



SierraSpecialty

WORKPLACE VIOLENT ACT INSURANCE APPLICATION
Loss of Business Income, Bodily Injury, Property Damage & Incident Response for Violent Act Events

- 1. Applicant Company Name:
2. Sole Proprietor Corporation Partnership Joint Venture LLC LLP Other:
3. Describe Nature of Business/Type of Operation:
4. Mailing Address:
5. Risk Management/Human Resources Contact Person:
6. Total Annual Sales All Locations: Annual Sales of Largest Location:
7. Number of years in business:
8. Total employee count (all locations): Full Time Part Time
9. Do you have onsite security personnel?
10. Do you allow weapons and/or firearms in your locations?
11. Do you conduct background checks for all potential employees?
12. Are there physical barriers in place to help deter an attack or assault?
13. Hours of Operation: Standard Business Hrs. Mon.—Fri Standard Business Hours Weekends: Open 24 Hours.:
14. Is your business open to the public?
15. How frequently do your employees and/or management travel as a part of their job duties?
16. Policies and procedures. Do you have the following?
17. Training. Do you do the following?
18. Do you monitor email and social media for potential threats of Workplace Violence?
19. Do expect any layoffs/reductions in force over the next 12 months or had any in the past 12 months?
20. a. Planned number of new locations in next 12 months (include expected open date and city/state of new location):
b. Planned number of locations to be closed in next 12 months (include expected close date and city/state of location):

21. Please complete the following for all locations (or, submit in an accompanying Excel Format Spreadsheet or Other Document):

Table with 2 columns: City & State, Number of Locations. Multiple empty rows for data entry.

NOTE - A full listing of locations with zip code will be required prior to binding.

- 22. In what Metropolitan area (city) do you have the largest Number of Locations:
23. Do you have locations within any of the following:
a. Airport
b. Shopping Center/Mall
c. Public or Private Schools
d. Hospitals
e. Military Base(s)
22. Do you have any locations outside of the United States?
If YES, what percentage? (NOTE - Coverage only applies to the United States, and its territories)

25. During the last five years, has any location experienced or been involved in any of the following:
- a. A threat or attack of a violent nature..... YES NO
 - b. A bodily injury claim(s) due to violence at your location..... YES NO
 - c. A property damage claim(s) due to violence at your location YES NO
 - d. A terrorist threat of any kind..... YES NO
 - e. Stalking of an employees..... YES NO

If YES to any of the above, provide complete the Claims Supplement with dates, details, and amount of the loss, if applicable.

26. Provide information about similar or comparable Insurance carried during the past year. If no current coverage is in force, check the box:

Carrier: _____ Coverage: \$ _____ / \$ _____ Ded/SIR: \$ _____
 Premium: \$ _____ Policy Period: _____ to _____ Number of Insured Locations: _____

27. Provide information about current limits on Commercial General Liability Insurance carried during the past year

Carrier: _____ Coverage: \$ _____ / \$ _____ Ded/SIR: \$ _____
 Premium: \$ _____ Policy Period: _____ to _____ Number of Insured Locations: _____

28. Provide information about current limits on Commercial Property Insurance carried during the past year

Carrier: _____ Coverage: \$ _____ / \$ _____ Ded/SIR: \$ _____
 Premium: \$ _____ Policy Period: _____ to _____ Number of Insured Locations: _____

29. Provide information about current limits Worker's Compensation Insurance carried during the past year

Carrier: _____ Coverage: \$ _____ / \$ _____ Ded/SIR: \$ _____
 Premium: \$ _____ Policy Period: _____ to _____ Number of Insured Locations: _____

NOTICE

The Applicant represents to the best of its knowledge and belief that the statements set forth are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgment of Underwriters in their rating and/or acceptance of this risk.

The Applicant agrees that if a contract of insurance is provided by Underwriters, this Application and any other previous Applications, along with any additional supplemental applications, any attachments and supplied information shall be the basis for the formation of such contract and shall be a material and integral part of the Policy, whether or not they are attached to the Policy and/or signed by the Applicant.

Any representations made in the application process for any Policy that may be issued by Underwriters, and the statements made within this Application, any additional supplemental applications, any attachments and supplied information shall be construed as representations of the Applicant.

The Applicant represents that the person signing and initializing this Application and any additional supplemental applications has been authorized to do so by the Applicant.

Signing of this Application and any additional supplemental applications does not bind the Insurer to an offer nor the Applicant to accept insurance.

The Applicant further agrees that if the information supplied on this Application, any additional supplemental applications, any attachments and supplied information changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify Underwriters of such change prior to inception of the Policy. _____ (Initials)

Applicant further understands and agrees that no person or entity other than Underwriters has the right to waive or change any part of the Policy. Furthermore, notice to any agent or knowledge possessed by any agent or other persons acting on behalf of the Applicant shall not effect a waiver or a change in any part of the Policy nor estop Underwriters from asserting any right under the terms of the Policy.

By signing this Application and any additional supplemental applications, the Applicant confirms that they have been provided with and inspected a specimen of the Workplace Violent Act Insurance wording and any applicable endorsements. Underwriters expect that the Applicant will take time to review the Policy to ensure that they fully understand the coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

CRISIS MANAGEMENT/RISK MANAGEMENT: The proposed policy is designed for risks that agree to use the crisis consultants/risk management services as approved and appointed by Underwriters as defined in the Policy Declarations. The Applicant Company agrees to immediately contact the designated 24-hour crisis consultants services as defined in the Declarations in the event of any actual or potential workplace violence event.

In addition to all other terms and conditions: Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicant's authorized signature of a Principal, Partner or Officer

Date

Printed Name of Applicant's authorized signature of a Principal, Partner or Officer