

# Active Shooter Assailant Application

Email completed application to [submit@midman.com](mailto:submit@midman.com).

Requested Effective Date: \_\_\_\_\_

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

APPLICANT INFORMATION			
Applicant Name:			
Headquarters Address:			
City:		State:	
Zip Code:		Country:	
Description of Business:			
Number of Locations:		Total Number of Employees:	
Total Number of Visitors/Guests Per Day/Per Year:			

HISTORY
Please provide a summary of any active assailant incidents that have occurred at a location to be insured during the past five years (even if these events were not insured) below.
Have you received any threats of an active assailant incident during the past five years? If yes, please provide details below.
During the past five years, has your business been impacted by an Active Assailant incident within a one mile radius? If yes, please provide details below.

LIMITS	
What insured limits are required? (limits apply per insured event)	\$

SECURITY PROCEDURES			
Have preventative security procedures been carried out?	Yes*	No	
<i>*If yes, please answer the following questions.</i>			
What type (security personnel, installation of equipment, etc.)? Describe below.			
Are guards employed?	Yes*	No	*If yes, are they armed?
			Yes No

How many guards are employed?	
Are guests screened before being granted access to a location to be insured? If yes, please provide details below.	
Any other measures? Describe below.	
Please provide details of any active assailant prevention policies, drills or procedures in place?	
Please provide details of any active assailant training which has been conducted over the past 24 months.	
Are any locations to be insured located near (within 100 meters) of any of the following: religious buildings, police station, military instalment, government buildings including embassies? If yes, describe below.	

OTHER		
Is the company or any person included in this application already protected by this form of insurance?	Yes*	No
<i>*If yes, please give details of limits and name of company below.</i>		

DISCLOSURE			
I declare that after proper inquiry the statements and particulars given in this applications are true and that I have not mis-stated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.			
*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.			
This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.			
Signature of Applicant:		Dated:	
Printed name of Applicant:			
Company:		Title:	
Signature of Agent/Broker:		Dated:	

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