



## ACTIVE SHOOTER/SCHOOL VIOLENCE & THREAT

With the recent high profile active shooter/school attacks, more schools are enhancing security efforts and taking added precautions to prevent acts of violence. Loomis & LaPann, Inc. understands these risks and offers a comprehensive policy to help schools respond and recover from such incidents.

### COVERAGES

Active Shooter/Workplace Violence Insurance covers liability and extra expenses tied to violent attacks and/or threats, providing victim death benefits as well as needed medical / rehabilitation / psychiatric / funeral expense coverage.

- **Legal liability coverage with indemnity to address lawsuits that may result from a covered event.**
- **Victim coverages related to:**
  - Psychiatric care
  - Medical or dental care
  - Rehabilitation expenses
  - Death Benefit / Disability Coverages
  - Funeral / Burial Expenses
- **Business Expenses related to:**
  - Business income / interruption and extra expenses
  - Public relations counsel
  - Crisis Consultant expenses
  - Employee counseling
  - Additional / Temporary security measures

### CAPACITY

- Limits available from \$1,000,000 to \$5,000,000
- Annual Stand Alone policy
- \$0 retention in most cases



## ACTIVE SHOOTER/SCHOOL VIOLENCE INSURANCE PROGRAMS

1. Name of school to be insured: \_\_\_\_\_
2. Address and Zip Code of the Insured: \_\_\_\_\_
3. Website: \_\_\_\_\_
4. Years in Business: \_\_\_\_\_
5. Total # of Locations: \_\_\_\_\_
6. Total # of Employees: \_\_\_\_\_
7. Total # of Students: \_\_\_\_\_
8. Please select the limit options you would like quotes for: \$1,000,000\_\_\_ \$3,000,000\_\_\_ \$5,000,000\_\_\_
9. To the best of their knowledge, has the school suffered any violent acts, threats, attacks or incidents at any of their locations during the last five years? Yes  No   
If yes, please provide further details. \_\_\_\_\_  
\_\_\_\_\_
10. 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: \_\_\_\_\_