



Worldwide Facilities, LLC

Experience a World of Difference

Institution profile

1. Institution, group, organization or company name to be insured under this policy:

2. Contact name: Email address:

Telephone number:

Website:

Full address:

3. Description of business:

Risk details

4. Provide full schedule of all locations detailing:

- Address and zip code of each location
- Number of employees at each location
- Approximate square ft of each location

	Address/Zip code	Number of employees	Square feet of location
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Risk preparedness

5. Do you have an onsite security team?

Yes No

Describe your security program:

6. What is the distance to the nearest police station or fire department:

7. Do you have an emergency plan that sets out response protocols, including evacuation, lockdown, accountability and reunification? Yes No

If yes, please provide further details:

8. Do you have an active shooter security plan in place? Yes No

Are there any physical measures, or otherwise, in place to deter an attack or assault? Yes No

If yes, please provide further details:

9. Do you have a security/crisis management plan in place and are drills or exercises conducted? Yes No

If yes, please provide details on what type and how regularly:

10. Has your security/crisis management plans been designed/reviewed by an independent risk analysis company? Yes No

If yes, please provide further details:

11. Do you have security screening measures in place for employees? Yes No

If yes, please provide details:

12. Do you monitor email and social media? Yes No

If yes, please provide details:

13. What is the current budget for emergency preparedness (security personnel, equipment, emergency supplies, training/drills, notification/communication, and planning)?

14. Please provide designated point of contact for Event Responder contact/correspondence.

Name:

Position/Title:

Telephone number:

Email:

Claims history

15. Have you suffered any violent acts, threats, attacks or incidents at any of your locations during the last five years? Yes No

If you answered yes, please provide details (include brief description, date, location and amount).

Continue on separate sheet if necessary.

Policy details

16. Do you currently have, or have you at any time had, a general liability policy? Yes No

17. Have you ever been declined or accepted under special terms for general liability insurance, or has any insurer ever cancelled or declined to renew your policy? Yes No

18. Active shooter coverage required?

	Proposed effective date	Limit of liability (USD)	Excess (USD)
Option 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option 3	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your information

Any personal information you have provided will be dealt with by us in compliance with the provisions of relevant US privacy laws and EU Data Protection Directive (also known as Directive 95/46/EC). We have implemented technology and policies to safeguard your privacy from unauthorised access and improper use and will continue to update these measures as new technology becomes available.

Declaration

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to what constitutes a material fact you should consult your broker).

I understand that the signing of this proposal does not bind me to complete or underwriters to accept this insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis and be incorporated into the contract.

Signature:

Position:

Date:

 / /

You should keep a record (including copies of any letters) of all information supplied for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform your broker of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your broker.