

Distinguished.

CRISIS MANAGEMENT

Distinguished Halo Application

Active Assailant and Deadly Weapons Insurance



Deadly Weapons Protection

1. Please provide all requested information, attaching answers on a separate sheet if necessary.
2. All questions must be answered completely; please type or print clearly; if any questions are considered “not applicable”, please explain why.
3. Please complete supplements where required.
4. The proposer and underwriters are free to choose the law applying to this insurance contract. Unless specifically agreed to the contrary, this insurance shall be subject to New York law.
5. This application and all supplement forms must be signed and dated by a principal of the firm.
6. Any enquiry or complaint should be addressed in the first instance to your broker.
7. Please return the signed form to your broker by email or send direct through to crisismanagement@distinguished.com

Institution profile

1. Institution, group, organization or company name to be insured under this policy:

2. Contact name: _____ Email address: _____

Telephone number: _____ Website: _____

Full address: _____

Years in business: _____
3. Do you wish to include business interruption? Yes No

Please advise business interruption values: _____
4. Please provide designated point of contact for event responder contact/correspondence.

Name: _____

Position/Title: _____

Telephone number: _____

Email: _____

Risk details

5. Please provide full schedule of all locations in the table below. If the premises are managed by a Third-Party Property Manager please advise. if locations exceed the lines listed below, please provide a current schedule of values (SOV) for specific location details:

Address/Zip code		Number of employees	Square feet of location	Managed by a third-party property manager	
1.				Yes	No
2.				Yes	No
3.				Yes	No
4.				Yes	No
5.				Yes	No
6.				Yes	No
7.				Yes	No
8.				Yes	No
9.				Yes	No
10.				Yes	No

Footfall measure

6.

Industry	Please provide	Answer per establishment
Bars & night clubs	number of staff	
Casinos	number of staff and gaming tables	
Commercial	number of staff	
Events and event spaces	number of events as well as number of daily attendees	
Healthcare	number of beds	
Hotels and motels	number of beds	
Industrial	number of staff	
Leisure	number of staff	
Municipal	number of staff	
Museums and libraries	daily visitors	
Non Profit	number of staff	
Offices	number of staff	
Open spaces	sq footage	
Other medical	average number of daily patients	
Parking lots	sq footage	
Religious	congregation number	
Residences	number of units	
Restaurants	number of staff and covers per day	
Retail	number of staff	
Senior care	number of beds	
Shopping malls	number of units	
Summer camps	number of staff	
Transport	daily routes	

Answer any that apply:

- | | | | |
|----|--|-----|----|
| a. | Are any of your venues open 24 hours or after 10pm. | Yes | No |
| | If 'Yes', please advise hours: | | |
| b. | Do you serve alcohol on site? | Yes | No |
| c. | Does your premises include a car park? | Yes | No |
| d. | Do you own the car park or have an insurable interest in the car park? | Yes | No |

Security/crisis management plans

- | | | | | |
|-----|--|----------|---------|--------|
| 7. | Does this premise have a documented security plan?
If 'Yes', please provide copy. | Yes | No | N/A |
| 8. | Is there on-site security personnel? | Yes | No | N/A |
| | a. are your security staff safety act certified? | Yes | No | N/A |
| | If 'Yes', are they employees or contracted | | | |
| 9. | Number of guards: | | | |
| 10. | Are the guards armed? | Yes | No | N/A |
| 11. | Security guard hours: | 24 hours | 9am-5pm | Other: |
| | please write in hours guards are on duty: | | | |
| | If you have third party security please confirm whether there is an indemnification agreement between security and the insured. | | | |
| 12. | Has anyone conducted a security inspection in last five years?
(law enforcement, private consultant, risk manager, etc.) Please share report. | Yes | No | N/A |
| 13. | Are there physical access controls used on site, e.g., gates, fencing, locks, etc.?
Please describe: | Yes | No | N/A |
| 14. | Are there security cameras? | Yes | No | |
| 15. | If you answered 'Yes' to the above how many security cameras do you have on site? | | | |
| 16. | What percentage of your current budget is dedicated to security (personnel, equipment, etc.)? | | | |
| | % | \$ | | |
| | If 'Yes', are they employees or contracted | | | |
| 17. | If you have exposure in CA are you SB553 compliant? | Yes | No | |

Preparedness

18.	Does your location/premise have a written plan for staff to respond to emergencies? Yes Please provide copy.		No	N/A
19.	Do you conduct training and emergency response drills for your staff on the emergency response plan? How often?	Yes	No	N/A
20.	Has your emergency response plan been designed or reviewed by an independent third-party risk consultant/first responder organization? Please provide report.	Yes	No	N/A
21.	Is there an Active Shooter plan in place at this premise? Please provide copy.	Yes	No	N/A
22.	Do you have a media and social media monitoring program that would provide you with notice of events or circumstances that could lead to violence at your premise? Who does the monitoring?	Yes	No	N/A
23.	Do on-site employees receive training on how to recognize, report, and respond to potentially hostile employees or situations?	Yes	No	N/A
24.	Do you have a written policy on workplace violence that is available to all employees at this location?	Yes	No	N/A
25.	Screening measures for employees		Yes	No
26.	Screening measures for third parties		Yes	No
27.	What percentage of your workforce is unionized?			%
28.	If the premises are managed by a Third-Party property manager please advise			
a.	How often do you communicate with the on-site property managers or Third-Party Property Managers of the premises in your portfolio?			
b.	Do you require on site property managers or Third-Party Property Managers to report all incidents of violence and how is such information reported? Please provide a copy of the log where these incidents are recorded.	Yes	No	N/A

Policy details

29.	Do you currently have, or have you at any time had, a general liability policy?		Yes	No
30.	Have you ever been declined or accepted under special terms for general liability insurance, or has any insurer ever cancelled or declined to renew your policy?		Yes	No
31.	Does your general liability policy have exclusions or sub-limits for assault and battery or any other violent acts? Or, have you been notified an exclusion will be applied at your next renewal? Sub-limits:		Yes	No
	If 'Yes', what are the sub-limits:			
32.	Does your general liability policy have a firearms exclusion:		Yes	No
33.	Do you currently have, or have you at any time had, a deadly weapon protection, active assailant or malicious attack policy?		Yes	No

Your information

Any personal information you have provided will be dealt with by us in compliance with the provisions of relevant US privacy laws and EU Data Protection Directive (also known as Directive 95/46/EC). We have implemented technology and policies to safeguard your privacy from unauthorised access and improper use and will continue to update these measures as new technology becomes available. For the purpose of providing this insurance and handling of any claims which may arise under it, underwriters may need to transfer certain information which you have provided to other parties in other countries (including to other Beazley companies) on the basis that anyone to whom we pass it protects it in the same way we would and in accordance with applicable laws. By signing this proposal you agree that such transfer(s) may be made. If you have any questions about privacy or this privacy statement or would like to make a complaint in relation to our collecting, processing or storing of your personal information please contact us at crisismanagement@distinguished.com

Declaration

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to what constitutes a material fact you should consult your broker).

I understand that the signing of this proposal does not bind me to complete or underwriters to accept this insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis and be incorporated into the contract.

Signature:

Position:

Date: / /

You should keep a record (including copies of any letters) of all information supplied for the purpose of entering into this insurance. A copy of your completed application will be available (on request) provided the insurance is effected.

You must inform your broker of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your broker.