



**COMMONWEALTH
INSURANCE ADVANTAGE**
world class coverage in your community

Active Threat Solutions

Readiness for Today's World

For U.S. Education Providers

Coverage Application | ATS@commonwealthinsure.com



COMMONWEALTH
INSURANCE ADVANTAGE
world class coverage in your community

LLOYD'S

ACTIVE THREAT SOLUTIONS FOR U.S. EDUCATION PROVIDERS

APPLICATION FORM

| | |
|---|----------|
| General Information: | |
| A. Name of U.S. Education Provider: | |
| B. Main Campus Address and Zip Code: | |
| Provide full Schedule of Locations (if applicable) and Campus Map(s). | |
| C. Website: | |
| Risk Analysis, Risk Characteristics and Security Protocols: | |
| A. Number of Students: | |
| B. Number of Employees: | |
| C. Type of U.S. Education Provider: (i.e. Pre-K – College – Charter School – University etc) Is the U.S. Education Provider a For Profit or Not For Profit entity: Confirm if co-education, single sex male, single sex female: Boarding, Day School or both: Age range of students: Number of Campuses and Approximate Square FT of each Campus.: Is the U.S. Education Provider a Medical Academic Center: If yes, please confirm if abortions are performed on-site. | Yes / No |
| D. Does the U.S. Education Provider have an onsite security team? If yes, please provide further details. | Yes / No |
| E. Distance to nearest police station or fire department: | |
| F. Does the U.S. Education Provider have an emergency plan that sets out response protocols, including evacuation, lockdown, accountability and reunification? If yes, please provide further details. | Yes / No |
| G. Does the U.S. Education Provider have an Active Shooter security plan in place? Are there any physical measures, or otherwise, in place to deter an attack or assault? If yes, please provide further details. | |



| | | | | | | | | | |
|---|--|-------|--|-------------------|--|-------------------|--|--------|--|
| H. Does the U.S. Education Provider have a security / crisis management plan in place and are drills or exercises conducted? If yes, please provide details on what type and how regularly. Furthermore have your security / crisis management plans been designed / reviewed by an independent Risk Analysis Company? If yes, please provide further details. | | | | | | | | | |
| I. Does the U.S. Education Provider have security screening measures in place for employees and students? If yes, please provide details. | | | | | | | | | |
| J. Does the U.S. Education Provider monitor email and social media? If yes, please provide details. | | | | | | | | | |
| K. What is the current budget for emergency preparedness (campus security personnel, equipment, emergency supplies, training/drills, notification/communication, and planning)? | | | | | | | | | |
| L. To the best of their knowledge, have the U.S. Education Provider suffered any claims arising from violent acts or threats, attacks or incidents at any of their locations during the last five years? If yes, please provide further details. | | | | | | | | | |
| M. Please provide designated point of contact for future Event Responder contact / correspondence. | <table><tr><td>Name:</td><td></td></tr><tr><td>Position / Title:</td><td></td></tr><tr><td>Telephone Number:</td><td></td></tr><tr><td>Email:</td><td></td></tr></table> | Name: | | Position / Title: | | Telephone Number: | | Email: | |
| Name: | | | | | | | | | |
| Position / Title: | | | | | | | | | |
| Telephone Number: | | | | | | | | | |
| Email: | | | | | | | | | |

The undersigned warrants to the best of their knowledge that all statements in this application, and any supporting information referenced above are true. If facts are to change during or subsequent to the quoting process, it is the applicant's responsibility to update that information.

Signature of authorised representative of the applicant

Title

Date