

**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

Crisis Response Coverage Extension	Limits of Insurance	
Crisis Response Aggregate Limit	\$300,000	
Each Crisis Response Costs Limit	\$250,000	Each "Crisis Event"
Each Crisis Management Loss Limit	\$50,000	Each "Crisis Event"

- 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.

## Have you got it covered?

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### 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?**

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### 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?*



# OB Vehicle Incident Report

Complete and return within 24 hrs

### IMPORTANT IMMEDIATE STEPS TO REMEMBER:

#### PREVENT ADDITIONAL INCIDENTS.

Warn oncoming traffic with a light, flag or similar device.

#### HELP THE INJURED.

Do not render first aid unless you are qualified. Call an ambulance if anyone is injured.

#### CALL THE POLICE AND FILE A REPORT.

Don't discuss what happened with anyone except the police.

#### DO NOT ADMIT RESPONSIBILITY

for the incident, nor sign any statements.

#### IDENTIFY WITNESSES.

Before they leave the scene of the accident.

#### TAKE PHOTOS.

Take photos of scene and damage prior to moving vehicles (if reasonable and possible). Digital photos are ok.

#### EXCHANGE INSURANCE INFORMATION.

Insurance Company: **Hanover Insurance Company**

Policy # - All States: **AHN953056902**

Expiration Date: **05/01/18**

Contact Number: **978-322-7242**

#### HAVE VEHICLE TOWED, IF NECESSARY.

#### PHONE IN.

Call your Safety Director or supervisor immediately, if possible.

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 (3<sup>rd</sup> 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@fredcchurch.com](mailto:dbullock@fredcchurch.com)

Lisa Hunzelman Tel. (978) 322-7230;

Email: [lhunzelman@fredcchurch.com](mailto:lhunzelman@fredcchurch.com)

Meghan Artemis; Tel. (978) 322-7210;

Email: [martemis@fredcchurch.com](mailto:martemis@fredcchurch.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](mailto:riskmgmt@outwardbound.org)

### 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: \_\_\_\_\_

### OB Vehicle (#1): OB Unit #: \_\_\_\_\_ Other? Yes No

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Plate# \_\_\_\_\_ VIN# \_\_\_\_\_

Describe Damage \_\_\_\_\_

# of Passengers \_\_\_\_\_ Any Injuries?  Yes  No

Owner (if not OB) \_\_\_\_\_

### 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: \_\_\_\_\_ Phone # \_\_\_\_\_

(if working at time of Accident)

Contact Name: \_\_\_\_\_

### Other Driver Vehicle (#2):

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Plate #: \_\_\_\_\_ VIN # \_\_\_\_\_

Describe Damage \_\_\_\_\_

# of Passengers: \_\_\_\_\_ Any Injuries?  Yes  No

Owner (if not Driver) \_\_\_\_\_

**Were more than two vehicles involved?**  Yes  No

**If yes, use an additional form.**

### Injured Person: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ Other:  Yes  No

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Male  Female

Describe Injury: \_\_\_\_\_

**Transported by Ambulance?**  Yes  No

### Injured Person: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ Other:  Yes  No

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Male  Female

Describe Injury: \_\_\_\_\_

**Transported by Ambulance?**  Yes  No

### Witnesses or Passengers:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT! complete info, description and diagram on reverse side.**

