

Workplace Violence Response Coverage

Helping businesses begin the recovery process after a violent event

Information needs for proposal development

Statement of purpose

Information requirements for a proposal.

Data requirements

Submit an In-force Policy File containing the following data elements with one record per in-force location:

- Policy Number
- Line of Business
- Insured Name/Policyholder Name
- Effective Date
- Expiration Date
- Policy Class of Business (SIC, ISO Class Code, or other)
- Policy Employee Count (if available)
- Total Package Premium
- Physical Street Address (no post office box)
- Policy City
- Policy State (two-letter abbreviation; capitalized)
- ZIP Code (5 digits)

Summary

In lieu of detailed data, submit a summary report with the following in-force data by State, Line of Business, and Class of Business:

- Total Policy Count
- Total Package Premium (or Total Liability Premium if segregated)
- Average Employee Count Per Policy (if actual data is not available, we would appreciate your best estimate)

Forms and endorsements

- If standard forms are used, provide type and numbers with edition dates.
- Forward copies of any independent forms and/or endorsements/enhancements to which this Workplace Violence Response coverage would apply.

File transfer

HSB will offer necessary technical assistance and support to your IS team. HSB has an FTP site established for uploading files.

Transmit the file to:

<http://ftp.hsb.com>

– The ID is: HSBFTP

– The password is: Jx73aRkH

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