

# Safeguard and Deadly Weapons Protection New Business Application

## Instructions

Please answer all questions. If the answer to any question is NONE, please print NONE. Attach separate sheets of paper as necessary. The application must be signed and dated by the highest ranking clergy or executive. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

## General Information

1 Name of Applicant: \_\_\_\_\_

2 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

3 Person to Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

4 Years in Operation: \_\_\_\_\_

5 Description of Service: \_\_\_\_\_  
 \_\_\_\_\_

6 Industry:  
 Education     Transportation     Non-profit     Healthcare     Religious     Other  
 Please complete Industry supplement if any industry except "Other."

7 Provide a full schedule of all locations to be insured under this policy.

#	Address/Zip Code	Number of On-Site Employees	Square Feet of Location/# of buildings	Name of On-Site Property Manager or Manager Responsible for Premise
1				
2				
3				
4				
5				
6				

8 For education clients please complete the following:

School Grade	Number of schools	Total Number of students	Total number of Staff
PK – 8			
Elementary			

<b>Middle</b>			
<b>9-12</b>			
<b>Middle and high</b>			
<b>PK to 12</b>			
<b>College</b>			

9 Is the US education provider:

- For profit       Not for profit  
 Co-education       single sex male       single sex female  
 Boarding       Day School       Both

Is the US education provider a medical academic center:  yes       No

If yes please confirm if abortions are performed on site:  yes       No

10 Please complete financial data below:

Current assets: \$	Total assets: \$	Net income/loss: \$
Current liabilities: \$	Cash flow: \$	Annual Revenues: \$

11 Has the applicant merged with any other entity in the past 10 years or planning to do so in the future or has there been any significant change in the operations or scale of the organization?  Yes       No

If **Yes**, please provide full details \_\_\_\_\_

(Please use a separate sheet of paper if necessary)

12 Reason coverage is requested: \_\_\_\_\_

**Past coverage**

13 Prior Sexual Misconduct Liability Coverage for the last five years, please list most recent first.

Period	Claims Made or Occurrence	Insurer	Premium	Limit	SIR
From ___/___ to ___/___	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____

14 Retroactive date: \_\_\_\_\_

15 Has any applicant ever canceled or non-renewed this type of coverage:  Yes       No

(If **Yes**, please identify the provider and explain on a separate sheet of paper.)

16 Prior Deadly weapons protection / Active Shooter / Active Assailant / Malicious attack or other Coverage for the last five years, please list most recent first.

Period	Claims Made or Occurrence	Insurer	Premium	Limit	SIR
From ___/___ to ___/___	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____

17 Retroactive date: \_\_\_\_\_

18 Do you currently have a general liability policy?  Yes  No

19 Does your current General Liability policy have exclusions or sub-limits for assault and battery or any other violent acts?

Exclusions:  Yes  No

Sub limits:  Yes  No

If yes, what are the sub limits:

20 Does your general liability policy have a firearms exclusion?  Yes  No

21 Have you ever been declined or accepted under special terms for General Liability insurance, or has an insurer ever cancelled or declined to renew your policy for this premise?

Yes  No

**Staff details**

22 Please complete employee grid below:

	Number employed	Number contracted	Number volunteer	% Male
All employees with client contact				
All employees without client contact				
<b>Totals</b>				

23 Annual Turnover Rate: \_\_\_\_\_

24 Historical headcount for the past 5 years (all staff from question 13)  
 20\_\_ : \_\_\_\_\_ 20\_\_ : \_\_\_\_\_ 20\_\_ : \_\_\_\_\_ 20\_\_ : \_\_\_\_\_ 20\_\_ : \_\_\_\_\_

25 Top 5 states where employees are located (list state and number of employees):

--	--	--	--	--

**Client details**

26 Total number of individual clients/patients/students/members served annually: \_\_\_\_\_

27 Percentage of the above that are disabled/handicapped/at risk : \_\_\_\_\_

28 Please breakdown clients served annually (%):

0-10:	%	11-18:	%	19-65:	%	65+:
-------	---	--------	---	--------	---	------

### Loss Prevention Efforts

29 Check which of the following methods are used in the screening and hiring process for all listed in question 13 above.

Loss Prevention Methods Type in "Y" for Yes and "N" for No	Number employed	Number contracted	Number volunteer
a. Standard Application			
b. Code of Conduct			
c. Interview			
-Face to face interview			
-Standard list of interview questions			
-Use behavioural interviewing techniques			
-Interview by more than one person			
d. Standard questions for references			
e. Criminal background check			
f. Abuse registry check			
g. Organizational abuse prevention prior to working/volunteering			
h. Annual abuse training			
i. Checklist of indicators that may indicate increased risk to abuse			
j. Other (please describe):			

30 Are one-on-one encounters permitted with clients?  Yes  No

If **Yes**, please explain when these situations occur and how the interactions are monitored \_\_\_\_\_

\_\_\_\_\_  
(Please use a separate sheet of paper if necessary)

31 Do any of those listed in question 13 above ever have children at their home or ever spend time at the home of children?  Yes  No

If **Yes**, please explain when these situations occur and how such situation is monitored \_\_\_\_\_

\_\_\_\_\_  
(Please use a separate sheet of paper if necessary)

32 Does the Organization ever sponsor 'events' (including overnight events)?  Yes  No

If **Yes**, please provide details of events that are sponsored including the normal ratio of children to 'safe' adult on such sponsored events \_\_\_\_\_

\_\_\_\_\_  
(Please use a separate sheet of paper if necessary)

33 Does central administration establish, monitor, and enforce policies and procedures across all locations?  Yes  No

If **No**, please explain \_\_\_\_\_  
\_\_\_\_\_

34 Are items below included in the written policies for all those listed in question 13 above?

Yes No

- A zero tolerance statement for sexual abuse perpetrated on children or other vulnerable persons in the applicant's care.
- A written policy that defines appropriate and inappropriate displays of affections.
- A written procedure for governing the interactions between those listed in question 13 above and children or other vulnerable persons in your care outside of regular program activities.
- A written procedure for managing the risk when those listed in question 13 above is alone with a lone child or other vulnerable person.

35 What is the distance to the nearest police station or fire department?

36 Onsite security team  Yes  No

37 Private security team  Yes  No

38 Emergency plans detailing evacuation, lockdown, accountability and reunification:  Yes  No

39 Deadly weapon response plan  Yes  No

40 Regular drills / review of plans (regular means annual review)  Yes  No

41 Independent risk company review / design security / crisis management plans  Yes  No

42 Screening measures for employees  Yes  No

43 Social monitoring  Yes  No

44 Please provide further details where applicable

45 What is the current budget for emergency preparedness (Security personnel, equipment, emergency supplies, training / drills, notification / communication and planning?)

**Loss History**

46 Please furnish the past ten years' first dollar loss history for all sexual misconduct claims.  None  See attached

Period	# Claims Paid	# of Claims Loss	Total Paid Expenses	Total Paid Losses	Total Reserved Expenses	Total Incurred
From ___/___ to ___/___	_____	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____	_____
From ___/___ to ___/___	_____	_____	_____	_____	_____	_____

47 Have there been any violent **attacks, threats or incidents** (including domestic violence, shootings, stabbings, explosives, etc.) at these premise during the **last 5 years?** Whether a claim was filed or not.  None  See attached

48 If you have had any **violent attacks, threats or incidents** (including domestic violence, shootings, stabbings, explosives, etc.) at this premise during the **last 5 years**, provide the following:

- Address where incident occurred
- A description of injuries/fatalities
- # of victims
- Whether law enforcement responded

Whether there was a claim filed or litigation as a result of any of these events and if a payment was made, the amount of such payment.

Be sure to include events:

- that may not have been insured involving perpetrators and/or victims that did not reside in your premise

**Please complete the Beazley Safeguard claims supplement for any sexual misconduct claim.**

49 Is the applicant aware of any facts, incidents, circumstances, or allegations that may result in claims being made against you?  Yes  No  
(If **Yes**, please provide details on a separate sheet of paper)

50 Has the applicant or any person listed in question 13 above currently seeking coverage been involved in an allegation or claim relating to sexual abuse or been transferred in or out of your school, parish/diocese, branch or corporate location because they were involved, suspected, or a complaint was made regarding an  Yes  No

allegation of sexual misconduct?  
(If **Yes**, please provide details on a separate sheet of paper)

51 In the past 10 years, have any person listed in question 13 above or officers been terminated for cause related to sexually abusive behavior?  Yes  No  
(If **Yes**, please provide details on a separate sheet of paper)

**Claims Handling**

52 How do you handle allegations of sexual abuse or molestation?  
\_\_\_\_\_

53 How do you handle circumstances that may result in a Deadly Weapon Event unfolding?  
\_\_\_\_\_  
\_\_\_\_\_

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY US OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED. IF AN EXCESS POLICY IS ISSUED THE APPLICATION WILL BECOME A PART OF THE EXCESS POLICY.

\_\_\_\_\_ date                      \_\_\_\_\_ applicant's authorized signature of a principal, partner or officer                      \_\_\_\_\_ title

\_\_\_\_\_ date                      \_\_\_\_\_ applicant's authorized signature of the individual in charge of the human resources or personnel department                      \_\_\_\_\_ title

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**