



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 _____ Position _____
Email _____ Phone # _____

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 _____

Thank you for your business!



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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
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

Thank you for your business!