

LLOYD'S

ACTIVE SHOOTER PROTECTION FOR U.S. EDUCATION PROVIDERS APPLICATION FORM

PLEASE COMPLETE AND RETURN TO

activeshooter@gdpadvisors.com

General Information:

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| A. Name of Education Provider: | |
| B. Main Campus Address and Zip Code: Please provide full Schedule of Locations and Campus Map(s). | |
| C. Website: | |

Risk Analysis, Risk Characteristics and Security Protocols:

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| A. Number of Students: | |
| B. Number of Employees: | |
| C. Type of Education Provider: (i.e. Pre-K – College – Charter School – University etc) | |
| Profit or Not For Profit: | |
| Co-education, Single Sex Male, Single Sex Female: | |
| Boarding, Day School or both: | |
| Age range of students: | |
| Number of Campuses and Approximate Square FT per Campus: | |
| Is the Education Provider a Medical Academic Center: | Yes / No (If yes, please confirm if abortions are performed on-site) |
| D. Does the Education Provider have an onsite security team: | Yes / No (If yes, please provide additional details) |
| E. Distance to nearest police station and fire department: | |
| F. Does the Education Provider have an emergency plan that sets out response protocols, including evacuation, lockdown, accountability and reunification: | Yes / No (If yes, please provide additional details) |
| G. Does the Education Provider have an Active Shooter security plan in place? Are there any physical measures, or otherwise, in place to deter an attack or assault: | Yes / No (If yes, please provide additional details) |

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| H. Does the Education Provider have a security / crisis management plan in place and are drills or exercises conducted: | Yes / No (If yes, were the security / crisis management plans designed or reviewed by an independent risk analysis company? Please also confirm what type of drills and how often they are undertaken). |
| I. Does the Education Provider have security screening measures in place for employees and students: | Yes / No (If yes, please provide additional details) |
| J. Does the Education Provider monitor email and social media: | Yes / No (If yes, please provide additional details) |
| K. What is the current budget for emergency preparedness (campus security personnel, equipment, emergency supplies, training/drills, notification/communication, and planning): | |
| L. To the best of their knowledge, have the Education Provider suffered any claims arising from violent acts or threats, attacks or incidents at any of their locations during the last five years: | Yes / No (If yes, please provide additional details) |
| M. Please provide designated point of contact for future Event Responder contact / correspondence: | Name: _____ Position / Title: _____ Telephone Number: _____ Email: _____ |

The undersigned warrants to the best of their knowledge that all statements in this application, and any supporting information referenced above are true. If facts are to change during or subsequent to the quoting process, it is the applicant's responsibility to update that information.

Signature of authorised representative of the applicant Title Date

Additional Details:

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