

- 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?
If yes, please provide further details. Yes No
16. Does the U.S. Entity have an emergency plan that sets out response protocols, including evacuation, lockdown, accountability and reunification?
If yes, please provide further details. Yes No
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?
If yes, please provide further details. Yes No
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:
25. Please submit a Statement of Values (SOV) with the application.

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

