



**Program Manager:**  
**McGowan Program Administrators**  
*(A Division of McGowan & Company, Inc.)*  
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[www.mcgowanprograms.com](http://www.mcgowanprograms.com)

**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. Years in Operation: \_\_\_\_\_ 5. Total Number of Locations: \_\_\_\_\_
6. Total # of Employees: \_\_\_\_\_ 7. Total # of DAILY visitors / students / patients / etc.: \_\_\_\_\_
8. Number of Employees at each location: \_\_\_\_\_

9. Does the Applicant have:
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| - An Employee Assistance Program (EAP)?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - A progressive discipline policy?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - An employee grievance/dispute resolution procedure?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - A customer complaint/grievance resolution procedure?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - A written policy on workplace violence that is available to all employees?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - A program to train supervisory and management personnel to recognize, report, and respond to all potentially hostile employees or situations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - A background check procedure for all potential employees?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - What security measures limiting and/or monitoring public accesses are in place at Applicant locations?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

10. Description of Business Type (i.e. Government buildings, Retail property, House of worship, etc.) \_\_\_\_\_

11. 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

12. Is the Applicant interested in: \_\_\_ Property Restoration Coverage \_\_\_ Assault & Battery Extension

13. What is the total annual revenue of the entity? \_\_\_\_\_

14. Provide full Schedule of all Locations detailing (if more than one location please attach a schedule) 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 police station or fire department:

15. Does the U.S. Entity have an onsite security team? Yes  No

If yes, please provide further details.

16. Does the U.S. Entity have an emergency plan that sets out response protocols, including evacuation, lockdown, accountability and reunification? Yes  No   
If yes, please provide further details.

17. 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? Yes  No   
If yes, please provide further details.

18. 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

19. Furthermore, have your security / crisis management plans been designed/ reviewed by an independent Risk Analysis Company? If yes, please provide further details. Yes  No

20. Does the U.S. Entity have security screening measures in place for employees? If yes, please provide details. Yes  No

21. Does the U.S. Entity monitor email and social media? If yes, please provide details. Yes  No

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



23. To the best of their knowledge, has 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

24. 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:**

[activeshooter@mcgowanprograms.com](mailto:activeshooter@mcgowanprograms.com)

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