

DISTRICTS MUTUAL INSURANCE SCHOOL VIOLENCE APPLICATION



I. GENERAL INFORMATION

Applicant Name – (As to be shown on policy): _____	Broker Name: _____
Risk Manager (or other Contact)/Title: _____	Contact/Title: _____
Street Address: _____	Street Address: _____
City: _____ County: _____	City: _____ County: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Website: _____	Email: _____
Proposed Effective Date: _____	Need Quote By: _____

II. EMERGENCY RESPONSE PLAN (ERP) QUESTIONNAIRE

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

1. Does your ERP apply to all school locations, including temporary locations? Yes: No:
2. a) Is the ERP distributed to all employees? Yes: No:
 b) Are all school employees trained to access and use the ERP? Yes: No:
3. a) Is the ERP periodically reviewed and updated? Yes: No:
 Who reviews it? _____
 How often? _____
 Date of last review: _____
 b) Are school employees informed about updates and revisions when they occur? Yes: No:
 If No, please explain: _____
4. a) Do you have a Crisis Response Team (CRT)? Yes: No:
 If Yes, please list all members, titles, and responsibilities of the CRT (or attach list): _____
 b) How often does the CRT meet? _____
5. a) Do you have maps and floor plans of all school locations, including temporary locations? Yes: No:
 b) Do these include a layout of all exit and entrance locations? Yes: No:
 c) Do the police have a copy of all maps and floor plans? Yes: No:
6. a) Do you have security guards on school grounds? Yes: No:
 Are the employed by you or hired by contract? Yes: No:
 Are any security guards armed? Yes: No:
 b) Do you have school resource officers? Yes: No:
 If Yes, how many officers? _____
 How often are they on school grounds? _____
7. a) Do you have emergency drills? Yes: No:
 If yes, how often are these performed? _____
 b) What types of drills are performed (physical vs. tabletop)? _____
8. Do you have a school signal/emergency communication system in place? Yes: No:

III. CRISIS MANAGEMENT TEAM AND SERVICE PROVIDER(S):

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

1. Do you work with or retain any professional crisis management companies? Yes: No:
If Yes, please list the names of all companies and the services they provide, or will provide in case of emergency.

2. a) Does your Crisis Response Team (CRT) have a designated command center? Yes: No:
b) Have you established a secure receiving area for injured parties and family members? Yes: No:
3. Do you have counselors/psychologists on site that have been trained to handle crisis situations? Yes: No:
4. Do you have a student reporting system or student hot line? Yes: No:
5. Are there "anti-bullying" or "zero tolerance" rules? Yes: No:
6. Have there been any violent acts in your district that have resulted in serious bodily injury or death in the past five years? Yes: No:
If Yes, please list the dates and incidents:

Any person who knowingly 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 is also punishable by civil penalties in certain jurisdictions.

The signing of this Application does not bind the undersigned to purchase the insurance, nor does 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.

Signed: _____

Name: _____

Title: _____

Date: _____

**After completing this form please fax or e-mail to Steven Stoeger-Moore at:
605/422-2163 or steve@districtsmutualinsurance.com**