

proposal form



- All questions must be answered completely; please type or print clearly; if any questions are considered "not applicable", please explain why.
- If you need more space, continue on a separate sheet and indicate question number.
- Please complete supplements where required.
- This application and all supplement forms must be signed and dated by a principal of the firm.

General information

1. Name of US education provider:
2. Main campus address and zip code: (Provide full schedule of locations (if applicable) and campus map(s)).
 - a. Main campus:
 - b. Address and zip code:
 - c. Website:

Risk analysis, risk characteristics and security protocols

3. Number of students
4. Number of employees
5. a. Is the US education provider: for profit not for profit entity
- b. Co-education single sex male single sex female
- c. Boarding day school both
- d. School grade: PK-8 Elementary Middle 9 to 12 Middle & High
 PK-12 College
- e. Number of campuses: approximate square feet of each campus:
- f. Is the US education provider a medical academic center: Yes No
- g. If yes, please confirm if abortions are performed on-site. Yes No

6. Does the US education provider have an onsite security team? Yes No

If yes, please give full details:

7. Distance to nearest police station or fire department:

8. Does the US education provider have an emergency plan that sets out response protocols, including evacuation, lockdown, accountability and reunification? Yes No

If yes, please provide further details:

9. Does the US education provider have a deadly weapons protection security plan in place? Yes No
Are there any physical measures, or otherwise, in place to deter an attack or assault?

If yes, please provide further details:

10. a. Does the US education provider have a security/crisis management plan in place and are drills or exercises conducted? Yes No

If yes, please provide details on what type and how regularly:

b. Furthermore have your security/crisis management plans been designed/reviewed by an independent risk analysis company? Yes No

If yes, please provide details:

11. Does the US education provider have security screening measures in place for employees and students? Yes No

If yes, please provide details:

12. Does the US education provider monitor email and social media? Yes No

If yes, please provide details:

13. What is the current budget for emergency preparedness (campus security personnel, equipment, emergency supplies, training/drills, notification/communication, and planning)?
14. Have you suffered any violent acts, threats or incidents at any of your locations during the last five years? Yes No

If yes, please provide further details:

Please provide designated point of contact for future event responder contact/correspondence.

Name:

Position/Title:

Telephone number:

Email:

The undersigned warrants to the best of their knowledge that all statements in this application, and any supporting information referenced above are true. If facts are to change during or subsequent to the quoting process, it is the applicant's responsibility to update that information.

Signature:

Position:

Date: / /

