

Deadly Weapons Protection – Multi-Residential



Find out more about
the story of Beazley
and how it all started
with a hat stand

Beazley Deadly Weapons Protection – Multi Residential Application

- Please provide all requested information, attaching answers on a separate sheet if necessary.
- All questions must be answered completely; please type or print clearly; if any questions are considered “not applicable”, please explain why.
- Please complete supplements where required.
- The proposer and underwriters are free to choose the law applying to this insurance contract. Unless specifically agreed to the contrary, this insurance shall be subject to New York law.
- This application and all supplement forms must be signed and dated by a principal of the firm.
- Any enquiry or complaint should be addressed in the first instance to your broker.
- Please return the signed form to your broker by email or send direct through to activeshooter@beazley.com

Section 1 – Institution profile

1. Institution, group, organization or company name to be insured under this policy:

2.
 - a. Contact name:
 - b. Email address:
 - c. Telephone number:
 - d. Website address:
 - e. Full address of corporate headquarters office:

3. Description of business:

4. Years in business:

5. Provide a full schedule of all locations to be insured under this policy. Use table below or attach separate listing.

CRITICAL NOTE

 - For each address/premise/entity to be covered by the Deadly Weapon Protection Policy, Pages 5-10 of this application must be separately completed by a person with knowledge of that location.
 - Please share this application with the individual best able to complete the information pertaining to each premise that is listed on your schedule of locations to be insured under this policy.
 - If the premises are managed by a Third-Party Property Manager, Pages 5-9 of this application must be completed by/in collaboration with the Third-Party Property Manager assigned to this premise.

	Address/Zip code	Number of employees	Square feet of location
1.			
2.			
3.			
4.			
5.			



Section 2 – Risk details

6. Institution, group, organization or company name to be insured under this policy:
7. a. Contact name:
b. Email address:
c. Telephone number:
d. Website:
e. Full address of corporate headquarters office:
8. Description of business:
9. Years in business:
10. How often do you communicate with the on-site property managers or Third-Party Property Managers of the premises in your portfolio?
How do you communicate?
11. Do you require on site property managers or Third-Party Property Managers to report all incidents of violence and how is such information reported? Yes No N/A
Please provide a copy of the log where these incidents are recorded.
12. Do you monitor media and social media for all of your owned locations/premises? Yes No N/A
If 'Yes', how do you monitor? Who does the monitoring?

Section 3 – Insurance coverage

13. Do you currently have a general liability policy? Yes No N/A
 If 'No', have you ever had a general liability policy? Yes No N/A
14. Does your current general liability policy have exclusions or sub-limits for assault and battery or any other violent acts? Yes No N/A
 Exclusions: Yes No N/A Sub-limits: Yes No N/A
 If 'Yes', what are the sub-limits?
15. Does your general liability policy have a firearms exclusion? Yes No N/A
16. Have you ever been declined or accepted under special terms for general liability insurance, or has an insurer ever cancelled or declined to renew your policy for this premise? Yes No N/A
 If 'Yes', when?
17. Do you currently have property coverage? Yes No N/A
 If 'Yes', please give details of limits and name of company.
18. Do you currently have, or have you at any time had, a Deadly Weapons Protection, Active Assailant, Active Shooter or Malicious Attack policy (or any other similarly named policy) Yes No N/A
 If 'Yes', please give details of limits and name of company.

19. Deadly weapon protection coverage required:

	Proposed effective date	Limit of liability (USD)	Excess (USD)
Option 1			
Option 2			
Option 3			

Your information

Any personal information you have provided will be dealt with by us in compliance with the provisions of relevant US privacy laws and EU Data Protection Directive (also known as Directive 95/46/EC). We have implemented technology and policies to safeguard your privacy from unauthorized access and improper use and will continue to update these measures as new technology becomes available. For the purpose of providing this insurance and handling of any claims which may arise under it, underwriters may need to transfer certain information which you have provided to other parties in other countries (including to other Beazley companies) on the basis that anyone to whom we pass it protects it in the same way we would and in accordance with applicable laws. By signing this proposal, you agree that such transfer(s) may be made. If you have any questions about privacy or this privacy statement or would like to make a complaint in relation to our collecting, processing or storing of your personal information please contact us at usainfo@beazley.com

Declaration

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of material fact will entitle underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to what constitutes a material fact you should consult your broker).

I understand that the signing of this proposal does not bind me to complete or underwriters to accept this insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis and be incorporated into the contract.

Important

Failure to provide complete and accurate information in this application will invalidate coverage for any or all locations scheduled hereon.

By checking this box, you acknowledge that any incident that occurs after binding must be reported as soon as reasonably practicable, but in no case more than 48 hours after the insured becomes aware of a deadly weapon event (as stated in the Declarations of the policy).

Signature:

Print name:

Position/Title:

Location:

Date: / /

You should keep a record (including copies of any letters) of all information supplied for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform your broker of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your broker.



Application for each scheduled location

EACH SCHEDULED PREMISE MUST SEPERATELY COMPLETE THIS PORTION OF THE APPLICATION OR COVERAGE WILL NOT BE PROVIDED FOR SAID PREMISE

Failure to fully complete this application will result in no quote being provided for this location. Failure to accurately complete this application will invalidate coverage for this location.

Any incident involving the brandishing or use of a deadly weapon must be reported as soon as practicable, but no more than 48 hours from when the insured first learned of the occurrence. Failure to provide such notice will result in denial of any related claim.

Premise details

Please check all that apply.

1. Premise type:
 - a. Condominium
 - b. Cooperative
 - c. Rental apartment building(s)
 - i. Market rate
 - ii. Public housing
 - iii. Section 8
 - iv. Section 42
 - v. Assisted housing
 - vi. Mixed income
 - vii. Low income
 - viii. Senior housing
 - ix. People with disabilities
 - x. Other:

Describe type/details of all subsidies that apply:

2. Street address, City, Zip Code:

3. Name of owner: (even if it is not the name of a legal entity):

4. Type of owner:
 - a. Corporation (LLC, C Corp, Other)
 - b. Non-profit
 - c. Single owner (Individual/Company owning entire building)
 - d. Government owned
 - e. Condominium – Individual owners
 - f. Cooperative – Tenant owned

- 5. Date premise acquired by owner: (mm/dd/yyyy) / /
- 6. Current name of premise and all names used to describe this premise in the last 10 years. Insert or attach photo(s) reflecting name on signage and building entrance(s).

- 7. Number of buildings/number of units per building/total # of units:
- 8. Point of contact on site to contact pre and post violence event:

Position/title: _____ Cell phone number (text): _____
 Email: _____

- 9. Name of Manager/Third-Party Management (TPM) Company:
- 10. TPM manager name assigned to premise:

TPM manager cell, email:

- 11. Job Titles and brief job description of employees working on site. (Add additional pages if needed):

- | | | | |
|--|-----|----|-----|
| 12. Management resides on premises: | Yes | No | N/A |
| 13. Distance to nearest police station: | | | |
| 14. Tenants – screened prior to leasing: | Yes | No | N/A |
| a. Reference check: | Yes | No | N/A |
| b. Credit check: | Yes | No | N/A |
| c. Criminal check: | Yes | No | N/A |
| 15. Employees of owner/management company on site- screened prior to hiring: | Yes | No | N/A |
| a. Reference check: | Yes | No | N/A |
| b. Credit check: | Yes | No | N/A |
| c. Criminal check: | Yes | No | N/A |
| 16. What percentage of your tenants turn over in a 12-month period? | | | % |



Amenities

- | | | | | | | | | |
|-----|---|--------------------|----|-----|---------|-----|-----|-----|
| 17. | Daycare services on premises: | | | | Yes | No | N/A | |
| | Residents only | Public | | | | | | |
| 18. | Clubhouse: | | | | Yes | No | N/A | |
| | Can the clubhouse be rented out for events/gatherings? | | | | Yes | No | N/A | |
| | Can non-residents rent the clubhouse: | | | | Yes | No | N/A | |
| 19. | Exercise room: | | | | Yes | No | N/A | |
| | Residents only | Open to the public | | | | | | |
| 20. | Playgrounds: | | | | Yes | No | N/A | |
| | Residents only | Open to the public | | | | | | |
| 21. | Swimming pool(s): | | | | Yes | No | N/A | |
| | Fenced/Gated: | | | | Yes | No | N/A | |
| | Self-Latching doors: | | | | Yes | No | N/A | |
| | Lifeguard: | Yes | No | N/A | Posted: | Yes | No | N/A |
| | Private/Residents only | Open to the public | | | | | | |
| 22. | Are there elevators: | | | | Yes | No | N/A | |
| 23. | Parking garage: | | | | Yes | No | N/A | |
| | Residents only | Public access | | | | | | |
| | If public, please describe means of entry: | | | | | | | |
| 24. | List all other amenities (e.g., sports courts): | | | | | | | |
| | Please note if the amenity is PRIVATE USAGE or OPEN TO THE PUBLIC | | | | | | | |

Security

25. Does this premise have a documented security plan? If 'Yes', please provide copy. Yes No N/A
26. Is there on-site security personnel? Yes No N/A
 If 'Yes', are they employees or contracted
27. Number of guards:
28. Are the guards armed? Yes No N/A
29. Is there a guard house? Yes No N/A
30. Security guard hours: 24 hours 9am-5pm Other:
 please write in hours guards are on duty:
31. Does law enforcement patrol premises on a regular basis? Yes No N/A
32. Do you have a written contract or arrangement with law enforcement?
 If 'Yes', please provide copy. Yes No N/A
33. Has law enforcement been given gate access, access to buildings and been
 given keys, key codes, etc.? Yes No N/A
34. Does law enforcement have access to parking areas? Yes No N/A
35. Has anyone conducted a security inspection in last five years?
 (law enforcement, private consultant, risk manager, etc.) Please share report. Yes No N/A
36. Are there physical access controls used on site, e.g., gates, fencing, locks, etc.?
 Please describe: Yes No N/A
37. Are the buildings locked? Yes No N/A
 Passkey Numerical code Physical Key
 Other, please provide means of entry:
38. Do the apartment units have external doors or are they accessed from a central hallway within a building?
39. Are there security cameras?
 Exterior Yes No N/A Interior lobby Yes No N/A
 Interior hallways Yes No N/A Elevators Yes No N/A
 Amenities Yes No N/A
 Describe location of cameras:

- | | | | |
|---|--------------------|---------------------|-----|
| 40. Are the security cameras monitored? | Yes | No | N/A |
| Hours of monitoring: | Who monitors them: | | |
| 41. Where is the data stored from the security cameras? | CCTV/DVR | Cloud based storage | |
| 42. Do you record over old data from security cameras? | Yes | No | N/A |
| How long do you retain footage: | | | |
| 43. What percentage of your current budget is dedicated to security (personnel, equipment, etc.)? | | | |
| % | \$ | | |

Preparedness

- | | | | |
|--|-----|----|-----|
| 44. Does your location/premise have a written plan for staff to respond to emergencies?
Please provide copy. | Yes | No | N/A |
| 45. Do you conduct training for your staff on the emergency response plan?
How often? | Yes | No | N/A |
| 46. Does your location/premise have a written plan for tenants to respond to emergencies?
Please provide copy. | Yes | No | N/A |
| 47. Do you conduct training for your tenants on the emergency response plan?
How often? | Yes | No | N/A |
| 48. Are emergency response drills conducted with staff?
Please describe: | Yes | No | N/A |
| 49. Has your emergency response plan been designed or reviewed by an independent third-party risk consultant/first responder organization? Please provide report. | Yes | No | N/A |
| 50. Is there an Active Shooter plan in place at this premise? Please provide copy. | Yes | No | N/A |
| 51. Do you have a media and social media monitoring program that would provide you with notice of events or circumstances that could lead to violence at your premise?
Who does the monitoring? | Yes | No | N/A |
| 52. Do on-site employees receive training on how to recognize, report, and respond to potentially hostile employees or situations? | Yes | No | N/A |
| 53. Do you have a written policy on workplace violence that is available to all employees at this location? | Yes | No | N/A |
| 54. Is there a system by which you could notify your residents of a dangerous intruder? | Yes | No | N/A |

History of violence

55. Have there been any violent attacks, threats or incidents (including domestic violence, shootings, stabbings, explosives, etc.) at this premise during the last 5 years? Yes No N/A

If you have had any violent attacks, threats or incidents (including domestic violence, shootings, stabbings, explosives, etc.) at this premise during the last 5 years, provide the following:

Be sure to include events:

- that may not have been insured
- involving perpetrators and/or victims that did not reside in your premise
- Address where incident occurred
- A description of injuries/fatalities
- # of victims
- Whether law enforcement responded
- Whether there was a claim filed or litigation as a result of any of these events and if a payment was made, the amount of such payment.

56. Do you request employees and tenants notify you of a restraining order or other legal order they have obtained, such as against a non-custodial parent? Yes No N/A

57. Are you aware of any current restraining orders pertaining to individuals who live or work at your insured premises? Yes No N/A

If 'Yes', please describe (consistent with any privacy requirements)

58. Has your organization applied for any restraining orders to be issued on its behalf? Yes No N/A

During the past year Yes No N/A Five years Yes No N/A

If 'Yes', please describe (consistent with any privacy requirements):

59. During the past five years, have there been deadly weapons events in close proximity to your premise? Yes No N/A
If 'Yes', please describe:

60. Do you report all incidents of violence to the owner of your premises? Yes No N/A
Indicate name of person you report information to and how.

You must inform your broker of any change in circumstances which will materially affect the answers provided above. If you are in any doubt you should consult your broker.

The undersigned warrants to the best of their knowledge that all statements in this application, and any supporting information referenced above are true. If facts are to change during or subsequent to the quoting process, it is the applicant's responsibility to update that information.

Signature:

Print name:

Position/Title:

Locaton:

Date: / /



SIGNATURE SECTION

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE APPLICANT'S BEHALF AND DECLARES THAT THE STATEMENTS CONTAINED IN THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION AND THE UNDERWRITING OF THIS INSURANCE ARE TRUE, ACCURATE AND NOT MISLEADING. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND ANY OTHER INFORMATION AND MATERIALS SUBMITTED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING OF THIS INSURANCE ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THIS APPLICATION AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY AS IT DEEMS NECESSARY REGARDING THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING AND ISSUANCE OF THE POLICY.

THE APPLICANT AGREES THAT IF THE INFORMATION PROVIDED IN THIS APPLICATION OR IN CONNECTION WITH THE UNDERWRITING OF THE POLICY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

FRAUD WARNING DISCLOSURE

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS: 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. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signed*:

Date: / /

Print name:

Title:

(Owner, partner, authorized officer)

If this application is completed in Iowa, please provide the insurance agent's name only.

Agent's printed name: