CRISIS RESPONSE COVERAGE

- What is it?

THIS ENDORSEMENT EXTENDS COVERAGE TO PROVIDE FOR "CRISIS RESPONSE COSTS" AND "CRISIS MANAGEMENT LOSS" IN THE EVENT OF A "CRISIS EVENT"

- Limits

Limits are outside of the underlying policy and usually have no retention or deductible

<table>
<thead>
<tr>
<th>Crisis Response Coverage Extension</th>
<th>Limits of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Response Aggregate Limit</td>
<td>$300,000</td>
</tr>
<tr>
<td>Each Crisis Response Costs Limit</td>
<td>$250,000</td>
</tr>
<tr>
<td>Each &quot;Crisis Event&quot;</td>
<td></td>
</tr>
<tr>
<td>Each Crisis Management Loss Limit</td>
<td>$50,000</td>
</tr>
<tr>
<td>Each &quot;Crisis Event&quot;</td>
<td></td>
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</tbody>
</table>

- Coverage Conditions and Exclusions

Coverage, when available, is tied to the underlying policy, i.e. General Liability; Foreign Coverage;

"crisis response costs" and/or "crisis management loss" arising out of: (1) "bodily injury" or "property damage" for which coverage is provided under this policy, or (2) "imminent injury", but only with respect to a "crisis event" to which this insurance applies.

"Crisis event" means:

An emergency situation including, but not limited to, a manmade disaster, such as arson, a bombing, the taking of hostages, a mass shooting, terrorism (if covered under the policy only), intentional contamination of food, drink, or pharmaceuticals or the actual or alleged mishandling of a natural disaster, that results in covered "bodily injury", "property damage" or "imminent injury" to any person, and Such emergency situation has been associated with or may reasonably be associated with significant adverse regional or national news media coverage.

"Crisis response costs" means:

Reasonable and necessary "emergency transport expenses", "emergency psychology expenses", funeral expenses, travel expenses, and temporary living expenses incurred by you to provide relief and/or support to "affected persons", and expenses incurred by you to secure the scene of a "crisis event".
"Crisis management loss" means:

Reasonable and necessary fees and expenses charged by a "crisis management firm" or your employees in providing public relations and media management services for the purpose of maintaining and restoring public confidence in you. These expenses may include printing, advertising, or mailing of materials to manage reputational risk. This does not include the salaries of your employees.

Covered losses must be incurred within thirty (30) days after the commencement date of the "crisis event".

Electronic data is not tangible property: Electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMS, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

Specific exclusions include claims related to Workers Compensation; Losses incurred prior to acquisition of New or Merged Entities; and infectious diseases and Illnesses.

- Notification requirements

Carrier must be notified by telephone within 24 hours of a "crisis event" which may result in "crisis response costs" or "crisis management loss".

Written notice, as soon as practicable. To the extent possible, should include:

- How, when and where the "crisis event" took place;
- The names and addresses of any "affected persons" and witnesses; and
- The nature and location of any injury or damage arising out of the "crisis event".

If reimbursement is sought, you must submit a claim within 90 days with supporting invoices and/or receipts.

- Related Services and Resources

Crisis Management Firms: Carriers providing this endorsement will require a public relations firm or crisis management firm hired by the insured, be assigned or approved by them, in writing.
SCENARIO 1-
- The incident takes place during summer open enrollment courses.
- Wildfires break out in a region where 4 separate groups (staff and students) are deployed in wilderness areas.
- Local communities along with the regional base camp are ordered by local authorities to evacuate as the wildfires are rapidly spreading and encroaching on the base.
- There are 10 staff and 40 students needing evacuation from the base camp. The 4 groups in the field are not in areas immediately threatened by the wildfires, but the thick smoke throughout the region makes breathing difficult.
- Regional and National news is focused on the fire and the ongoing evacuations.
- The basecamp evacuation goes smoothly, and all staff and students are relocated out of harms way. The base facilities, including office computers and several fleet vehicles left behind are eventually consumed by the wildfires.
- The 4 groups in the field, while not directly threatened by the fires, find breathing extremely difficult due to the heavy smoke in the air. One asthmatic 16 y/o has a severe reaction to the smoke, staff administer Epinephrine.
- The Epi works for a while but the student’s condition soon worsens and he becomes unresponsive and stops breathing. CPR is started.
- Regional rescue services are tied up due to the wildfires and cannot respond immediately.
- CPR is administered for over an hour until it is obvious to those on the scene that the student has expired.

CONSIDERATIONS

- Looking at this scenario through the eyes of your insurance coverage, which policies might come into play?
- Who in your organization is responsible for notification of the carriers?
- What do you and/or your organization need to do to ensure coverage will trigger and remain in force?
- What other steps should be taken to ensure smooth handling of any future insurance claims or litigation?
Scenario 2

- Two staff and 10 students are traveling in a 15p van from the airport to base camp where a 21-day backcountry course will begin.
- The group is behind schedule so the driver uses his personal cell phone to call his supervisor and advise they are running late.
- Just as the driver is wrapping up his conversation a bicyclist swerves from the breakdown lane into the travel lane.
- To avoid the cyclist, the van crosses the center line into the opposite lane, and oncoming traffic, continues across all traffic lanes, crashes through a fence and comes to rest to the sound of crushing metal, wedged between two trees.
- Traffic on the road has come to a standstill, and police sirens can be heard approaching.

Considerations

- Name some operational or organizational policies and practices that could help mitigate this type of incident.
- Looking at this scenario through the lens of your insurance coverage, what actions should you take at the scene?
- Who in your organization is responsible for notification of the carrier following vehicle accidents?
- What other steps should be taken to ensure smooth handling of any future insurance claims or litigation?
The Safety Director or staff supervisor will determine if the incident must be reported to the Outward Bound insurance carrier.

ALL business-related vehicle accidents involving, bodily injury, damage to non-Outward Bound (3rd party) vehicles or property, or physical damage of more than $1,000 to an Outward Bound vehicle, must be reported immediately (no later than 24 hrs):

The following call tree is used until contact is made:

Deanna Bullock
Commercial Claims Team Leader, Fred C. Church
Tel: (978) 322-7242; Fax: (978) 454-1865
Email: dbullock@fredchurch.com

Lisa Hunzelman Tel: (978) 322-7230;
Email: lhunzelman@fredchurch.com

Meghan Artemis; Tel: (978) 322-7210;
Email: martemis@fredchurch.com

AFTER BUSINESS HOURS, leave contact info, brief details and follow-up as above the next business day.

Questions related to vehicle incident reporting should be directed to the school Safety Director, staff supervisor, or: OBUSA Risk Management Office
Office: (207) 510-7533; Cell: (207) 232-3118;
Email: riskmgmt@outwardbound.org

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### Outward Bound Driver Information (Vehicle #1):

- **Name:**
- **Address:**
- **City/Town:**
- **State:**
- **Zip:**
- **Drivers Lic #:**
- **State Issued:**
- **Work Phone:**
- **Home Phone:**
- **Base/Dept/Center/Charter:**
- **Supervisor:**

### Injured Person:

- **Vehicle #:**
- **Other:** Yes No
- **Address:**
- **City/Town:**
- **State:**
- **Zip:**
- **Phone:**
- **Age:**
- **Gender:** Male Female
- **Describe Injury:**
- **Transported by Ambulance?** Yes No

### Other Driver Information (Vehicle #2):

- **Name:**
- **Address:**
- **City/Town:**
- **State:**
- **Zip:**
- **Drivers Lic #:**
- **State Issued:**
- **Work Phone:**
- **Home Phone:**
- **Insurance Co:**
- **Policy #:**
- **Expiration Date:**
- **Phone:**
- **Employer:**
- **Contact Name:**

### Other Driver Vehicle (#2):

- **Year**
- **Make**
- **Model**
- **Color**
- **Plate #:**
- **VIN #:**
- **Describe Damage:**
- **# of Passengers:**
- **Any Injuries?** Yes No
- **Owner (if not OB):**

### Witness or Passengers Information:

- **Name:**
- **Phone:**
- **City/Town:**
- **State:**
- **Zip:**
- **Address:**

### Important:

- Complete info, description and diagram on reverse side.

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**I COMPLETED AND READ THIS INCIDENT REPORT. ALL STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.**

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**Print Name**

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**Signature**

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**Date**
ACCIDENT INFORMATION

Name of street or Highway Number: ______________________________________________________

Closest Intersection or Landmark: _________________________________________________________

City, Town, County: __________________________ State: __________ Other: ______________________

ACCIDENT DESCRIPTION

Briefly tell how the accident happened. Indicate movement of involved vehicles when hazard was first noticed. Warning or evasive action taken, and length and position of any skid marks.

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________

ACCIDENT SKETCH

Draw an accident sketch. Show and label roadway. Indicate number of lanes and direction of travel signs. Number each vehicle and show direction of travel from point hazard was noticed, to point of impact, by a solid line; and any travel after impact by a dotted line.

Your Vehicle: 1

Other Vehicles: 2 3

Stop Sign: S

Pedestrian: 

Semaphore (Flags): 

Yield: △

Railroad: ✗

Point of Impact: 

Traffic Signal: 

WEATHER: ○ Clear ○ Raining ○ Snowing ○ Fog ○ Sleet/Slush ○ Dust/Smoke ○ High Wind ○ Other ______

AREA: ○ Residential ○ Commercial ○ Rural ○ Other ____________

PAVEMENT: ○ Asphalt ○ Concrete ○ Gravel/Dirt ○ Brick/Stone ○ Steel ○ Wood ○ Other ____________

CONDITION: ○ Dry ○ Wet ○ Slippery ○ Pot Holes ○ Other ____________

INDICATE DIRECTION: At what distance did you notice a hazardous condition?

__________ feet

SEAT BELT USED?: ○ Yes ○ No

AIR BAG INFLATED?: ○ Yes ○ No

Police Notified? ○ Yes ○ No

Photos Taken? ○ Yes ○ No

Attach Police report and Photos or forward them as soon as available.

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