

Distinguished.

CRISIS MANAGEMENT

Distinguished Halo Education Application

Active Assailant and Deadly Weapons Insurance



Deadly Weapons Protection – Education

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 inquiry 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

Section 1 – General information

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

2. Main campus address and zip code: (Provide full schedule of locations (if applicable) and campus map(s)).
 - a. Main campus:

 - b. Address and zip code:

 - c. Website:

3. Do you wish to include business interruption? Yes No
Please advise business interruption values:

4. Please provide designated point of contact for future event responder contact/correspondence.
Name:

Position/Title:

Telephone number:

Email:

Risk details

5.

School grade	Number of schools	Total number of students	Total number of staff
PK-8			
Elementary			
Middle			
9 to 12			
Middle and High			
PK-12			
College			

- 6.
- a. Is the US education provider: for profit not for profit entity
 - b. Co-education single sex male single sex female
 - c. Boarding day school both
 - d. Is the US education provider a medical academic center: Yes No
 - e. If yes, please confirm if abortions are performed on-site. Yes No
 - f. Do you hold camps outside of term time? Yes No
 - g. How many weeks of camp do you host?
 - h. What is the average number of students that attend camp?
 - i. How many days outside of term time do you have for teacher / staff training?
 - j. Do you host any events at school after hours? Yes No
 - k. Please provide a brief description of the events including number of events, frequency and average attendees.
- 7.
- a. Do you require off site coverage? Yes No
 - b. If 'Yes', please provide details of what off site coverage is required for. Please include the number of days, locations, average attendees and any relevant security information.

24. 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? Yes No N/A
Who does the monitoring?
25. Do on-site employees receive training on how to recognize, report, and respond to potentially hostile employees or situations? Yes No N/A
26. Do you have a written policy on workplace violence that is available to all employees at this location? Yes No N/A
27. Screening measures for employees Yes No
28. Screening measures for third parties Yes No
29. What percentage of your workforce is unionized? %
30. 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? Yes No N/A
Please provide a copy of the log where these incidents are recorded.

Policy details

31. Do you currently have, or have you at any time had, a general liability policy? Yes No
32. 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
33. 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? Yes No
Sub-limits: Yes No
If 'Yes', what are the sub-limits:
34. Does your general liability policy have a firearms exclusion: Yes No
35. Do you currently have, or have you at any time had, a Deadly Weapons Protection, active assailant or malicious attack policy? Yes No
36. Deadly Weapons Protection coverage required?

	Proposed effective date	Limit of liability (USD)	Excess (USD)
Option 1			
Option 2			
Option 3			

37. Do you have any contractual obligations that require you to defend and/or indemnify property owners, landlords, tenants or other individuals/entities by reason of an assumption of liability for claims arising out of an alleged act of omission at a covered location? Yes No

If 'Yes', please provide details in the box below – include box.

History of violence

38. Have there been any violent **attacks, threats or incidents** (including domestic violence, shootings, stabbings, explosives, etc.) at this premise during the **last 5 years**? Yes No N/A

If you have had any **violent attacks, threats or incidents** (including domestic violence, shootings, stabbings, explosives, etc.) at this premise during the **last 5 years**, provide the following:

Be sure to include events:

- that may not have been insured
- involving perpetrators and/or victims that did not reside in your premise
- Address where incident occurred
- A description of injuries/fatalities
- # of victims
- Whether law enforcement responded
- Whether there was a claim filed or litigation as a result of any of these events and if a payment was made, the amount of such payment.

39. Do you request employees and tenants notify you of a restraining order or other legal order they have obtained, such as against a non-custodial parent? Yes No N/A

40. Are you aware of any current restraining orders pertaining to individuals who live or work at your insured premises? Yes No N/A

If 'Yes', please describe (consistent with any privacy requirements)

41. Has your organization applied for any restraining orders to be issued on its behalf? Yes No N/A

During the past year Yes No N/A Five years Yes No N/A
 If 'Yes', please describe (consistent with any privacy requirements):

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 proposal 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.