

SECTION A: Applicant Information

- Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Phone Number: _____
- Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Law Enforcement Professional Liability Information

- Current policy limits: \$ _____ Current policy deductible: \$ _____
Current retro date: _____ Premium: \$ _____
Current carrier: _____
- Indicate the number of personnel in the following positions:
School resource officer or equivalent: unarmed: _____ armed: _____
Employed security: unarmed: _____ armed: _____
Contracted security: unarmed: _____ armed: _____
- Are all security personnel subject to the same level of scrutiny as teachers and other faculty? ☐ Yes ☐ No
- Indicate if the scope of security operations include (check all that apply):
☐ Athletic events ☐ Concerts and plays ☐ On premises during school hours
☐ On premises after hours ☐ Other: _____
- If there are employed armed security, are they trained and/or re-certified annually to the standards required for public sector law enforcement personnel within the political subdivision for use of weapons? ☐ Yes ☐ No
- Is the Insured's security department accredited by the International Association of Campus Law Enforcement Administration (IACLEA)? ☐ Yes ☐ No
- Does a mutual air agreement exist between the institution and municipal police department? ☐ Yes ☐ No
- Indicate if Insured has established policies and procedures governing your security personnel (check all that apply):
☐ Use of force continuum ☐ Use of deadly force ☐ Passive restraint
☐ Wrongful detention ☐ Crowd control
- Do security/law enforcement receive training in the administration of (check all that apply):
☐ All established policies ☐ Crisis management response plan
☐ CPR/first aid ☐ Non-violent crisis intervention

Contracted Security Services: ☐ N/A

- Please provide the name of the firm or department: _____
- Does Insured require contractors to carry general liability and law enforcement professional coverage? ☐ Yes ☐ No
If yes, what are the minimum limits required? _____
Are hold harmless/indemnification agreements in Insured's favor required from contractor? ☐ Yes ☐ No
Does the Insured require certificates of insurance? ☐ Yes ☐ No
Is the Insured listed as an additional insured on the contractor's policy? ☐ Yes ☐ No

SECTION C: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____