals on the premises at any given time (all employees and third parties combined)?

What is the distance from the premises to the nearest police station:

What is the approximate size of the premises (ft^2)?

3.2 Please state the total revenue of this entity:

3.3 Please detail the security measures taken at the premises:

a) Please state whether you have an active shooter or emergency plan in place: ☐ Yes ☐ No

b) Please describe any security measures that are in place to limit or monitor access to the premises:

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c) Please state if you have any armed onsite security guards at the premises: ☐ Yes ☐ No

If "yes," please confirm whether these are employees or third party contractors:

3.4 Please state whether your general liability policy has any exclusions or sub-limits for assault and battery or firearms: ☐ Yes ☐ No

If "yes", please state the relevant exclusions and sub-limits:

3.5 Please attach a copy of the following to this application:

a) any documented emergency plan in place at the premises that sets out response protocols, including evacuation and lockdown protocols.

b) any documented active assailant security plan in place at the premises, including any protocols, drills or exercises for deterring an attack or assault.

3.6 Please select the limit options you would like quotes for:

☐ $1,000,000 ☐ $3,000,000 ☐ $5,000,000 ☐ $10,000,000

Section 4 - Internal Policies and Procedures

4.1 Please state whether you have:

a) an Employee Assistance Program (EAP)? ☐ Yes ☐ No

b) an employee grievance or dispute resolution procedure? ☐ Yes ☐ No

c) a customer complaint or grievance resolution procedure? ☐ Yes ☐ No

d) a written policy on workplace violence, bullying, abuse or sexual assault that is available to al employees? ☐ Yes ☐ No

e) a program to train supervisory and management personnel to recognise, report and respond to all potentially hostile employees or situations? ☐ Yes ☐ No

f) a background check procedure for all potential or new employees? ☐ Yes ☐ No

Section 5 - Claims Experience

Please provide five years general liability loss runs.

5.1 Please state whether you currently have in place any active assailant insurance or similar policy: ☐ Yes ☐ No

If you have answered "yes" to the above then please provide details, including the name of the insurer, which coverages are provided and the amounts insured:

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5.2 Please state whether you have sustained any active assailant attack or threat thereof at any of your premises during the last five years: ☐ Yes ☐ No

If you have answered "yes" to the above then please describe the incident, including the number of victims involved, the monetary amount of any claim paid or reserved for payment by you or by an insurer and what steps have been taken to prevent reoccurrence. Please include all relevant dates.

Section 6 - Pre-incident services

6.1 If you would like access to the "Future-proof (Pre-incident)" services provided by our third party specialist crisis management provider as detailed in the Key Features section of the AMBREY brochure, our third party specialist crisis management provider will contact you directly after you have purchased an insurance policy from us and the policy has been issued to you.

Please state whether you would like a pre-incident evaluation: ☐ Yes ☐ No

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purpose of providing insurance services and may share you data with third parties in order to do this. We may also use anonymized elements of you data for the analysis of industry trends and to provide benchmarking data. For all details on out privacy policy please visit: ***www.cfcunderwriting.com/privacy***

Contact Name: Position:

Signature: Date (MM/DD/YYYY):

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Additional Information

Please use this space below to provide us with any other relevant information:

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ALABAMA FRAUD WARNING: 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.

ARKANSAS FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment for 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.

CALIFORNIA FRAUD WARNING: 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.

COLORADO FRAUD WARNING: 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.

DISTRICT OF COLUMBIA FRAUD 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.

FLORIDA FRAUD WARNING: 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.

KANSAS FRAUD WARNING: 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 which 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 commits a fraudulent insurance act.

KENTUCKY FRAUD WARNING: 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.

LOUISIANA FRAUD WARNING: 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.

MAINE FRAUD WARNING: 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.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment for 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.

NEVADA FRAUD WARNING: Any person who includes any materially false or materially misleading information on an application for an insurance policy may be guilty of a crime and subject to penalties that include imprisonment, fines and denial of insurance benefits.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: 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.

NEW YORK FRAUD WARNING: 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.

OHIO FRAUD WARNING: Any person who, with the 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.

OKLAHOMA FRAUD 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.

OREGON FRAUD WARNING: Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement or a material fact, may be guilty of insurance fraud.

PENNSYLVANIA FRAUD WARNING: 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.

PUERTO RICO FRAUD WARNING: 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 $5,000 and not more than $10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years.

RHODE ISLAND FRAUD WARNING: 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.

TENNESSEE FRAUD WARNING: 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.

VERMONT FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA FRAUD WARNING: 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.

WASHINGTON FRAUD WARNING: 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.

WEST VIRGINIA FRAUD WARNING: 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.