

**LEXINGTON INSURANCE COMPANY  
200 STATE STREET  
BOSTON, MA 02109**

**APPLICATION  
VIOLENT ACTS PROTECTION INSURANCE**

**Instructions:**

1. Answer all questions. If answer to any questions is None, please state None.
  2. Attach a separate piece of paper as necessary.
  3. Application must be signed and dated by the owner, partner, or officer and the human resource or personnel officer.
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**I. GENERAL INFORMATION**

- A. Name and Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_
- B. Person to Contact: \_\_\_\_\_ Phone # \_\_\_\_\_
- C. Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
Other (specify) \_\_\_\_\_
- D. Describe Nature of Business: \_\_\_\_\_
- E. Principal Product/Services: \_\_\_\_\_
- F. (1) Number of Locations: \_\_\_\_\_  
(2) List the five states with the greatest number of employees (largest to smallest):  
\_\_\_\_\_
- (3) Are there any foreign operations? Yes \_\_\_ No \_\_\_
- G. Coverage Limit Desired: \_\_\_\_\_  
Attachment Desired: \_\_\_\_\_

**II. EMPLOYEES**

- A. Number of Full Time Employees: \_\_\_\_\_ Percentage CA: \_\_\_ TX: \_\_\_ NY: \_\_\_
- B. Number of Part Time Employees: \_\_\_\_\_ Percentage CA: \_\_\_ TX: \_\_\_ NY: \_\_\_

**III. CURRENT LIABILITY INSURANCE**

**A. EMPLOYERS LIABILITY (WORKERS COMPENSATION PT. B.)**

**LIMIT:** \_\_\_\_\_

**ATTACHMENT:** \_\_\_\_\_

**CARRIER:** \_\_\_\_\_

**B. PRIMARY GL**

**LIMIT:** \_\_\_\_\_

**ATTACHMENT:** \_\_\_\_\_

**CARRIER:** \_\_\_\_\_

**C. EPL**

**LIMIT:** \_\_\_\_\_

**ATTACHMENT:** \_\_\_\_\_

**CARRIER:** \_\_\_\_\_

**PREMIUM:** \_\_\_\_\_

**IV. LOSS HISTORY:**

**A. Furnish first dollar Loss History (5 years) for all occurrences of workplace violence which have led to claims made against the Applicant brought or made by employees, non employees, students or any other individual or group of individuals.**

<u>Date of Occurrence</u>	<u>Claimant Name</u>	<u>Nature of Occurrence</u>	<u>Defense Amount</u>	<u>Indemnity Amount</u>	<u>Reserve, if open</u>	<u>Current Status</u>

\*Please provide all requested information.

\*If additional space is required please attach additional claims information on separate sheet.

**B. Are you aware of any facts, incidents, or circumstances which may result in claims being made against you? Yes \_\_\_ No \_\_\_ If Yes, please provide details.**

**V. CORPORATE POLICIES:**

- A. Does the Applicant have a Human Resource or Personnel Department?**  
Yes  No  If No, on a separate piece of paper, please provide details on the handling of this function.
- B. How many employees are in this Department?** \_\_\_\_\_
- C. Does the Applicant have a policy on Workplace Violence? Yes  No**   
Please provide specifics. Please attach a copy.
- D. Does the Applicant conduct specific training and or seminars on Workplace Violence Issues? Yes  No**   
Please provide specifics.
- E. Does the Applicant have a policy regarding weapons in the workplace?**  
Yes  No   
Please provide specifics. Please attach a copy.
- F. Do you use any tests to screen applicants for employment or to promote employees?**  
Yes  No  Please provide specifics.
- G. Does the Applicant conduct background checks on prospective employees?**  
Yes  No   
Please provide specifics. Please attach any written policy.
- H. Does the Applicant have security access control systems and procedures at it's facilities? Yes  No**  Please provide specifics. Please attach any written policy.
- I. Does the Applicant have an Employee Assistance Plan (EAP)? Yes  No**   
Please provide specifics. Please attach any written policies.
- J. Do you have a formal orientation program for all new employees and is an orientation checklist maintained for each? Yes  No**
- K. Does the Applicant have a policy on drug testing or drug screening?**  
Yes  No  Please provide specifics. Please attach any written policies.
- L. Does the Applicant require terminations to be reviewed by:**  
(1) Its Human Resources Department? Yes  No   
(2) Its Legal Department? Yes  No   
(3) Its outside counsel? Yes  No

- M. Does the Applicant conduct exit interviews? Yes \_\_\_\_\_ No \_\_\_\_\_
- N. Do you anticipate any layoffs within the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you had any layoffs in the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes,  
 please provide details on a separate piece of paper. Please include the date of the  
 layoff, the number of employees laid off, job category, the manner in which the  
 layoffs were/will be conducted and terms of severance.

**Checklist: Please Attach.**

- \*Most current EEO-1 Report.
- \*Most current audited financials.
- \*Policy re Workplace Violence.
- \*Policy re Weapons in the Workplace.
- \*Policy re Drug Testing.
- \*Policy re Background Checks.

**THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.**

**THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY, IT WILL IMMEDIATELY NOTIFY LEXINGTON INSURANCE COMPANY OF SUCH CHANGES. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE A PART OF THE POLICY SHOULD A POLICY BE ISSUED.**

<b>Date</b>	<b>Applicant's Authorized Signature of a Principal, Partner or officer</b>	<b>Title</b>
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<b>Date</b>	<b>Applicant's Authorized Signature of Individual in charge of the Human Resources Dept.</b>	<b>Title</b>
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