

AIU**AMALGAMATED**
Insurance Underwriters**Amalgamated Insurance Underwriters, LLC**
1 Paragon Drive, Ste 200
Montvale, NJ 07645
800-613-2600

Violent Attack Insurance Program

General Information:

Applicant _____ EIN _____

DBA _____ Website _____

Location Address _____

Mailing Address _____

Nature of Business _____ Years in Business _____

Has the applicant ever filed bankruptcy? Yes No

Annual Revenue _____

Property Manager* _____ Phone #* _____ Email* _____

To the best of their knowledge, has the entity suffered any violent acts, threats, attacks, or incidents at any of their locations during the last five years? Yes No

If yes, explain: _____

Location Information:

Property Type _____ Average Monthly Visitors _____

Number of Employees _____ Total Property Value _____

Total Area Occupied _____

Please attach Schedule of Values separated by location if multiple locations.

Security, Policies & Procedures:

Type of Premises Security* _____ If Security Guard, Armed? Yes No

Premise Security details _____

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- A progressive discipline policy?* Yes No
- A customer complaint/grievance resolution procedure?* Yes No
- A program to train supervisory and management personnel to recognize, report, and respond to all potential hostile employees or situations?* Yes No
- A background check procedure for all potential employees?* Yes No
- A premises security/emergency response plan?* Yes No

Emergency Response Contact _____ Position _____

Email _____ Phone # _____

Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance or statement or 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 subjects such person to criminal and civil penalties.

I understand that the signing of this application does not bind me to complete or the underwriter to accept this insurance but agree that, should a contract of insurance be concluded, this application and the statements made therein shall form the basis and be incorporated into the contract.

Effective Date _____

Applicant Name/Title _____

Applicant Signature* _____ Date* _____