

Lexington Insurance Company

Administrative Office:
100 Summer Street
Boston, Massachusetts 02110

Crisis Response for School Violent Acts Application

All questions must be fully and completely answered. If there is not enough room in the space provided, a separate page(s) may be attached. Please mark "N/A" any question that does not apply to your operation.

1. GENERAL INFORMATION

Name of Applicant: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Contact Person for Inspection: _____ E-Mail: _____

Website: _____

DESIRED EFFECTIVE DATE OF COVERAGE: _____

AGENT/BROKER NAME: _____ ADDRESS: _____

2. Total ADA/Student Count: _____

3. Emergency Response Plan (ERP) Questionnaire

Please attach your Emergency Response Plan. The following questions relate to your plan.

a. Does your ERP apply to all locations, including temporary locations? Yes No

b. i) Is the ERP distributed to all employees? Yes No

ii) Are all school employees trained to access and use the ERP? Yes No

c. i) Is the ERP periodically reviewed and updated? Yes No

Who reviews it? _____

How often? _____

Date of last review. _____

ii) Are school employees informed about updates and revisions when they occur? Yes No

If No, please explain: _____

4. Crisis Management Team (internal to your organization)

Please attach any Crisis Response Team checklists or "To Do" crisis lists.

a. i) Do you have a Crisis Response Team? Yes No

If yes, please list all members, titles and responsibilities of the Team or attach a list.

ii) How often does the Crisis Response Team meet? _____

- b i) Does your Crisis Response Team have a designated command center? Yes No
- ii) Have you established a secure receiving area for injured parties and family members? Yes No
- c. i) Do you have maps and floor plans to all school locations including temporary locations? Yes No
- ii) Do these include a layout of all exit and entrance locations? Yes No
- iii) Do the police have a copy of all maps and floor plans? Yes No
- d. i) Do you have security guards on school grounds? Yes No
- Are any security guards armed? Yes No
- ii) Do you have school resource officers? Yes No
- If yes, how many officers? _____
- How often are they on school grounds? _____
- e. i) Do you have emergency drills? Yes No
- If yes, how often are these performed? _____
- ii) What types of drills are performed? (physical Vs. tabletop)? _____

5. Crisis Management Firm:

Please note that the Crisis Response for School Violent Acts Coverage Form requires that you use approved Crisis Management Firms. A schedule of such firms will be attached to your policy. If you have used other Crisis Management Firms and wish to have them reviewed for approval, please complete the following:

a. Please list the names, addresses and contact information of all Crisis Management Firms that you work with or retain. Please include the services they provide, or will provide in the event of an emergency.

- b. Do you have counselors/psychologists on site that have been trained to handle crisis situations? Yes No
- c. Do you have a student reporting system or student hot line? Yes No
- d. Are there "anti-bullying" or "zero tolerance" rules? Yes No

6. Loss History

a. Have there been any violent acts in your district that have resulted in serious bodily injury or death in the past 5 years? If yes, please list the dates and incidents.

7. Signature:

Notice to New York Applicants:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

The signing of this Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Insurance Company to issue a policy. The Application shall be the basis of the contract should a policy be issued.

Print Applicant Name: _____

Organization: _____

Signed: _____ Title: _____ Date: _____

Agent/Broker Signature: _____