

ExecutivePerils

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dba: Executive Perils Insurance Services

Workplace Violence Application

1. GENERAL INFORMATION

Proposed Insured _____

Principal Address _____

Nature of Business _____

<u>Country Name</u>	<u>Number of Locations</u>	<u>Total Employees</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. COVERAGE REQUESTED

Coverage	Limit Requested	Deductible
Workplace Violence	\$ _____	\$ _____

3. POLICY PERIOD REQUESTED

From _____ to _____ both days at 12:01 a.m. at the principal address of the proposed Insured

4. PREVIOUS WORKPLACE VIOLENCE INSURANCE

Insurer	Limits	Policy Period
_____	\$ _____	_____

5. WORKPLACE PRACTICES & SECURITY:

Does your company have:

- An **Employee** Assistance Program (EAP)? Yes No
- A progressive discipline policy? Yes No
- An **Employee** complaint/grievance resolution procedure? Yes No
- A customer complaint/grievance resolution procedure? Yes No
- A written policy on workplace violence that is circulated to all **Employees**? Yes No

Are supervisory and management **Employees** trained to recognize, report and respond to potentially hostile **Employees** or situations? Yes No

Has the proposed **Insured** or any subsidiaries in the past twelve months been involved with or contemplate in the next twelve months any layoffs, staff reductions or facility closings? Yes No

What security precautions do you have in place to limit access to your premises from hostile or volatile persons?

6. LOSS EXPERIENCE

List all incidents of workplace violence which would have been covered under this policy in the last 3 years, itemizing each loss separately: Check if none:

Date of Loss	Total Amount*
_____	_____
_____	_____
_____	_____

*Please attach details of all losses and disclose that part of any loss covered by insurance as well as any additional amount incurred by the Insured.

7. MATERIAL CHANGE

Signing of this application does not bind coverage between the Company and the Applicant. If there is any material change in the answers to the questions provided herein prior to the coverage section inception date, the Applicant will notify the Company in writing and any outstanding quotation may be modified or withdrawn.

8. UNDERWRITING INFORMATION

- Most recent audited financial statement of the proposed **Insured**.
- Copy of workplace violence policy
- Copies of **Employee** and customer complaint/grievance procedures.

9. FALSE INFORMATION

Notice: 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.

10. DECLARATION AND SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

This section of the application must be signed by the Risk Manager or other person responsible for purchasing insurance.

Date _____ Signature _____ Title _____