



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 \_\_\_\_\_
Managing Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Position \_\_\_\_\_

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 [ ]

Does the Applicant have:

- 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 [ ]

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.

Applicant Name/Title \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Quote Effective Date \_\_\_\_\_

Thank you for your business!