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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:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |