



WORKPLACE VIOLENCE EXPENSE COVERAGE SECTION

(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of **Applicant**:

B. RISK PROFILE

Please complete the following information regarding the **Applicant**:

- 1. Total number of locations: _____
- 2. Total number of employees: _____

C. WORKPLACE PRACTICES

Does the **Applicant**:

- 1. Have an Employee Assistance Program (EAP)? Yes No
- 2. Have a progressive discipline policy? Yes No
- 3. Have an employee complaint/grievance resolution procedure? Yes No
- 4. Have a customer complaint/grievance resolution procedure? Yes No
- 5. Have a written policy on workplace violence that is circulated to all employees? Yes No
- 6. Train supervisory and management employees to recognize, report and respond to potentially hostile employees or situations? Yes No
- 7. Have a process for performing background checks for potential employees?
If "Yes", please explain. _____

_____ Yes No
- 8. Have procedures in place for employees to report stalking threats?
Please explain. _____

_____ Yes No



D. OPERATIONAL CHANGES

1. In the past 12 months, has the **Applicant** been involved with any layoffs, staff reductions or facility closings? Yes No
If "Yes", please attach a detailed explanation.

2. In the next 12 months, does the **Applicant** contemplate any layoffs, staff reductions or facility closings? Yes No
If "Yes", please attach a detailed explanation.

E. PHYSICAL SECURITY

1. What security precautions does the **Applicant** have in place to limit access to its premises from hostile or volatile persons?

F. LOSS EXPERIENCE

1. List all incidents of workplace violence or stalking in the last 3 years which would have been covered under the policy for which this **Application** is made, itemizing each loss separately: Check if none:

Date of loss or event	Description of loss or event	Total amount of loss	Please indicate whether or not the loss was covered under another insurance policy and include the carrier's name

Please attach the following additional required underwriting information:

- Copy of workplace violence policy
- Copies of employee and customer complaint/grievance procedures