



# 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

P: 800.761.7547 | F: 512.327.5834 | E: UNDERWRITING@PLISINC.COM | W: WWW.PLISINC.COM

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

