

Security Exposure Questionnaire

Name of organization _____

Website address _____

General Information

Yes

No

1. What security systems are regularly in place?

- | | | |
|--|--|--|
| ☐ Electronic locks | ☐ Automated Access Control System | ☐ Alarmed doors |
| ☐ Security cameras | ☐ Surveillance cameras | ☐ Metal detectors |
| ☐ Emergency drills | ☐ Annual review with local emergency responders | |
| ☐ Other/Describe: _____ | | |

2. Are firearms or other weapons permitted on premises?

☐

☐

If weapons not permitted, are signs posted at entrances indicating weapons are not permitted? If weapons are permitted, are firearms secured in lock storage when not in use?

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3. Indicate the type of security that will be utilized:

- | | | |
|---|--|---|
| ☐ Employees | ☐ Volunteers | ☐ Contracted Third Party |
| ☐ On-Duty Police | ☐ Off-Duty Police | ☐ Other _____ |

4. Indicate if security will be:

- ☐ Unarmed
- ☐ Armed; Describe Weapons: (Note: "Armed" means carrying of a weapon.) _____

5. Number of security personnel: _____

Payroll (or contract premium): _____

6. Are documented policies and procedures in place?

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☐

If yes, do the policies and procedures:

- | | | |
|--|--------------------------|--------------------------|
| a. Include requirements for screening, experience, and training? | ☐ | ☐ |
| b. Include requirements for communication and incident reporting? | ☐ | ☐ |
| c. Include procedures for obtaining and maintaining current licensing / certification documentation? | ☐ | ☐ |
| d. Include procedures to require and document annual firearm training? | ☐ | ☐ |
| e. Outline restrictions for use of force and use of weapons? | ☐ | ☐ |

7. Is there anything else you want us to know about your security?

Contracted Security**Yes****No**Complete this section if contracting with a third party for security. ☐ **Not applicable**

- | | | |
|---|--------------------------|--------------------------|
| 1. Prior to contracting, was due diligence conducted to verify licensing, liability insurance, and reputation of the security agency? | ☐ | ☐ |
| 2. Is the contracted third party required to maintain their own liability insurance? | ☐ | ☐ |
| a. If yes , is the contractor's insurance required to include assault and battery coverage without limitation for intentional acts? | | |
| b. Contractor liability insurance limits: _____ | | |
| c. Do you collect a certificate of insurance to confirm coverage terms and limits? | ☐ | ☐ |
| 3. Does the contract contain a "hold harmless" clause in your favor? | ☐ | ☐ |
| 4. Does the contract contain a mutual "hold harmless" clause? | ☐ | ☐ |
| 5. Does the contract require that the contractor list you as an Additional Insured on their policy? | ☐ | ☐ |

Please attach a copy of the contract.**Employed and/or Volunteer Security****Yes****No**Complete this section if utilizing employed and / or volunteer security. ☐ **Not applicable**

- | | | |
|---|--------------------------|--------------------------|
| 1. Prior to hiring/allowing to volunteer, are background checks conducted including criminal history? | ☐ | ☐ |
| 2. Prior to hiring/allowing to volunteer, is the individual required to pass screening for psychological testing? | ☐ | ☐ |
| 3. Prior to hiring/allowing to volunteer, is the individual required to pass drug screening? | ☐ | ☐ |
| 4. Prior to hiring/allowing to volunteer, are an applicant's qualifications reviewed and confirmed? | ☐ | ☐ |
| 5. Prior to hiring/allowing to volunteer, is a personal interview conducted? | ☐ | ☐ |
| 6. Prior to hiring/allowing to volunteer, are personal references verified? | ☐ | ☐ |
| 7. Is <i>annual</i> , situational training provided to all employees and/or volunteers? | ☐ | ☐ |
| 8. Are written use-of-force procedures in place outlining when to call 911 and security expectations and limitations? | ☐ | ☐ |
| 9. If security is armed, are all security personnel trained/ certified for the weapons carried? | ☐ | ☐ |

Completed by _____**Title** _____**Signature** _____
(Applicant's authorized signature of insured's principal, partner or officer)**Date** _____**Email Address** _____

Fraud Warning Statement

This Statement is provided to you with the insurance application that you are filing. READ the applicable Fraud Warning Statement for the state in which your application is being made before executing and submitting the attached document to the insurer or your insurance agent.

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Applicable in CO, ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy- holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY: Any person who knowingly and with intent to defraud any insurance company or other person 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in PA: Any person who knowingly and with intent to defraud any insurance company or other person 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 subjects such person to criminal and civil penalties.