



**Violent Incident Protection Application**

APPLICANT NAME:
APPLICANT MAILING ADDRESS:
CONTACT NAME:
CONTACT EMAIL/PHONE:

- **CURRENT STUDENT ENROLLMENT or FTEs:** \_\_\_\_\_

**COVERAGES REQUESTED**

Included (with response to question a. below):  \$250,000

**Please provide the following Underwriting Information:**

- a. **Have you suffered any violent acts, threats, attacks or incidents at any of your locations during the last five years?**  YES  NO

*If "Yes", please give full detail:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If a limit greater than \$250,000 is desired, please complete the remaining questions.**

Optional:  \$500,000  \$1,000,000  \$5,000,000  \$10,000,000  \$15,000,000\*  \$20,000,000\*  
 \*\*please refer to the company for pricing\*\*

**Please provide the following Underwriting Information:**

- b. **Do you have dedicated safety and/or security personnel on-site?**  YES  NO

*If "Yes" please give full detail:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- c. **Do you meet the requirements in your state for duties related to emergency preparedness?**

YES  NO *If "Yes", please give full detail:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- d. **Do you have an emergency plan that sets out response protocols, including evacuation, lock-down, accountability and reunification?**  YES  NO  
*If "Yes", please give full detail:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- e. **Does (c.) include Active Shooter planning and drills/exercise and are there any physical measures, or otherwise, in place to deter an attack or assault?**  YES  NO  
*If "Yes", please give full detail:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- f. **Do you have security screening measures in place for employees?**  YES  NO  
*If "Yes", please give full detail:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- g. **Do you monitor email and social media?**  YES  NO  
*If "Yes", please give full detail:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Applicant acknowledges that any and all claims and acts, errors, misstatements, misleading statements or omissions, of which the Education Entity, its Board, or its administrative employees, are aware, and which might reasonably be expected by such entity, person or persons to result in a claim under the coverage requested in connection with this Application, have been or will be disclosed to the Applicant's prior insurer or insurers, other than School Boards Insurance Company of Pennsylvania, Inc. Applicant acknowledges that any claims or claims resulting from any such acts, errors, misstatements, misleading statements or omissions, whether or not disclosed to the Applicant's prior insurer or insurers, are specifically excluded from coverage under any policy issued by insurer.*

**INSURED ATTESTATION**

*Applicant hereby represents that the information provided by Applicant in this Application is true and correct to the best of the Applicant's knowledge and provided only after a reasonable inquiry by the Applicant into the truth thereof. Applicant further represents that the person signing this Application is authorized to do so on behalf of the entity seeking insurance coverage.*

*Applicant warrants that Applicant will notify Insurer of any material change in the information provided by Applicant in this Application prior to the desired effective date of coverage, and Applicant acknowledges that Insurer may modify or withdraw any outstanding quotation of coverage based on such new information.*

*Applicant agrees and understands that all representations made by the Applicant in this Application, including but not limited to the representations and warranties made in this section VII, will be relied upon by Insurer and are material to Insurer's ultimate underwriting decision, including the decision to maintain coverage under any policy issued by Insurer.*



***Claims information contained in this Application shall not be considered notice to insurer of any loss, and it is the Educational Entity's obligation to report all claims to insurer as required by the policy.***

#### **FRAUD STATEMENTS**

NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND, AND WEST VIRGINIA 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.  
\*Applies in Maryland Only.

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 FLORIDA AND OKLAHOMA 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)\*.  
\*Applies in Florida Only.

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 any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KENTUCKY, 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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*.  
\*Applies in New York only.

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. \*Applies in Maine Only.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating the law.

**SIGNATURE SECTION**

The undersigned is authorized by the applicant to sign this application on the applicant's behalf and declares that the statements set forth herein and all written statements and materials furnished to the insurer in conjunction with this application are true. The applicant agrees that if the information supplied on this application 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. **FOR NEW HAMPSHIRE APPLICANTS:** The foregoing statement is limited to the best of the undersigned's knowledge, after reasonable inquiry. **FOR MAINE APPLICANTS:** The underwriters may modify but may not withdraw any outstanding quotations or authorizations or agreements to bind the insurance.

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, any supplemental applications, and the materials submitted herewith 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 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 in connection with this application as it deems necessary. **FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS:** Such application materials are part of the policy, if issued, only if attached at issuance.

Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance. No coverage shall be afforded for any claims arising out of a circumstance not disclosed in this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Owner, Partner, Authorized Officer)

If this Application is completed in Florida, please provide the Insurance Agent's name and license number. If this Application is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Printed Name: \_\_\_\_\_

Florida Agent's License Number: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

