



**Program Manager:**  
**McGowan Program Administrators**  
*(A Division of McGowan & Company, Inc.)*  
 Home Office – 20595 Lorain Road  
 Fairview Park, OH 44126  
 Phone: (440) 333-6300 / Fax: (440) 333-3214  
[www.mcgowanprograms.com](http://www.mcgowanprograms.com)

**Active Shooter /  
 Workplace Violence  
 Insurance Programs  
 Renewal Application**

**If there are no changes please confirm the statement below, answer question #11 and sign/date the application. Nothing else needs to be completed.**

I confirm there are/have been no changes to the information below or to the information on the attached expiring application. Yes

**If there are changes please make the updates as needed to the below information.**

1. Name of U.S. Entity to be insured: Welch Public Schools
2. Address and Zip Code of the Insured: P.O Box 189, 707 S. Curtis St. Welch OK 74369
3. Website: \_\_\_\_\_
4. Years in Business: 103      5. Total Number of Locations: 4
6. Total # of Employees: 48      7. Total # of DAILY visitors / students / patients / etc.: 325
8. What is the total annual revenue of the entity? \$3,788,515
9. Have there been any changes in the locations? Yes  No   
 If there are any changes please provide updated schedule of all Locations
10. Have there been any changes in the active shooter workplace violence, emergency/crisis management, security plans/policies and procedures or any of the other information noted on the attached application? Yes  No   
 If yes, please provide further details on the changes. An email with the change information, along with this application, will suffice.
11. To the best of their knowledge, have the U.S. Entity suffered any violent acts, threats, attacks or incidents not already disclosed at any of their locations during the last five years? Yes  No   
 If yes, please provide a narrative with details on the threats/events.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

The undersigned certifies that he or she is an authorized representative of the applicant identified in "APPLICANT DETAILS" and certifies that reasonable inquiry has been made to obtain the answers to these questions. He or she certifies that the answers are true, correct and complete to the best of his/her knowledge and belief.

Applicant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Applicant's Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_





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6. Total # of Employees: 48      7. Total Daily Average # of visitors/students/residents/patients/etc.: 325
7. Type of Entity (i.e. Government buildings, Retail property, House of worship etc) School District
8. What is the total annual revenue of the entity? \$3,788,515
9. Have there been any changes in the locations? Yes  No   
 If there are any changes please provide updated schedule of all Locations
10. Have there been any changes in the active shooter workplace violence, emergency/crisis management, security plans/policies and procedures or any of the other information noted on the attached application? Yes  No   
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Applicant: NICHOLAS HIGHSMITH  
 Title: SUPERINTENDENT OF SCHOOLS  
 Applicant's Signature: [Handwritten Signature]  
 Date: 6-8-2020

