

WORKPLACE VIOLENT ACT INSURANCE APPLICATION

Loss of Business Income, Bodily Injury, Property Damage & Incident Response for Violent Act Events

P: 800.761.7547 | F: 512.327.5834 | E: UNDERWRITING@PLISINC.COM | W: WWW.PLISINC.COM PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC. UNDERWRITING FACILITY - SINCE 1983

2. Describe Nature of Business Type of Operation: Mailing Address:		Applicant Company Name:				
4. Mailing Address: City, State, 2 Do Code: City, State, 2 Do Code: Phone: Phon		· · · · · · · · · · · · · · · · · · ·				
City, State, Zip Code: Phone: Phone: E-mail: Annual Sales All Locations: E-mail: Annual Sales All Locations: Number of yours in business: Number of your show weapons and/or firearms in your locations? Need on your allow weapons and/or firearms in your locations? Need on your conduct background checks for all potential employees? Need on your conduct background checks for all potential employees? Need on your conduct background checks for all potential employees? Need on your conduct background checks for all potential employees? Need on your conduct background checks for all potential employees? Need on your conduct background checks for all potential employees? Need on your conduct background checks for all potential employees? Need on your conduct background checks for all potential employees? Need on your conduct background checks for all potential employees? Need on your conduct background checks for all potential employees? Need on your conduct background checks for all potential employees? Need on your conduct background checks for all potential employees? Need on your conduct background checks for all potential employees? Need on your conduct background checks for all potential employees with your facility each week? Need on your conduct background checks for all potential employees with your facility employees. No conducts of your potential your facility employees all your facility employees? No conducts of your potential		· · · · · · · · · · · · · · · · · · ·				
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Prince: E-mail:		City, State, Zip Code:				
6. Total Annual Sales All Locations: Annual Sales of Largest Location: 7. Number of years in business:	5.	· · · · · · · · · · · · · · · · · · ·				
7. Number of years in business: Total employee count (all locations): Full Time						
8. Total employee count (all locations): Full Time		· · · · · · · · · · · · · · · · · · ·				
9. Do you allow weapons and/or firearms in your locations?						
10. Do you allow weapons and/or firearms in your locations?						
If VES please provide under what circumstances you allow weapons and which weapons. Do you conduct background checks for all potential employees? YES NO 12. Are there physical barriers in place to help deter an attack or assault: YES NO 15. what? So, what? So, what? YES NO 16. How frequently do your employees wish your facility each week? YES NO 17. How frequently do your employees and/or management travel as a part of their job duties? 16. How frequently do your employees and/or management travel as a part of their job duties? 17. How frequently do your employees and/or management travel as a part of their job duties? 18. How frequently do your employees and/or management travel as a part of their job duties? 19. Workplace Volience Crisis Management/Security Plan? YES NO 10. Workplace Volience Policy Distributed to employees? YES NO 10. Workplace Volience Policy Distributed to employees? YES NO 10. Workplace Volience Crisis Management Policy? YES NO 11. Training. Do you do the following? YES NO 12. Electronic Monitoring Notice Policy? YES NO 13. Workplace Volience Crisin for Employees & Management? YES NO 14. B. Do you monitor email and social media for potential threats of Workplace Volence? YES NO 15. Do you monitor email and social media for potential threats of Workplace Volence? YES NO 16. Do you monitor email and social media for potential threats of Workplace Volence? YES NO 17. Training. Do you bave locations in next 12 months (include expected open date and city/state of location): 18. Do you have locations with zip code will be required prior to binding.	9.	Do you have onsite security personnel?	YES 🗖 NO 🗖			
11. Do you conduct background checks for all potential employees? YES NO If so, what? No If yes of Department Business Hirs. Mon.—Fri Business Hours Weekends: Open 24 Hours: YES NO If YES approximately how many non-employees visit your facility each week? YES NO If YES approximately how many non-employees visit your facility each week? No If YES approximately how many non-employees visit your facility each week? No No No Policies and procedures. Do you have the following? No No No No No No No N	10.					
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If so, what? 13. Hours of Operation: Business His. Mon.—Fri Business Hours Weekends: Open 24 Hours :						
13. Hours of Operation: Business Hrs. Mon.—Fri	12.	Are there physical barriers in place to help deter an attack or assault:	YES 🗖 NO 🗖			
14. Is your business open to the public? YES NO If YES, approximately how many non-employees visit your facility each week?						
If YES, approximately how many non-employees visit your facility each week? 15. How frequently do your employees and/or management travel as a part of their job duties? 16. Policies and procedures. Do you have the following? 2. Workplace Violence Crisis Management/Security Plan?	13.	Hours of Operation: Business Hrs. Mon.—Fri □ Business Hours Weekends: □ Open 24 Hours.: □				
15. How frequently do your employees and/or management travel as a part of their job duties?	14.	Is your business open to the public?	YES • NO •			
16. Policies and procedures. Do you have the following? a. Workplace Violence Crisis Management/Security Plan? YES NO b. Workplace Violence Crisis Management/Security Plan? YES NO c. Open Door Policy? YES NO d. Harassment/Sexual Harassment Policy? YES NO e. Electronic Monitoring Notice Policy YES NO f. Third Partly/Customer Complaint Policy (Reporting & Handling of Complaints)? YES NO f. Third Partly/Customer Complaint Policy (Reporting & Handling of Complaints)? YES NO n. Workplace Violence Training for Employees & Management? YES NO b. Mock Workplace Violence Drills for Employees & Management? YES NO c. Workplace Violence Training for Employees & Management? YES NO n. Do you monitor email and social media for potential threats of Workplace Violence? YES NO n. Do you monitor email and social media for potential threats of Workplace Violence? YES NO n. Do expect any layoffs/reductions in force over the next 12 months or had any in the past 12 months? YES NO n. Planned number of locations to be closed in next 12 months (include expected open date and city/state of new location):		If YES, approximately how many non-employees visit your facility each week?				
a. Workplace Violence Crisis Management/Security Plan? b. Workplace Violence Policy Distributed to employees? c. Open Door Policy? d. Harassment/Sexual Harassment Policy? e. Electronic Monitoring Notice Policy? f. Third Party/Customer Complaint Policy (Reporting & Handling of Complaints)? 7. Training. Do you do the following? a. Workplace Violence Training for Employees & Management? b. Mock Workplace Violence Drills for Employees & Management? b. Mock Workplace Violence Drills for Employees & Management? c. YES NO b. Mock Workplace Violence Drills for Employees & Management? c. YES NO c. Planned number of new locations in next 12 months or had any in the past 12 months? D. Planned number of new locations in next 12 months (include expected open date and city/state of new location): D. Planned number of locations to be closed in next 12 months (include expected close date and city/state of new location): D. Planned number of locations to be closed in next 12 months (include expected close date and city/state of location): D. Planned number of locations with zip code will be required prior to binding. 21. Please complete the following for all locations (or, submit in an accompanying Excel Format Spreadsheet or Other Document): NOTE - A tull listing of locations with zip code will be required prior to binding. 22. In what Metropolitan area (city) do you have the largest Number of Locations VES NO	15.	How frequently do your employees and/or management travel as a part of their job duties?				
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d. Harassment/Sexual Harassment Policy?		b. Workplace Violence Policy Distributed to employees?	YES • NO •			
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a. Workplace Violence Training for Employees & Management?		f. Third Party/Customer Complaint Policy (Reporting & Handling of Complaints)?	YES 🗖 NO 🗖			
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21. Please complete the following for all locations (or, submit in an accompanying Excel Format Spreadsheet or Other Document): City & State	20.					
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City & State Number of Locations NOTE - A full listing of locations with zip code will be required prior to binding. 22. In what Metropolitan area (city) do you have the largest Number of Locations: 23. Do you have locations within any of the following: a. Airport		b. Planned number of locations to be closed in next 12 months (include expected close date and city/state of location):				
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23. Do you have locations within any of the following: a. Airport	22					
a. Airport						
b. Shopping Center/Mall YES NO C c. Public or Private Schools YES NO C d. Hospitals YES NO C	23.		VES D. NO D.			
c. Public or Private Schools						
d. Hospitals		11 0				
o. Immar j basoloj		·				
		5				

24.	During the last five years, has any loca	-	-	· · · · · · · · · · · · · · · · · · ·	VEC D NO D
	If YES to any of the above, provide cor				IL3 u NO u
	II 123 to arry or the above, provide cor	присте ине стапта Зарртетет	with dates, details	s, and amount of the loss, if applicable.	
25.	Provide information about similar or co	mparable Insurance carried dui	ing the past year.	. If no current coverage is in force, check the box:	
	Carrier:	Coverage: \$			
	Premium: \$	Policy Period:			
		. c			
26.	Provide information about current limits	on Commercial General Liabil	ity Insurance carr	ied during the past year	
	Carrier:	Coverage: \$			
	Premium: \$	Policy Period:	to	Number of Insured Locations:	
27.	Provide information about current limits				
	Carrier:	Coverage: \$	/\$	Ded/SIR: <u>\$</u>	
	Premium: \$	Policy Period:	to	Number of Insured Locations:	
28.	Provide information about current limits				
	Carrier:	Coverage: \$			
	Premium: \$	Policy Period:	to	Number of Insured Locations:	
00					VEO E NO E
29.					YES 🚨 NO L
	If YES, please provide limit(s)?				
			NOTICE		
Tho	Applicant represents to the heat of its know	uladge and halief that the statem	NOTICE	rus and include all material information, and that there has been no	attempt at augmerocaion a
				rue and include all material information, and that there has been no ent of Underwriters in their rating and/or acceptance of this risk.	attempt at suppression o
111155	tatement of any material facts known, of wi	lich should be known, which mig	nt affect the Judgm	ent of officerwitters in their rating and/or acceptance of this risk.	
The	Applicant agrees that if a contract of insur-	ance is provided by Underwriters	this Application a	and any other previous Applications, along with any additional suppl	emental annlications and
				all be a material and integral part of the Policy, whether or not they	
	or signed by the Applicant.	and busis for the formation of suc	in contract and sin	an be a material and integral part of the Folloy, whether of not they	are attached to the rolley
Any	representations made in the application pro	cess for any Policy that may be is	sued by Underwrit	ers, and the statements made within this Application, any additional s	upplemental applications
any	attachments and supplied information shall	be construed as representations	of the Applicant.		
The	Applicant represents that the person signin	g and initializing this Application	and any additional	supplemental applications has been authorized to do so by the Appl	icant.
Cian	ing of this Application and any additional su	unnlamental anniications does no	t hind the Incurer t	o an offer per the Applicant to account incurrence	
Sigit	ing of this Application and any additional sc	appiementai appiications uoes no	i billa the insuler t	o an offer nor the Applicant to accept insurance.	
The	Applicant further agrees that if the informati	ion supplied on this Application, a	nv additional supp	lemental applications, any attachments and supplied information cha	inges between the date o
	., .		, ,,	ers of such change prior to inception of the Policy.	(Initials)
	'	J. 11	,	, , ,	
Appl	icant further understands and agrees that n	o person or entity other than Unc	lerwriters has the r	ight to waive or change any part of the Policy. Furthermore, notice to	o any agent or knowledge
poss	essed by any agent or other persons acting	g on behalf of the Applicant shall i	not effect a waiver	or a change in any part of the Policy nor estop Underwriters from ass	serting any right under the
term	s of the Policy.				
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-	0 0 1.		• •	that they have been provided with and inspected a specimen of the	•
	rance wording and any applicable endorser icant should feel free to consult with any so	The state of the s		ke time to review the Policy to ensure that they fully understand the	coverages provided. The
Appi	icant should reel free to consult with any so	ruice, including legal advisors, re	garuing coverage.		
CRIS	SIS MANAGEMENT/RISK MANAGEMEN ^T	T: The proposed policy is design	ed for risks that a	gree to use the crisis consultants/risk management services as ap	proved and appointed by
				y contact the designated 24-hour crisis consultants services as defined as the designated 24-hour crisis consultants services as defined as the designated 24-hour crisis consultants services as defined as the designated 24-hour crisis consultants services as defined as the designated 24-hour crisis consultants services as defined as the designated 24-hour crisis consultants.	
	event of any actual or potential workplace vi			y contact and acongration 2 i now choose contact and continue acong	Tou in the Bookardholle in
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In ac	dition to all other terms and conditions	: Applicable in Kentucky. Any	person who knowi	ngly and with intent to defraud any insurance company or other pers	on files an Application fo
insur	ance containing any materially false inform	nation or conceals for the purpos	e of misleading, in	formation concerning any fact material thereto commits a fraudulent	insurance act, which is a
crim	Э.				
Appl	icant's authorized signature of a Principal, I	Partner or Officer	Date	Printed Name of Applicant's authorized signature of a Princip	oal, Partner or Officer