

**ACTIVE ASSAILANT COVERAGE SUPPLEMENTAL APPLICATION**  
**COMPLETE IN ADDITION TO ACORD APPLICATIONS AND THE KINSALE SUPPLEMENTAL**  
**APPLICATION APPROPRIATE TO YOUR BUSINESS OPERATIONS.**  
**ATTACH ADDITIONAL SHEETS AS NECESSARY.**  
**ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

**GENERAL INFORMATION**

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Policy Number:
Effective Date:			
Website:			

2) Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/>	No <input type="checkbox"/> Retroactive date:

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) Applicant's brochure, description of operations, or marketing materials if a website is not available
- c) Complete list of premises on or at which you are operating

**OPERATIONS**

3) What type of operations occur at your premises and any premises you occupy during your normal operations?

Check all that apply:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Office/Professional   | <input type="checkbox"/> Warehousing               | <input type="checkbox"/> Manufacturing/Factory     | <input type="checkbox"/> Police/Fire Station    |
| <input type="checkbox"/> Farm/Greenhouse       | <input type="checkbox"/> Hospital/Doctor's Office  | <input type="checkbox"/> Construction Sites        | <input type="checkbox"/> Hotel (no events)      |
| <input type="checkbox"/> Retail Shopping       | <input type="checkbox"/> Public Health Clinics     | <input type="checkbox"/> Women's Health Centers    | <input type="checkbox"/> Day Care Centers       |
| <input type="checkbox"/> Camps (non-religious) | <input type="checkbox"/> Law Offices               | <input type="checkbox"/> Military Recruitment      | <input type="checkbox"/> Courthouses            |
| <input type="checkbox"/> Restaurant/Bar        | <input type="checkbox"/> Nightclub                 | <input type="checkbox"/> Apartment Complex         | <input type="checkbox"/> Hotel (with events)    |
| <input type="checkbox"/> Private Event Venue   | <input type="checkbox"/> Public Event Venue/Events | <input type="checkbox"/> Transit Hubs/Mass Transit | <input type="checkbox"/> Political Organization |
| <input type="checkbox"/> Grade School          | <input type="checkbox"/> College/University        | <input type="checkbox"/> Religious Services        | <input type="checkbox"/> Religious Camps/Orgs   |
| <input type="checkbox"/> Other: _____          | <input type="checkbox"/> Other: _____              |  |   |

4) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)?

\_\_\_\_\_  
\_\_\_\_\_

5) Do you have a formal system for accepting customer or client complaints and comments that is easily accessed by customers? Yes  No

a. Do you have a formal procedure for documenting phone, in-person, and written complaints received outside of your normal system or in lieu of a formal system? Yes  No

b. If yes to 5) or a., do you have a formal procedure for responding to and investigating complaints? Yes  No

6) Do you allow customers or clients to carry firearms on your premises? Yes  No

7) How far is your location from the closest police station? \_\_\_\_\_

8) On a typical business day, what is the total number of persons at your operating premise at a given time? \_\_\_\_\_

a. What percentage of these people are customers/clients/patients? \_\_\_\_\_

b. What percentage of these people are employees or contractors? \_\_\_\_\_

9) What is the maximum total number of persons at your operating premise at a given time? \_\_\_\_\_

## PREMISE SECURITY

10) Do you have any operations that involve an outdoor, openly accessible premise (outdoor events, playgrounds, patio dining, etc.)? Yes  No

a. If yes, do you have fencing or perimeter security to mitigate unaccounted for access? Yes  No

b. What is the square footage of your outdoor premise? \_\_\_\_\_

11) Total, how many doors to the building exterior are there at your premise? \_\_\_\_\_

a. How many of these doors are accessible from the outside? \_\_\_\_\_

b. Are any of these doors locked or otherwise inaccessible from the inside? Yes  No

12) Total, how many intrusion accessible windows (able to be opened and entered by a human with or without the use of force) are there at your premise? \_\_\_\_\_

a. Are any ground-floor windows permanently inaccessible from the interior of the building (nailed shut, fixed bars, etc.)? Yes  No

13) Do you have on-premise security personnel? Yes  No

a. If no, please skip to question 18).

14) Where are your security personnel located? Check all that apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Front Desk/Reception Desk | <input type="checkbox"/> Door Booth/Door Bouncer         | <input type="checkbox"/> Floor Bouncers          |
| <input type="checkbox"/> Security Office (open)    | <input type="checkbox"/> Security Office (restricted)    | <input type="checkbox"/> Management Office       |
| <input type="checkbox"/> Roving Patrol (foot)      | <input type="checkbox"/> Roving Patrol (bicycle/scooter) | <input type="checkbox"/> Roving Patrol (vehicle) |
| <input type="checkbox"/> Other _____               |  |  |

15) Are your security personnel your employees? Yes  No



- 16) Do you hire or contract with off-duty law officers ("moonlighting") for premise security? Yes  No   
 a. If yes, do officers carry their service firearms? Yes  No   
 b. Do you contract K9 unit officers who bring their dog on the job? Yes  No
- 17) What weaponry are security employees or contractors permitted to carry on duty? Check all that apply:  
 Firearms  Batons  Stun Guns/Tasers  
 Mace/Pepper Spray  Less-than-lethal Projectiles  Irritant Smoke Grenades  
 Other \_\_\_\_\_
- 18) Do you have metal detectors at all doors accessible from the outside? Yes  No
- 19) Do you have bag or parcel screening? Yes  No   
 a. If yes, what type (manual, x-ray, etc.)? \_\_\_\_\_
- 20) Do you have exterior cameras with clear visibility on all doors and intrusion accessible windows? Yes  No
- 21) Do you have interior cameras with clear visibility on all doors, intrusion accessible windows, and the general floor? Yes  No
- 22) Are all security cameras under observation by dedicated personnel during business hours? Yes  No
- 23) Do you have a silent alarm/panic button system? Yes  No   
 a. If yes, are all employees trained on the locations of trigger buttons? Yes  No   
 b. Who does the silent alarm alert (911, third party central monitoring service, corporate headquarters, etc.)?  
 \_\_\_\_\_
- 24) Do you have a written emergency plan that includes threat response, evacuation, lockdown, accountability, off-site reunification areas, communication protocols, etc.? Yes  No   
 a. If yes, are all employees trained on this plan? Yes  No   
 b. Has the plan been developed or evaluated by a third party security or crisis risk assessment firm? Yes  No   
 c. Do you conduct drills and plan review sessions on a no less than annual basis? Yes  No

## EMPLOYEE INFORMATION

- 25) Do you train supervisors and managers on recognizing the signs of an employee in crisis and other emotional intelligence skills? Yes  No   
 a. Do you offer an Employee Assistance Program (EAP) or another similar no-cost third party counseling/crisis intervention service? Yes  No
- 26) Do you allow employees (other than security) to carry firearms on premise? Yes  No
- 27) Do you have a dedicated Human Relations (HR) department? Yes  No



- 28) Do you have a formal employee complaint protocol that allows an employee to register a complaint with someone other than their direct supervisor? Yes  No
- a. Do you have a formal complaint review and investigation process that removes decision-making authority regarding the complaint from any personnel involved in the allegations? Yes  No
- b. Do you have a formal dispute resolution process? Yes  No
- 29) How many employees have you terminated in the last three years? \_\_\_\_\_
- a. Do you have a progressive discipline and corrective action plan before performance-based terminations occur? Yes  No
- b. Have any terminations resulted in an altercation or threats of an altercation? Yes  No
- c. Do you monitor social media activity of former employees for a period after termination? Yes  No
- 30) Which of the following procedures do you use for hiring/screening employees before hire? Check all that apply:
- Psychological/Personality testing                       Polygraph test
- Check of previous employers - In writing               Check of previous employers - By telephone
- Criminal background check - State                       Criminal background check - Federal
- Drug screening     Alcohol screening
- Abuse screening     Reference verification
- Verification of license validity, suspensions, revocations, citations, or pending disciplinary actions
- Verification of any pending disciplinary actions by current or previous employers
- Other: \_\_\_\_\_

## LOSS AND INCIDENT HISTORY

- 31) Have you ever had an active assailant incident at your place of business? **If yes, please attach details about the incident.** Yes  No
- 32) Has anyone ever made a threat to commit an act of violence at your place of business? **If yes, please attach details about the incident.** Yes  No
- 33) Has your place of business ever been subject to a hoax involving an act of violence (bomb threat, "SWATting" [the act of calling in a false police tip about an active or imminent violent action with the intent of the target being raided by a police SWAT team], etc.)? **If yes, please attach details about the incident.** Yes  No
- 34) Have you had any Liability claims arising out of an active assailant incident that were or were not covered by insurance? **If yes, please attach an explanation.** Yes  No
- 35) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to a violent incident occurring at a place of your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? **If yes, please attach an explanation.** Yes  No



## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

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

**NOTICE TO NEW MEXICO APPLICANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** 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.

**NOTICE TO VIRGINIA APPLICANTS:** 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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**



**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

