



Active Shooter Insurance Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • PO Box 5987 Greenville SC 29606

DIRECTIONS:

1. Complete the application (all pages) in full by filling in the blue fields.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax it to 864-603-2348.

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Flood	<input type="checkbox"/> Hired & Non-Owned Auto
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Cyber Liability

Active Shooter / Workplace Violence Insurance Programs

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

2. Address and Zip Code of the Insured:

Email:

Phone:

Website:

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

6. 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

7. What is the total annual revenue of the entity?

8. Provide full Schedule of all Locations detailing (if more than one location please include a schedule including 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 policy station or fire department:

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

If yes, please provide further details.



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10.Does the U.S. Entity have an emergency plan that sets out response protocols, including evacuation, lockdown,accountability and reunification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide further details.	
11.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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide further details.	
12.Does the U.S. Entity have a security / crisis management plan in place and are drills or exercises conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details on what type and how regularly.	
13.Furthermore have your security / crisis management plans been designed/ reviewed by an independent Risk Analysis Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide further details.	
14.Does the U.S. Entity have security screening measures in place for employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details.	
15.Does the U.S. Entity monitor email and social media? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details.	
16.What is the current budget for emergency preparedness (security personnel, equipment, emergency supplies,training/drills, notification/communication, and planning)?	
17.To the best of their knowledge, have the U.S. Entity suffered any violent acts, threats, attacks or incidents at any of their locations during the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide further details.	
18.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:



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA: 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.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: 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 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.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: