



Program Manager:

McGowan Program Administrators
(A Division of McGowan & Company, Inc.)
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Submitted By:

Agency: _____
Address: _____
Contact: _____
Phone/Fax: () / ()
Email: _____

Active Shooter / Workplace Violence Insurance Programs

1. Name of U.S. Entity to be insured: _____
2. Address and Zip Code of the Insured: _____
3. Website: _____
4. Number of Employees at each location: _____
5. Type of Entity (i.e. Government buildings, Retail property, House of worship etc) _____
6. Please select the limit options you would like quotes for:
 ____\$1,000,000 ____\$3,000,000 ____\$5,000,000 ____\$10,000,000 ____\$15,000,000 ____\$20,000,000
7. What is the total annual revenue of the entity? _____
8. Provide full Schedule of all Locations detailing (if more than one location please include a schedule including the information below:
 - Address and zip code of each location
 - Number of employees at each location
 - Approximate size / number of visitors, students, patients, residents etc
 - Approximate Square FT of each location
 - Distance to nearest policy station or fire department
9. Does the U.S. Entity have an onsite security team? Yes No

If yes, please provide further details.



10. Does the U.S. Entity have and emergency plan that sets out response protocols, including evacuation, lockdown, accountability and reunification?

If yes, please provide further details.

Yes No

11. Does the U.S. Entity have an Active Shooter security plan in place? Are there any physical measures, or otherwise, in place to deter an attack or assault?

If yes, please provide further details.

Yes No

12. Does the U.S. Entity have a security / crisis management plan in place and are drills or exercises conducted? If yes, please provide details on what type and how regularly.

Yes No

13. Furthermore have your security / crisis management plans been designed/ reviewed by an independent Risk Analysis Company?

If yes, please provide further details.

Yes No

14. Does the U.S. Entity have security screening measures in place for employees?

If yes, please provide details.

Yes No

15. Does the U.S. Entity monitor email and social media?

If yes, please provide details.

Yes No

16. What is the current budget for emergency preparedness (security personnel, equipment, emergency supplies, training/drills, notification/communication, and planning)? _____

17. To the best of their knowledge, have the U.S. Entity suffered any violent acts, threats, attacks or incidents at any of their locations during the last five years?

If yes, please provide further details.

Yes No

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

Name: _____

Position / Title: _____

Telephone Number: _____

Email: _____



THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

The undersigned certifies that he or she is an authorized representative of the applicant identified in "APPLICANT DETAILS" and certifies that reasonable inquiry has been made to obtain the answers to these questions. He or she certifies that the answers are true, correct and complete to the best of his/her knowledge and belief.

Applicant: _____

Title: _____

Applicant's Signature: _____

Date: _____

Agent/Broker Name: _____

Please send all application submission information to:
pmarshall@mcgowanprograms.com

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