

APPLICATION for: **Active Assailant Coverage**
Underwritten by Underwriters at Lloyd's, London

Notice: The Policy for which this Application is made, subject to its terms, applies only to any Claim (as applicable in the Coverage Section for which Application is made) made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses (as defined in the Coverage Section for which Application is made), and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage.

General Instructions for completing this Application:

1. The Application must be signed by an executive officer.
2. This Application and all exhibits shall be used for purposes of this coverage only.
3. The terms as used herein shall have the meanings as defined in the Policy.

SECTION I. GENERAL INFORMATION

1. Contact Person: _____ Contact Person Title: _____
Phone No.: _____ Fax No.: _____
Email: _____

2. Name of proposed Insured ("Applicant"): _____
Address: _____
City, State, Zip: _____
Website: _____

SECTION II. REQUESTED INSURANCE LIMITS

1. Requested Insurance Limits: \$100,000 \$250,000 \$500,000 \$1,000,000
 Or other limit requested: _____

2. Policy term: Annual Short-term (90 days or less)

3. Proposed effective date: _____ Proposed expiration date: _____

SECTION III. RISK PROFILE

1. Type of Industry: Amusement Entertainment Special Event Sports and Leisure Other _____

2. Description of primary business operations: _____

Annual Coverage

1. Estimated admissions per year: _____

Short-Term Coverage

1. Largest estimated attendance for any one day: _____

Total attendance: _____

2. Annual Revenue: \$ _____

3. Are professional sports involved? Yes No

4. Is this a religious or political event? Yes No

5. Does the insured have an onsite Security Team? Yes No

If yes, provide details: _____

6. Is security subcontracted to a third party? **If yes, provide contract.** Yes No

7. Does the insured or third party have a Crisis Management plan? Yes No

If yes, does this include an active assailant response plan? Yes No

If yes, provide details: _____

8. If applicable (e.g. hospitality/transport etc.), does the Entity security check guests/visitors (x-ray/scanner/bag check)? Yes No

9. Is the insured responsible for monitoring all entry and exit points? Yes No

If yes, what security measures are in place? (i.e. metal detectors, bag checks, video monitoring): _____

10. Do you currently have a general liability policy in place? Yes No

If yes, provide carrier: _____ and limits: _____

11. Has the Entity suffered any of the following Incidents in the last five (5) years?

a. Malicious Acts Yes No

b. Terrorism Yes No

c. Threat of any of the above Yes No

If yes, provide full details: _____

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

Submitted by: _____
(Agent)

Applicant Signature: _____

Date: _____
(Month) (Day) (Year)

Name: _____
(Please Print)

Title: _____

Date: _____
(Month) (Day) (Year)

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