

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT GREAT CENTRAL INSURANCE COMPANY**, A LICENSED INSURER.

Entity Name	Date
Completed By	

1. Is there is a formal anti-bullying program in place, staff and student education and training included?  Yes  No
2. Is there full-time law enforcement for security?  Yes  No
3. Except for Law Enforcement or x-law enforcement security, are all schools gun-free zones?  Yes  No
4. Does school staff undergo active shooter response training?  Yes  No
5. System wide mandatory policy in place for reporting incidents and suspicious activity?  Yes  No
6. 100% of incidents and suspicious activities reported are investigated by School Administration?  Yes  No
7. Triggers in place to contact Law Enforcement when incident or suspicious activity calls for it?  Yes  No
8. Are Violent Response Practice Drills conducted at least annually?  Yes  No
9. Annual collaboration with law enforcement on School Violence program and controls?  Yes  No
10. Are Visitor Protocols in place including sign in and badges?  Yes  No

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE
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