LLOYD'S

Deadly Weapon Protection Application Form

(via Lloyds of London, Consortium #9779)

- *Please provide all requested information, **attaching answers on a separate sheet if necessary**.*
- *The proposer and underwriters are free to choose the law applying to this insurance contract.*
- *Unless specifically agreed to the contrary, this insurance shall be subject to New York law.*
- *Any enquiry or complaint should be addressed in the first instance to your broker.*
- *Please return signed form to your broker by email.*

Institution Profile

1. Institution, group, organization or company name to be insured under this policy:

2. Contact Name:

   Email Address:

   Telephone Number:

   Website:

   Full Address:

3. Description of Business:

Risk Details

4. Provide full schedule of all locations (provide schedule of locations if greater than 5 locations):

	Address/Zip code of each location:	Number of Employees	Number of Clients (*Students in regards to education risks only*)
1.			
2.			
3.			
4.			
5.			

Risk Preparedness: If yes to any of the below, where applicable please provide further details:

1. Do you have an onsite security team Yes☐ No☐
2. Describe your security program:

3. What is the distance to the nearest police station or fire department:
4. Do you have an emergency plan that sets out response protocols, including evacuation, lockdown, accountability and reunification? Yes☐ No☐
5. Do you have an Active Shooter Plan in place? Yes☐ No☐
6. Are there any physical measures, or otherwise in place to deter an attack/assault? Yes☐ No☐
7. Do you have a security/crisis management plan in place and are drills or exercises conducted? Yes☐ No☐
8. Has your security/crisis management plans been designed/reviewed by an independent risk analysis company? Yes☐ No☑
9. Do you have security screening measures in place for employees? Yes☐ No☐
10. Do you monitor email and social media? Yes☐ No☐
11. What is the current budget for emergency preparedness (security personnel, equipment, emergency supplies, training/drills, notification/communication, and planning)?

12. Please provide designated point of contact for Event Responder contact/correspondence.

Name:

Position/Title:

Telephone Number:

Email:

Claims Experience

1. Have you suffered any violent acts, threats, attacks or incidents at any of your locations during the last five years? Yes☐ No☐

   If you answered yes, please provide details (include brief description, date, location and amount).

Continue on separate sheet if necessary.

Policy Details

1. Do you have, or have you had at any time, a general liability policy? Yes☐ No☐
2. 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? Yes☐ No☐
3. Would you prefer a virtual or physical Firestorm site assessment? Virtual☐ Physical☐

Deadly Weapon Protection – Third Party Liability:

	Proposed effective date	Limit of liability (USD)	Excess (USD)
Option 1			
Option 2			
Option 3			

Business Interruption:

	Limit of Liability - $
Option 1	
Option 2	

Declaration

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to what constitutes a material fact you should consult your broker).

I understand that the signing of this proposal does not bind me to complete or underwriters to accept this insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis and be incorporated into the contract.

Signature:

Position: Date: / /

You should keep a record (including copies of any letters) of all information supplied for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform your broker of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your broker.