**Solo Strike–Deadly Weapon Protection
Facility Profile Sheet**

This form will help us assist you when a deadly weapon event occurs. Please complete this form as thoroughly as possible and email completed form to Yellowstone Insurance Exchange. If any information changes, please email Yellowstone a revised form as soon as possible.

**If a deadly weapon incident has occurred, please call 1-877-280-8762 immediately.**

**Date Completed:**       **Policy Number:**       **Policy Period:**

**Facility Information**

**Facility Name:**

**Facility Address:**

**Main Facility Phone No.:**       **Facility Fax No.:**

**Facility Web Site:**

**Social Media Used by Facility:** [ ]  Facebook [ ]  Twitter [ ]  LinkedIn

 [ ]  Google+ [ ]  Instagram [ ]  Flickr

 [ ]  Other (list)

**Facility Contact Information**

 **Primary Facility DWP Contact:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

 **Facility Legal Point of Contact:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

 **Facility Chief Executive Officer/President:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

 **Facility Chief Financial Officer:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

 **Facility Risk Manager:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

 **Facility In-house Counsel:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

 **Facility Human Resources Director:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

 **Facility Safety/Security Director:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

 **Facility Marketing/Public Relations Director:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

 **Facility Physical Plant Director:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

 **Facility Infection Control Director:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

 **Facility Counseling Services Director:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

 **Facility Pastoral Care Services Director:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

**Facility Corporate Affiliation, if any:**

 **Main Corporate Contact Name:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

**Facility Programs**

**Does your facility utilize an Incident Command System?**  [ ]  Yes [ ]  No

 **Name of Incident Commander:**

 **Location of**

 **Emergency Operation Center:**

**Does your facility utilize a private security firm?** [ ]  Yes [ ]  No

**Name of Private Security Firm:**

 **Contact Name:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

**Does your facility utilize a private employee assistance program (EAP)?** [ ]  Yes [ ]  No

**Name of Employee Assistance Program:**

 **Contact Name:**

 **Office Phone No.:**

 **Email Address:**

 **Cell Phone No.:**

**Local Area Information**

**Name of Local Law Enforcement with Jurisdiction:**

 **Non-emergency Phone No.:**

**Name of Fire Department with Jurisdiction:**

 **Non-emergency Phone No.:**

**Name of Emergency Medical Services (EMS) Agency with Jurisdiction:**

 **Non-emergency Phone No.:**

**Name of Coroner with Jurisdiction:**

 **Non-emergency Phone No.:**

**Name of Nearest Major Airport:**

**Major Airlines That Serve This Airport:**

**Name of Nearest Regional Airport:**

**Regional Airlines That Serve This Airport:**

**Name of Hotels near the Facility:**

**Local Media Information**

**Local TV Stations with News Coverage:**

**Local Radio Stations with News Coverage:**

**Local Newspaper:**

**Other Pertinent Facility Information**