



**Program Manager:**

**McGowan Program Administrators**  
*(A Division of McGowan & Company, Inc.)*

Home Office – 20595 Lorain Road  
Fairview Park, OH 44126  
Phone: (440) 333-6300 / Fax: (440) 333-3214

[www.mcgowanprograms.com](http://www.mcgowanprograms.com)

**Submitted By:**

Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone/Fax: ( ) / ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

**Active Shooter/Workplace Violence Insurance Programs**

1. Name of U.S. Entity to be insured: \_\_\_\_\_

2. Address and Zip Code of the Insured: \_\_\_\_\_

3. Website: \_\_\_\_\_

4. Years in Business: \_\_\_\_\_ 5. Total Number of Locations: \_\_\_\_\_

6. Total # of Employees: \_\_\_\_\_ 7. Total # of visitors/students/residents/patients/etc.: \_\_\_\_\_

8. Number of Employees at each location: \_\_\_\_\_

9. Does the Applicant have:

- An Employee Assistance Program (EAP)? Yes  No
- A progressive discipline policy? Yes  No
- An employee grievance/dispute resolution procedure? Yes  No
- A customer complaint/grievance resolution procedure? Yes  No
- A written policy on workplace violence that is available to all employees? Yes  No
- A program to train supervisory and management personnel to recognize, report, and respond to all potentially hostile employees or situations? Yes  No
- A background check procedure for all potential employees? Yes  No
- What security measures limiting and/or monitoring public accesses are in place at Applicant locations?

10. Type of Entity (i.e. Government buildings, Retail property, House of worship etc) \_\_\_\_\_

11. Please select the limit options you would like quotes for:

\_\_\_\$1,000,000 \_\_\_\$3,000,000 \_\_\_\$5,000,000 \_\_\_\$10,000,000 \_\_\_\$15,000,000 \_\_\_\$20,000,000

12. What is the total annual revenue of the entity? \_\_\_\_\_

13. Provide full Schedule of all Locations detailing (if more than one location please attach a schedule) the information below:

- Address and zip code of each location:

- Number of employees at each location:



- Approximate size / number of visitors, students, patients, residents etc:
- Approximate Square FT of each location:
- Distance to nearest police station or fire department:

14. Does the U.S. Entity have an onsite security team? Yes  No

If yes, please provide further details.

15. Does the U.S. Entity have an emergency plan that sets out response protocols, including evacuation, lockdown, accountability and reunification?

If yes, please provide further details. Yes  No

16. Does the U.S. Entity have an Active Shooter security plan in place? Are there any physical measures, or otherwise, in place to deter an attack or assault?

If yes, please provide further details. Yes  No

17. Does the U.S. Entity have a security / crisis management plan in place and are drills or exercises conducted? If yes, please provide details on what type and how regularly.

Yes  No

18. Furthermore, have your security / crisis management plans been designed/ reviewed by an independent Risk Analysis Company?

If yes, please provide further details. Yes  No

19. Does the U.S. Entity have security screening measures in place for employees? If yes, please provide details.

Yes  No

20. Does the U.S. Entity monitor email and social media?

If yes, please provide details. Yes  No

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



22. To the best of their knowledge, has the U.S. Entity suffered any violent acts, threats, attacks or incidents at any of their locations during the last five years?

If yes, please provide further details.

Yes  No

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

Name: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

The undersigned certifies that he or she is an authorized representative of the applicant identified in "APPLICANT DETAILS" and certifies that reasonable inquiry has been made to obtain the answers to these questions. He or she certifies that the answers are true, correct and complete to the best of his/her knowledge and belief.

Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

Agent/Broker Name: \_\_\_\_\_

**Please send all application submission information to:**

[pmarshall@mcgowanprograms.com](mailto:pmarshall@mcgowanprograms.com)

McGowan Program Administrators  
4031 Colonel Glenn Highway, Dayton OH 45431  
P: 937.949.5816 x5951  
[www.mcgowanprograms.com](http://www.mcgowanprograms.com)

