

# WVA | WORKPLACE VIOLENT ACT

## ACTIVE SHOOTER AND VIOLENT ACT COVERAGE

weapons include any firearm,  
vehicle, device, instrument,  
material or substance

+ CRISIS MANAGEMENT RESOURCE



DESIGNED BY

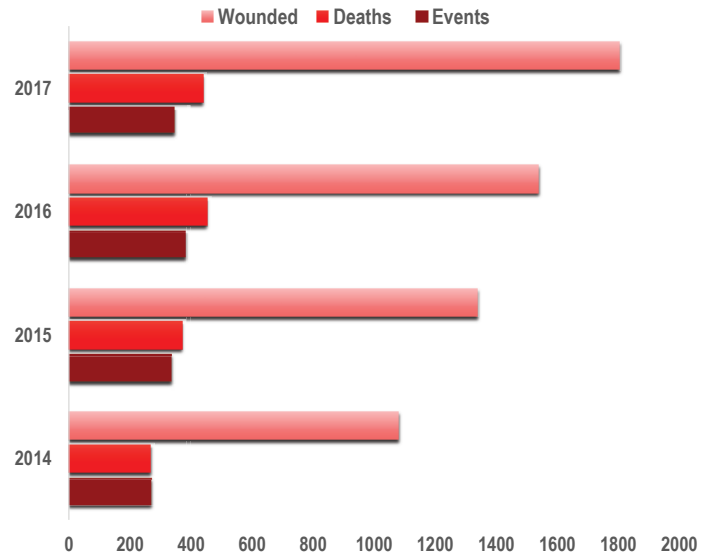
PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.  
UNDERWRITING FACILITIES (PLIS®, INC.)

800.761.7547 | UNDERWRITING@PLISINC.COM | WWW.PLISINC.COM

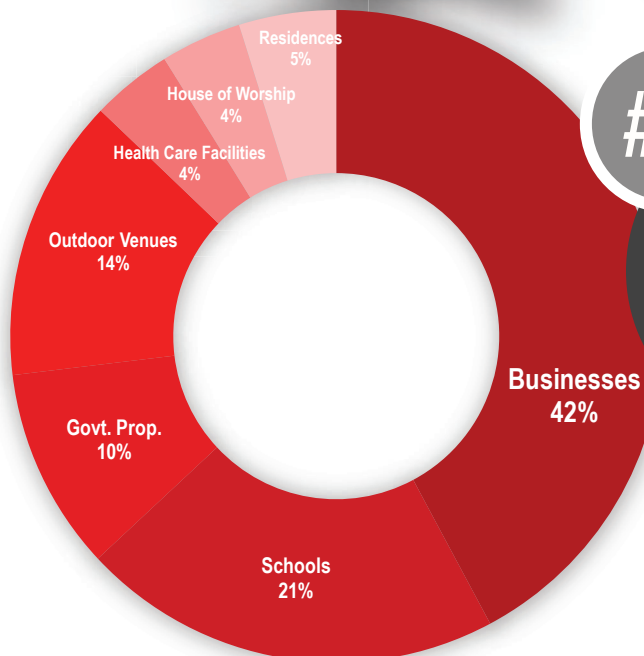
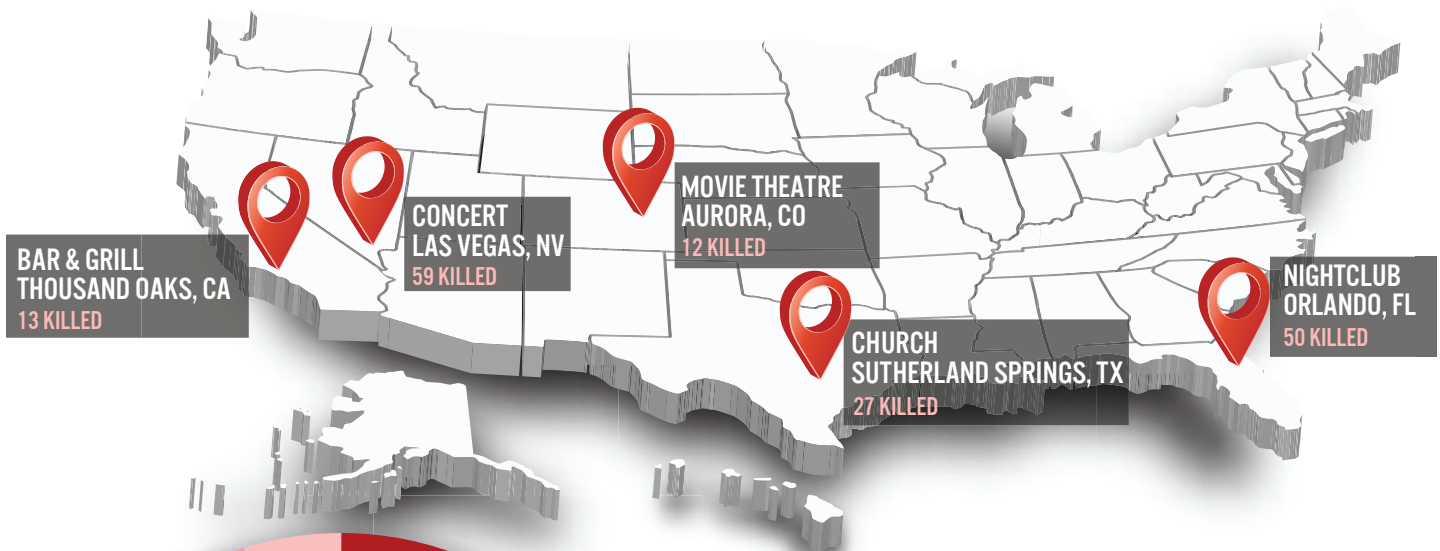
# LET'S TAKE A LOOK AT THE DEVASTATING NUMBERS...

THESE EVENTS ARE INCREASING, BECOMING DEADLIER AND AFFECTING MORE VICTIMS

IN 2018 ALONE,  
THERE WERE  
**325**  
MASS SHOOTINGS



## NO ENTITY IS IMMUNE, NO STATE IS IMMUNE



#2

WORKPLACE VIOLENCE  
IS THE SECOND LEADING  
CAUSE OF WORKPLACE  
FATALITIES - AFTER  
TRANSPORTATION

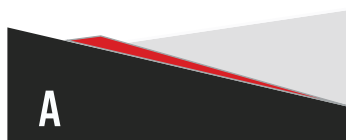
**4 OF THE TOP 10  
BIGGEST MASS  
SHOOTINGS IN 5  
DECADES HAPPENED  
IN 2017 & 2018**

A workplace violence event is the perfect storm for revenue loss & liability. This form of coverage is not what any business should ever have to consider, but these types of events are increasing. PLIS, Inc. has designed a multi-faceted stand-alone product to address this growing area of risk. All businesses are vulnerable, whether it is a casual office setting or an establishment with late hours and frequent customers. Injury is an obvious potential loss, but residual community concerns may impact revenue and future growth.

Standard insurance policies may not provide the relief for a depleted revenue stream with related costs because there is no direct covered peril to trigger those policies. The policy provides four (4) types of coverages for these events and includes a 24/7 Crisis Management Resource to manage chaos during an unfolding event. SRM can also provide plans/procedures before a potential event.

### \$71M AVAILABLE IN TOTAL AGGREGATE LIMITS

Underwritten by certain underwriters at Lloyd's



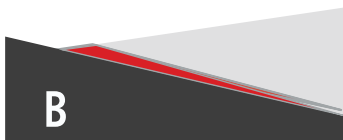
#### BUSINESS INTERRUPTION

UP TO \$40M LIMITS

INCOME STABILIZATION REVENUE REIMBURSEMENT

UP TO 18 MONTHS PERIOD OF RESTORATION

RADIUS EXPANSION 1-5 MILES  
(ADDITIONAL PREMIUM PER MILE)



#### BODILY INJURY

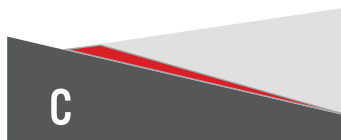
UP TO \$30M LIMITS

CLAIMS MADE & REPORTED

BODILY INJURY CAUSED TO THIRD PARTIES

DEDUCTIBLE REDUCTION

DEFENSE COSTS & DAMAGES (NO P&E)



#### PROPERTY DAMAGE

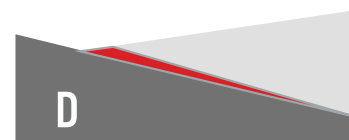
UP TO \$1M LIMITS

REIMBURSEMENT COVERAGE

BASED ON ACTUAL CASH VALUE

INCLUDES BUT NOT LIMITED TO:  
GLASS REPLACEMENT, TEMPORARY BOARDS  
AND MORE

THIRD PARTY PERSONAL PROPERTY  
SUBLIMIT



#### RESPONSE EXPENSES

CRISIS MANAGEMENT EXPENSES  
(NO DEDUCTIBLE)

PUBLIC RELATIONS EXPENSES

COUNSELING SERVICES (NO DEDUCTIBLE)\*

SECURITY SERVICES (NO DEDUCTIBLE)\*

FUNERAL EXPENSES

REMARKETING EXPENSES

TEMPORARY STAFF

BIOHAZARD CLEAN-UP

\*up to 90 days

#### BROAD WEAPONS DEFINITION

includes any firearm, vehicle, device, instrument, material or substance

#### THREAT

includes Business Interruption, Response Expenses and Bodily Injury for brandishing of a deadly weapon at a Covered Location

#### STALKING

includes Crisis Management, Counseling Services and/or Security Services for conduct or behavior considered threatening or with intent to do harm towards an employee and reported to government authorities (up to 90 days)

#### OFF-SITE EMPLOYEE

includes Response Expenses for use of a deadly weapon against an employee that caused bodily injury, while the employee is within the course and scope of employment

#### MEDICAL PAYMENTS

includes reasonable and necessary medical expenses incurred to a third party on a sub-limited basis

#### RADIUS

If purchased, includes coverage for Business Interruption & certain Response Expenses when a workplace violent event occurs 1-5 miles from the building at a Covered Location

#### REWARD MONIES

rewards are available to individuals that provide information leading to the direct arrest or conviction on a sub-limited basis

#### NO TERRORISM EXCLUSION

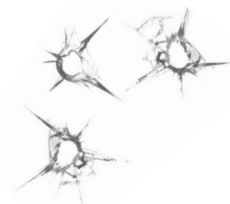
#### COVERAGE TRIGGERS:

VIOLENT ACT EVENT

THREAT EVENT

STALKING EVENT

OFF-SITE EMPLOYEE EVENT



# CRISIS CONSULTANTS

Purchase the PLIS WVA Policy and gain exclusive access to **SPECIALTY RISK MANAGEMENT®**, Inc. (SRM®).

The biggest hurdle businesses face is increasing awareness. Many businesses see the red flag, but fail to act early enough. SRM is available to assist during the early stages to develop intervention strategies to alter or influence the outcomes. For the unexpected events, SRM is available 24/7 for immediate crisis response.

Crisis Management is structured to be responsive to four (4) areas of concern. First, every business starts with a basic plan for security and training. Development of these programs/loss controls are essential to any business response. Second, assistance with intervention strategies for evolving or high-risk situations. Third, SRM provides essential crisis management response at the time of an event including media statements, customer/employee assistance, government agency coordination and more. Lastly, SRM will assist with the recovery of the brand name.

## SRM CAN ASSIST IN ANY OF THE FOLLOWING AREAS:

### 1 PREPARATION

- Mock Training/Drill Resources
- Threat Assessment Tools
- Special Security Considerations
- Workplace Violence Policy Review & Samples
- Collaborative Surveillance Concepts
- Policies & Procedure, Plans & More

### 2 AWARENESS

- Proactive Use of Employment & Criminal Law to Redirect Outcomes
- Difficult/Sensitive Employee Discipline or Termination
- Mental Health/ADA Assistance
- Stalking or Threatening Behaviors
- Abnormal or Suspicious Behaviors
- Social Media Surveillance & More

### 3 RESPONSE

- 24/7 Crisis Response Helpline
- Media Strategy and Control
- Mass Customer Response & Employee Assistance
- Counseling Services – No Deductible Applies\*
- Security Services – No Deductible Applies\*
- Government Agency Coordination
- Biohazard Response Protocols
- Funeral Arrangements & More

### 4 RECOVERY

- Remarketing Efforts
- Rebuilding Community Trust
- Dynamic Customer Outreach
- Assistance with Post Event Plans & More



\* up to 90 Days

# WVA

# WORKPLACE VIOLENT ACT

This document is issued as an aid to assist you in the overall understanding of the Policy. This is not part of the insurance contract and confers no rights upon you. This document does not amend, extend or alter the coverage afforded by the Policy. For a complete understanding of any insurance purchased, it is Underwriters' assumption that you read the policy, declarations page and any endorsements, and discussed with your broker. Actual terms and conditions may be amended by endorsement or affected by state laws. © Copyright PLIS®, Inc. and its licensors. All Rights Reserved.



# WORKPLACE VIOLENT ACT INSURANCE APPLICATION

Loss of Business Income, Bodily Injury, Property Damage & Incident Response for Violent Act Events

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.  
UNDERWRITING FACILITY - SINCE 1983

P: 800.761.7547 | F: 512.327.5834 | E: UNDERWRITING@PLISINC.COM | W: WWW.PLISINC.COM

1. **Applicant Company Name:** \_\_\_\_\_
2. ☐ Sole Proprietor    ☐ Corporation    ☐ Partnership    ☐ Joint Venture    ☐ LLC    ☐ LLP    ☐ Other: \_\_\_\_\_
3. **Describe Nature of Business/Type of Operation:** \_\_\_\_\_
4. **Mailing Address:** \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_
5. **Risk Management/Human Resources Contact Person:** \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
6. **Total Annual Sales All Locations:** \_\_\_\_\_ **Annual Sales of Largest Location:** \_\_\_\_\_
7. **Number of years in business:** \_\_\_\_\_
8. **Total employee count (all locations):**    Full Time \_\_\_\_\_    Part Time \_\_\_\_\_
9. **Do you have onsite security personnel?**..... YES ☐ NO ☐
10. **Do you allow weapons and/or firearms in your locations?** ..... YES ☐ NO ☐  
If YES, please provide under what circumstances you allow weapons and which weapons. \_\_\_\_\_
11. **Do you conduct background checks for all potential employees?** ..... YES ☐ NO ☐
12. **Are there physical barriers in place to help deter an attack or assault:** ..... YES ☐ NO ☐  
If so, what? \_\_\_\_\_
13. **Hours of Operation:**    Standard Business Hrs. Mon.—Fri ☐    Standard Business Hours Weekends: ☐    Open 24 Hours.: ☐
14. **Is your business open to the public?**..... YES ☐ NO ☐  
If YES, approximately how many non-employees visit your facility each week? \_\_\_\_\_
15. **How frequently do your employees and/or management travel as a part of their job duties?** \_\_\_\_\_
16. **Policies and procedures. Do you have the following?**
  - a. **Workplace Violence Crisis Management/Security Plan?** ..... YES ☐ NO ☐
  - b. **Workplace Violence Policy Distributed to employees?** ..... YES ☐ NO ☐
  - c. **Open Door Policy?** ..... YES ☐ NO ☐
  - d. **Harassment/Sexual Harassment Policy?** ..... YES ☐ NO ☐
  - e. **Electronic Monitoring Notice Policy?** ..... YES ☐ NO ☐
  - f. **Third Party/Customer Complaint Policy (Reporting & Handling of Complaints)?** ..... YES ☐ NO ☐
17. **Training. Do you do the following?**
  - a. **Workplace Violence Training for Employees & Management?** ..... YES ☐ NO ☐
  - b. **Mock Workplace Violence Drills for Employees & Management?** ..... YES ☐ NO ☐
18. **Do you monitor email and social media for potential threats of Workplace Violence?** ..... YES ☐ NO ☐
19. **Do expect any layoffs/reductions in force over the next 12 months or had any in the past 12 months?**..... YES ☐ NO ☐
20. **a. Planned number of new locations in next 12 months (include expected open date and city/state of new location):** \_\_\_\_\_  
**b. Planned number of locations to be closed in next 12 months (include expected close date and city/state of location):** \_\_\_\_\_

21. Please complete the following for all locations (or, submit in an accompanying Excel Format Spreadsheet or Other Document):

City & State	Number of Locations

NOTE – A full listing of locations with zip code will be required prior to binding.

22. **In what Metropolitan area (city) do you have the largest Number of Locations:** \_\_\_\_\_
23. **Do you have locations within any of the following:**
  - a. **Airport**..... YES ☐ NO ☐
  - b. **Shopping Center/Mall** ..... YES ☐ NO ☐
  - c. **Public or Private Schools**..... YES ☐ NO ☐
  - d. **Hospitals** ..... YES ☐ NO ☐
  - e. **Military Base(s)** ..... YES ☐ NO ☐
22. **Do you have any locations outside of the United States?**..... YES ☐ NO ☐  
If YES, what percentage? \_\_\_\_\_ (NOTE – Coverage only applies to the United States, and its territories)



25. During the last five years, has any location experienced or been involved in any of the following:
- |  |  |
|--|--|
| a. A threat or attack of a violent nature.....                       | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| b. A bodily injury claim(s) due to violence at your location.....    | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| c. A property damage claim(s) due to violence at your location ..... | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| d. A terrorist threat of any kind.....                               | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| e. Stalking of an employees.....                                     | YES <input type="checkbox"/> NO <input type="checkbox"/> |

*If YES to any of the above, provide complete the Claims Supplement with dates, details, and amount of the loss, if applicable.*

26. Provide information about similar or comparable Insurance carried during the past year. *If no current coverage is in force, check the box:* ☐

Carrier: _____	Coverage: \$ _____ / \$ _____	Ded/SIR: \$ _____
Premium: \$ _____	Policy Period: _____ to _____	Number of Insured Locations: _____

27. Provide information about current limits on Commercial General Liability Insurance carried during the past year

Carrier: _____	Coverage: \$ _____ / \$ _____	Ded/SIR: \$ _____
Premium: \$ _____	Policy Period: _____ to _____	Number of Insured Locations: _____

28. Provide information about current limits on Commercial Property Insurance carried during the past year

Carrier: _____	Coverage: \$ _____ / \$ _____	Ded/SIR: \$ _____
Premium: \$ _____	Policy Period: _____ to _____	Number of Insured Locations: _____

29. Provide information about current limits Worker's Compensation Insurance carried during the past year

Carrier: _____	Coverage: \$ _____ / \$ _____	Ded/SIR: \$ _____
Premium: \$ _____	Policy Period: _____ to _____	Number of Insured Locations: _____

#### NOTICE

The Applicant represents to the best of its knowledge and belief that the statements set forth are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgment of Underwriters in their rating and/or acceptance of this risk.

The Applicant agrees that if a contract of insurance is provided by Underwriters, this Application and any other previous Applications, along with any additional supplemental applications, any attachments and supplied information shall be the basis for the formation of such contract and shall be a material and integral part of the Policy, whether or not they are attached to the Policy and/or signed by the Applicant.

Any representations made in the application process for any Policy that may be issued by Underwriters, and the statements made within this Application, any additional supplemental applications, any attachments and supplied information shall be construed as representations of the Applicant.

The Applicant represents that the person signing and initializing this Application and any additional supplemental applications has been authorized to do so by the Applicant.

Signing of this Application and any additional supplemental applications does not bind the Insurer to an offer nor the Applicant to accept insurance.

The Applicant further agrees that if the information supplied on this Application, any additional supplemental applications, any attachments and supplied information changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify Underwriters of such change prior to inception of the Policy. \_\_\_\_\_ (Initials)

Applicant further understands and agrees that no person or entity other than Underwriters has the right to waive or change any part of the Policy. Furthermore, notice to any agent or knowledge possessed by any agent or other persons acting on behalf of the Applicant shall not effect a waiver or a change in any part of the Policy nor estop Underwriters from asserting any right under the terms of the Policy.

By signing this Application and any additional supplemental applications, the Applicant confirms that they have been provided with and inspected a specimen of the Workplace Violent Act Insurance wording and any applicable endorsements. Underwriters expect that the Applicant will take time to review the Policy to ensure that they fully understand the coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

**CRISIS MANAGEMENT/RISK MANAGEMENT:** The proposed policy is designed for risks that agree to use the crisis consultants/risk management services as approved and appointed by Underwriters as defined in the Policy Declarations. The Applicant Company agrees to immediately contact the designated 24-hour crisis consultants services as defined in the Declarations in the event of any actual or potential workplace violence event.

**In addition to all other terms and conditions:** Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance 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.

\_\_\_\_\_  
Applicant's authorized signature of a Principal, Partner or Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant's authorized signature of a Principal, Partner or Officer