



WORKPLACE VIOLENT ACT INSURANCE APPLICATION

Loss of Business Income, Bodily Injury, Property Damage & Incident Response for Violent Act Events

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.
UNDERWRITING FACILITY - SINCE 1983

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1. **Applicant Company Name:** _____
2. Sole Proprietor Corporation Partnership Joint Venture LLC LLP Other: _____
3. **Describe Nature of Business/Type of Operation:** _____
4. Mailing Address: _____
City, State, Zip Code: _____
5. **Risk Management/Human Resources Contact Person:** _____
Phone: _____ E-mail: _____
6. **Total Annual Sales All Locations:** _____ **Annual Sales of Largest Location:** _____
7. Number of years in business: _____
8. Total employee count (all locations): Full Time _____ Part Time _____
9. Do you have onsite security personnel?..... YES NO
10. Do you allow weapons and/or firearms in your locations? YES NO
If **YES**, please provide under what circumstances you allow weapons and which weapons. _____
11. Do you conduct background checks for all potential employees? YES NO
12. Are there physical barriers in place to help deter an attack or assault: YES NO
If so, what? _____
13. Hours of Operation: Business Hrs. Mon.—Fri Business Hours Weekends: Open 24 Hours.:
14. Is your business open to the public?..... YES NO
If **YES**, approximately how many non-employees visit your facility each week? _____
15. How frequently do your employees and/or management travel as a part of their job duties? _____
16. Policies and procedures. Do you have the following?
 - a. Workplace Violence Crisis Management/Security Plan? YES NO
 - b. Workplace Violence Policy Distributed to employees? YES NO
 - c. Open Door Policy? YES NO
 - d. Harassment/Sexual Harassment Policy? YES NO
 - e. Electronic Monitoring Notice Policy? YES NO
 - f. Third Party/Customer Complaint Policy (Reporting & Handling of Complaints)? YES NO
17. Training. Do you do the following?
 - a. Workplace Violence Training for Employees & Management? YES NO
 - b. Mock Workplace Violence Drills for Employees & Management? YES NO
18. Do you monitor email and social media for potential threats of Workplace Violence? YES NO
19. Do expect any layoffs/reductions in force over the next 12 months or had any in the past 12 months?..... YES NO
20. a. Planned number of new locations in next 12 months (include expected open date and city/state of new location): _____
b. Planned number of locations to be closed in next 12 months (include expected close date and city/state of location): _____

21. Please complete the following for all locations (or, submit in an accompanying Excel Format Spreadsheet or Other Document):

City & State	Number of Locations

NOTE – A full listing of locations with zip code will be required prior to binding.

22. In what Metropolitan area (city) do you have the largest Number of Locations: _____
23. Do you have locations within any of the following:
 - a. Airport..... YES NO
 - b. Shopping Center/Mall YES NO
 - c. Public or Private Schools..... YES NO
 - d. Hospitals YES NO
 - e. Military Base(s) YES NO

