



New Business Questionnaire for Active Assailant Coverage

GENERAL INFORMATION

Named Insured: _____

Mailing Address: _____

Website Address: _____

Risk Manager or Other Contact: _____ Position/Title: _____

Effective Date: _____

BROKER INFORMATION

Brokerage Firm: _____

Brokerage Firm Address: _____

Broker Contact: _____ Phone Number: _____ Email Address: _____

CURRENT INSURANCE

Please complete the details below regarding current insurance program.

Coverage	Carrier	Limit	Premium
General Liability			
Umbrella Liability			
Commercial Property			
Active Assailant <input type="checkbox"/> N/A			

OTHER EXPOSURE INFORMATION - *Important*

Description of Operations:

Employee Census:

Full time:	Part-time:	Volunteers:
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Please submit a Property Schedule of Values with, at a minimum, the following information by location:
Physical address (including city, state, zip code, street address), Occupancy, Building Value, Contents Value.



RISK MANAGEMENT

Do you require criminal background checks prior to employment? Yes No

Do you check employment references prior to hire? Yes No

Do you utilize Guards? Yes No

If yes, are the Guards:

Contracted Employees of the Insured

Armed? Yes No

CLAIMS

Have you had any Active Assailant incidents, or threats of same, in the past 5 years? Yes No

If yes, please provide details:



FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Notice to All Other Applicants:

Any person who knowingly, and with the intent to defraud any insurance company or other persons, files an application for insurance or statement of claim containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefit.



Representation:

By signing this questionnaire, the applicant warrants to the company that all statements made in this application and attachments hereto about the applicant and its operations are true and complete, and that no material facts have been misstated or misrepresented in this application, suppressed or concealed.

Completion of this form does not bind coverage. The applicant's acceptance of the company's quotation is required before the applicant may be bound and a policy issued.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Person Completing Application:

Name:	
Title:	
Date Completed:	
Signature:	