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| --- | --- | --- | --- | --- | --- | --- |
| Active Assailant Questionnaire | | | | C:\Users\jacob.lerner\AppData\Local\Microsoft\Windows\INetCache\Content.Word\ISALogo 2018 1line 2cl.jpg | | |
| **Applicant/Agent Name (Named insured):** | | |  | | **Federal ID#:** |  |
|  | | | | | | |
| **Mailing Address:** |  | | | | **County:** |  |
| **City:** |  | | **State:** | | **Zip:** |  |
| **Phone:** |  | **Fax:** |  | | **Email:** |  |
| **Website:** |  | |  | |  |  |
| **Description of Operations:** |  | |  | |  |  |
| **Operating as:** | Individual | Partnership | Corporation | | **Other:** |  |
| **Applicant:** | For Profit | Non-Profit | Govt Facility | | **Other:** |  |
| **Executive Director:** |  | |  | | **Email:** |  |
|  |  |  |  | |  |  |
| **Current Operating Budget $:** | |  | **Years in Operation:** | |  |  |
| **Total Building & Contents Limit:** |  | **Total Business Income Limit:** |  | | **Total Insured Value:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Location Schedule | |  |  | | | | |
| **Policy Effective Dates:** | | | |  |  | | |
| - | | | |  |  | | |
|  |  | | |  |  | |  |
| **Location #** | **Address:** | | | **City:** | **State:** | | **Zip:** |
| **Building Limit** | |  | | **Business Income Limit:** | |  | |
| **Contents Limit:** | |  | |  | |  | |
|  | |  | |  | |  | |
| **Location #** | **Address:** | | | **City:** | **State:** | | **Zip:** |
| **Building Limit:** | |  | | **Business Income Limit:** | |  | |
| **Contents Limit:** | |  | |  | |  | |
|  | |  | |  | |  | |
| **Location #** | **Address:** | | | **City:** | **State:** | | **Zip:** |
| **Building Limit:** | |  | | **Business Income Limit:** | |  | |
| **Contents Limit:** | |  | |  | |  | |
|  | |  | |  | |  | |
| **Location #** | **Address:** | | | **City:** | **State:** | | **Zip:** |
| **Building Limit:** | |  | | **Business Income Limit:** | |  | |
| **Contents Limit:** | |  | |  | |  | |
|  | |  | |  | |  | |
| **Location #** | **Address:** | | | **City:** | **State:** | | **Zip:** |
| **Building Limit:** | |  | | **Business Income Limit:** | |  | |
| **Contents Limit** | |  | |  | |  | |
|  | |  | |  | |  | |
| **Location #** | **Address:** | | | **City:** | **State:** | | **Zip:** |
| **Building Limit:** | |  | | **Business Income Limit:** | |  | |
| **Contents Limit** | |  | |  | |  | |
|  | |  | |  | |  | |
| **Location #** | **Address:** | | | **City:** | **State:** | | **Zip:** |
| **Building Limit:** | |  | | **Business Income Limit:** | |  | |
| **Contents Limit** | |  | |  | |  | |
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| **Security** | | | | | | | | | | | | | |
| Does the entity have on site security? | |  | | | | | | | | | | | |
| Are the security guards armed? |  | Yes No | |  | |  | |  | |  | | |  |
| Does the property have perimeter fencing? | | Yes No |  | |  | |  | |  | | |  | |
| Has the insured undergone Active Assailant training? | | | Yes No - Please outline below if YES | | | | | | | | |  | |
|  | | | | | | | | | | | | | |
| Please detail the building security currently in place? (additional supplemental to be provided if required) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Would the applicant like to purchase Active Assailant training? | | | Yes No | | | |  | |  | | |  | |
| Does the insured have an Active Assailant Emergency Response plan? | | | | | | | Yes No | |  | |  | | |
|  | | | | | | |  | |  | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Loss History** | | | | | | | | | |
| Has the insured previously experienced an Active Assailant event? | | | | | | | | | |
| Has the insured previously received a threat or hoax of an Active Assailant event? | | | | | | | | | |
| Please detail any other incidents that you believe to be relevant to this insurance cover? | | | | | | | | | |
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| **Signed:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Applicant) | **Signed:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Agent) |
| **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Title:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Title:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |