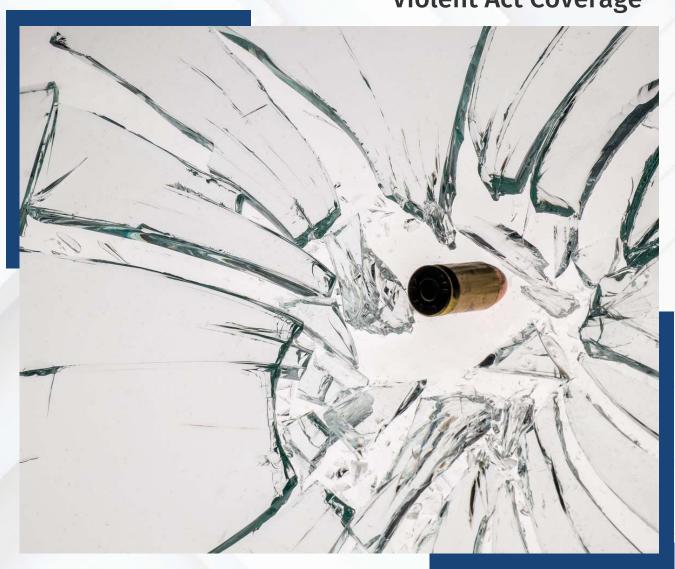


Insurance Application For Renewals

Workplace Violent Act (WVA®)

Active Shooter & Violent Act Insurance

Stand-Alone Active Shooter & **Violent Act Coverage**





PROFESSIONAL LIABILITY INSURANCE SERVICES, INC. (PLIS®, INC.)









WORKPLACE VIOLENT ACT INSURANCE RENEWAL 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

1.	Applicant Company Name:					
2.	Describe Nature of Business/Type of Operation:					
3.	Mailing Address:					
	City, State, Zip Code:					
4.	Risk Management/Human Resources Contact	Person:				
	Phone:	E-mail:				
5.	Total Annual Sales All Locations:	Annual Sales of Largest Location:				
6.	Have there been any material change(s) during the	last year to your business operation?	YES 🗖	NO 🗖		
	If Yes, please provide details. This includes, but is not limited to, mergers and/or acquisitions, changes in management and policies and procedures.					
7.	Has there been a change in the nature of your busin	ness?	YES 🗖	NO 🗖		
	If Yes, please provide details. This includes, but is	not limited to, mode or method of operation, where such operations are performed, etc.				
8.	Please complete the following for all locations (or, submit in an accompanying Excel Format Spreadsheet, SOV or Other Document):					
	City & State	Number of Locations				
	NOTE – A full listing of locations with zip code will be required prior to binding.					
9.	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 🗆		
			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.					

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 Applic changes between the date of this Application and the inception date of the of the Policy.	. ,	11 11 11	▲ Initials▲
Applicant further understands and agrees that no person or entity other the possessed by any agent or other persons acting on behalf of the Applicant terms of the Policy.		0 11	, ,
By signing this Application and any additional supplemental applications Insurance wording and any applicable endorsements. Underwriters expec Applicant should feel free to consult with any source, including legal advis	t that the Applicant will	take time to review the Policy to ensure that they fully understand the	·
CRISIS MANAGEMENT/RISK MANAGEMENT: The proposed policy is Underwriters as defined in the Policy Declarations. The Applicant Compacrisis consultant services once it is safe to do so. The contact information	any agrees that in an e	mergency, they will contact 911 and/or their local authority, then contact	act the designated 24-hou
In addition to all other terms and conditions: <u>Applicable in Kentucky</u> insurance containing any materially false information or conceals for the crime.	. , ,	3 1 3 1	
Applicant's authorized signature of a Principal, Partner or Officer	Date	Printed Name of Applicant's authorized signature of a Princi	ipal, Partner or Officer

 Copyright © PLIS®, Inc.
 - 2 WVA App 03-19