**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**