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# Insurance Application For Renewals

## Workplace Violent Act (WVA®)

Active Shooter & Violent Act Insurance

Stand-Alone Active Shooter &  
Violent Act Coverage



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



800-761-7547



WWW.PLISINC.COM



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# WORKPLACE VIOLENT ACT INSURANCE RENEWAL 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. **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 business? .....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

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.*

### 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 that in an emergency, they will contact 911 and/or their local authority, then contact the designated 24-hour crisis consultant services once it is safe to do so. The contact information for the crisis consultants is 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