SOLO STRIKE-DEADLY WEAPON PROTECTION

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 ☐ Google+ ☐ Other (list)	☐ Twitter ☐ Instagram	☐ LinkedIn ☐ Flickr
Facility Contact Informatio	n		
Email	Contact: Chone No.: Address: Chone No.:		
Email	f Contact: hone No.: Address: hone No.:		
Email	President: hone No.: Address: hone No.:		
Email	nl Officer: hone No.: Address: hone No.:		

YELLOWSTONE

SOLO STRIKE-DEADLY WEAPON PROTECTION

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.:

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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:



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Other Pertinent Facility Information