

LLOYD'S

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

PLEASE COMPLETE AND RETURN TO

activeshooter@gdpadvisors.com

General Information:

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:

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 and 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)

