



# WORKPLACE VIOLENT ACT INSURANCE APPLICATION

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

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.  
UNDERWRITING FACILITY - SINCE 1983

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1. **Applicant Company Name:** \_\_\_\_\_
2.  Sole Proprietor     Corporation     Partnership     Joint Venture     LLC     LLP     Other: \_\_\_\_\_
3. **Describe Nature of Business/Type of Operation:** \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_
5. **Risk Management/Human Resources Contact Person:** \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
6. **Total Annual Sales All Locations:** \_\_\_\_\_      **Annual Sales of Largest Location:** \_\_\_\_\_
7. Number of years in business: \_\_\_\_\_
8. Total employee count (all locations):    Full Time \_\_\_\_\_    Part Time \_\_\_\_\_
9. Do you have onsite security personnel?..... YES  NO
10. Do you allow weapons and/or firearms in your locations? ..... YES  NO   
If **YES**, please provide under what circumstances you allow weapons and which weapons. \_\_\_\_\_
11. 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   
If so, what? \_\_\_\_\_
13. Hours of Operation: Business Hrs. Mon.—Fri  Business Hours Weekends:  Open 24 Hours.:
14. Is your business open to the public?..... YES  NO   
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?
  - a. Workplace Violence Crisis Management/Security Plan? ..... YES  NO
  - b. Workplace Violence Policy Distributed to employees? ..... YES  NO
  - c. Open Door Policy? ..... YES  NO
  - d. Harassment/Sexual Harassment Policy? ..... YES  NO
  - e. Electronic Monitoring Notice Policy? ..... YES  NO
  - f. Third Party/Customer Complaint Policy (Reporting & Handling of Complaints)? ..... YES  NO
17. Training. Do you do the following?
  - a. Workplace Violence Training for Employees & Management? ..... YES  NO
  - b. Mock Workplace Violence Drills for Employees & Management? ..... YES  NO
18. Do you monitor email and social media for potential threats of Workplace Violence? ..... YES  NO
19. Do expect any layoffs/reductions in force over the next 12 months or had any in the past 12 months?..... YES  NO
20. a. Planned number of new locations in next 12 months (include expected open date and city/state of new location): \_\_\_\_\_  
b. Planned number of locations to be closed in next 12 months (include expected close date and city/state of location): \_\_\_\_\_

21. Please complete the following for all locations (or, submit in an accompanying Excel Format Spreadsheet or Other Document):

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..... YES  NO
  - b. Shopping Center/Mall ..... YES  NO
  - c. Public or Private Schools..... YES  NO
  - d. Hospitals ..... YES  NO
  - e. Military Base(s) ..... YES  NO

24. During the last five years, has any location experienced or been involved in any of the following:
- a. A threat or attack of a violent nature..... YES  NO
  - b. A bodily injury claim(s) due to violence at your location..... YES  NO
  - c. A property damage claim(s) due to violence at your location ..... YES  NO
  - d. A terrorist threat of any kind..... YES  NO
  - e. Stalking of an employee ..... YES  NO

If YES to any of the above, provide complete the Claims Supplement with dates, details, and amount of the loss, if applicable.

25. Provide information about similar or comparable Insurance carried during the past year. If no current coverage is in force, check the box:

Carrier: \_\_\_\_\_ Coverage: \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Ded/SIR: \$ \_\_\_\_\_  
 Premium: \$ \_\_\_\_\_ Policy Period: \_\_\_\_\_ to \_\_\_\_\_ Number of Insured Locations: \_\_\_\_\_

26. Provide information about current limits on Commercial General Liability Insurance carried during the past year

Carrier: \_\_\_\_\_ Coverage: \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Ded/SIR: \$ \_\_\_\_\_  
 Premium: \$ \_\_\_\_\_ Policy Period: \_\_\_\_\_ to \_\_\_\_\_ Number of Insured Locations: \_\_\_\_\_

27. Provide information about current limits on Commercial Property Insurance carried during the past year

Carrier: \_\_\_\_\_ Coverage: \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Ded/SIR: \$ \_\_\_\_\_  
 Premium: \$ \_\_\_\_\_ Policy Period: \_\_\_\_\_ to \_\_\_\_\_ Number of Insured Locations: \_\_\_\_\_

28. Provide information about current limits Worker's Compensation Insurance carried during the past year

Carrier: \_\_\_\_\_ Coverage: \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Ded/SIR: \$ \_\_\_\_\_  
 Premium: \$ \_\_\_\_\_ Policy Period: \_\_\_\_\_ to \_\_\_\_\_ Number of Insured Locations: \_\_\_\_\_

29. Does the company have coverage for Force Majeure? ..... YES  NO

If YES, please provide limit(s)? \_\_\_\_\_

**NOTICE**

The Applicant represents to the best of its knowledge and belief that the statements set forth are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgment of Underwriters in their rating and/or acceptance of this risk.

The Applicant agrees that if a contract of insurance is provided by Underwriters, this Application and any other previous Applications, along with any additional supplemental applications, any attachments and supplied information shall be the basis for the formation of such contract and shall be a material and integral part of the Policy, whether or not they are attached to the Policy and/or signed by the Applicant.

Any representations made in the application process for any Policy that may be issued by Underwriters, and the statements made within this Application, any additional supplemental applications, any attachments and supplied information shall be construed as representations of the Applicant.

The Applicant represents that the person signing and initializing this Application and any additional supplemental applications has been authorized to do so by the Applicant.

Signing of this Application and any additional supplemental applications does not bind the Insurer to an offer nor the Applicant to accept insurance.

The Applicant further agrees that if the information supplied on this Application, any additional supplemental applications, any attachments and supplied information changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify Underwriters of such change prior to inception of the Policy. \_\_\_\_\_ (Initials)

Applicant further understands and agrees that no person or entity other than Underwriters has the right to waive or change any part of the Policy. Furthermore, notice to any agent or knowledge possessed by any agent or other persons acting on behalf of the Applicant shall not effect a waiver or a change in any part of the Policy nor estop Underwriters from asserting any right under the terms of the Policy.

By signing this Application and any additional supplemental applications, the Applicant confirms that they have been provided with and inspected a specimen of the Workplace Violent Act Insurance wording and any applicable endorsements. Underwriters expect that the Applicant will take time to review the Policy to ensure that they fully understand the coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

**CRISIS MANAGEMENT/RISK MANAGEMENT:** The proposed policy is designed for risks that agree to use the crisis consultants/risk management services as approved and appointed by Underwriters as defined in the Policy Declarations. The Applicant Company agrees to immediately contact the designated 24-hour crisis consultants services as defined in the Declarations in the event of any actual or potential workplace violence event.

In addition to all other terms and conditions: **Applicable in Kentucky.** 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.

\_\_\_\_\_  
 Applicant's authorized signature of a Principal, Partner or Officer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Applicant's authorized signature of a Principal, Partner or Officer