



## SECURITY GUARDS APPLICATION

<b>APPLICANT'S INSTRUCTIONS:</b>				
1) ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE STATE NONE.				
2) APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.				
3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.				
4) THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.				

<b>Producer:</b>			<b>Producer code:</b>	
<b>Street address:</b>	<b>City/State:</b>	<b>Zip code:</b>	<b>Phone number:</b>	<b>Fax number:</b>
<b>Mailing address:</b>			<b>Email address:</b>	

### APPLICANT INFORMATION

<b>NAME (First Named Insured and other named Insureds):</b>				
<b>Street address:</b>	<b>City / State</b>	<b>Zip code:</b>	<b>Phone number:</b>	<b>Fax number:</b>
<b>Mailing address (of first named insured):</b>			<b>Web address:</b>	
<b>Applicant operates as an:</b>				
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe):				
<b>Inspection (contact/phone):</b>			<b>Accounting records (contact/phone):</b>	

### COVERAGE REQUESTED

<b>Effective date:</b>		<b>Expiration date:</b>	
<b>Limits of Insurance:</b>			
General aggregate: .....	\$	_____	
Products and completed operations aggregate: .....	\$	_____	
Each occurrence: .....	\$	_____	
Personal injury and advertising limit: .....	\$	_____	
Damage to Premises rented to you (any one fire): .....	\$	_____	
Self-insured retention (per occurrence or per claim): .....	\$	_____	Per Claim
Deductible (per occurrence or per claim): .....	\$	_____	Per Claim

## COMPANY HISTORY

Number of years in business: Describe owners duties:	How long has applicant owned business:
Is applicant a subsidiary of another entity? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
Does applicant have any subsidiaries or related entities not listed above? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
Have there been any mergers/acquisitions, consolidations or divestitures? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe your obligations for past, present & future liabilities:	
Has this account ever operated under a different name: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach complete list of prior names and addresses.	
List memberships of industry trade associations:	
Complete description of all operations:	

## REVENUES

Number of guard hours billed:																																																																																					
Total Payroll	Total Receipts																																																																																				
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## GENERAL INFORMATION I

Applicant Operations: \_\_\_\_\_% Security Guard    \_\_\_\_\_% Detective/Investigative    \_\_\_\_\_% Patrol  
                                  \_\_\_\_\_% Armored Car    \_\_\_\_\_% Alarm Service    \_\_\_\_\_% Other:

Are all armed personnel certified for use of firearms by a state agency or a firearms certification school? .....  Yes     No

Does Application have Workers Compensation coverage in force? .....  Yes     No

Does applicant subcontract work? .....  Yes     No

If yes, are certificates of insurance required from all subcontractors? .....  Yes     No

Annual cost of subcontracted work: \_\_\_\_\_

Are background investigations/checks conducted on new employees? .....  Yes     No

If yes, describe procedures used for pre-employment screening:

Does the applicant have a training program for new employees? .....  Yes     No

If yes, describe:

Does applicant use a record-keeping log for each job? .....  Yes     No

Does the applicant use dogs? .....  Yes     No

If yes, number of handlers: \_\_\_\_\_

List ten largest clients and indicate type of operations performed and duties involved:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Number of supervisors: \_\_\_\_\_

Describe duties:

Do they perform investigative or guard duties? .....  Yes     No

Does the applicant bill hours to the client? .....  Yes     No

Is the applicant involved in any other operations or business? .....  Yes     No

If yes, describe: \_\_\_\_\_

		Armed	Unarmed			Armed	Unarmed
PRIVATE INVESTIGATION				GUARD SERVICES			
Arson Investigation	<input type="checkbox"/>		<input type="checkbox"/>	Restaurant/night club bar/disco		<input type="checkbox"/>	<input type="checkbox"/>
Computer fraud	<input type="checkbox"/>		<input type="checkbox"/>	<b>Retail operations:</b>			
Corporate/Employee dishonesty	<input type="checkbox"/>		<input type="checkbox"/>	Clothing	<input type="checkbox"/>		<input type="checkbox"/>
Credit/pre-employment screening	<input type="checkbox"/>		<input type="checkbox"/>	Department stores	<input type="checkbox"/>		<input type="checkbox"/>
Domestic	<input type="checkbox"/>		<input type="checkbox"/>	Liquor stores	<input type="checkbox"/>		<input type="checkbox"/>
Insurance claim investigations	<input type="checkbox"/>		<input type="checkbox"/>	Shopping centers	<input type="checkbox"/>		<input type="checkbox"/>
Legal	<input type="checkbox"/>		<input type="checkbox"/>	Supermarkets/convenience stores	<input type="checkbox"/>		<input type="checkbox"/>
Missing persons	<input type="checkbox"/>		<input type="checkbox"/>	Schools	<input type="checkbox"/>		<input type="checkbox"/>
Records check	<input type="checkbox"/>		<input type="checkbox"/>	<b>Special events:</b>			
Surveillance (describe):	<input type="checkbox"/>		<input type="checkbox"/>	Sporting (describe):	<input type="checkbox"/>		<input type="checkbox"/>
Undercover operations	<input type="checkbox"/>		<input type="checkbox"/>	Concerts (describe):	<input type="checkbox"/>		<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>		<input type="checkbox"/>	Other (describe):	<input type="checkbox"/>		<input type="checkbox"/>

**GENERAL INFORMATION II**

GUARD SERVICES	Armed	Unarmed	MISCELLANEOUS SERVICES	Armed	Unarmed
Abortion/Medical Clinics	<input type="checkbox"/>	<input type="checkbox"/>	Alarm installation, service, repair	<input type="checkbox"/>	<input type="checkbox"/>
Airport Security (excluded)	<input type="checkbox"/>	<input type="checkbox"/>	Auto repossession		
<b>Alarm Monitoring:</b>			Bail bond operations	<input type="checkbox"/>	<input type="checkbox"/>
Burglary	<input type="checkbox"/>	<input type="checkbox"/>	Bounty hunter	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	Bodyguards	<input type="checkbox"/>	<input type="checkbox"/>
Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<b>Courier/Escort Services:</b>		
Alarm response	<input type="checkbox"/>	<input type="checkbox"/>	Armored Car	<input type="checkbox"/>	<input type="checkbox"/>
Baggage handling security	<input type="checkbox"/>	<input type="checkbox"/>	Courier: non-negotiable	<input type="checkbox"/>	<input type="checkbox"/>
Banks	<input type="checkbox"/>	<input type="checkbox"/>	Courier: negotiable		
Construction sites	<input type="checkbox"/>	<input type="checkbox"/>	Courier: escort	<input type="checkbox"/>	<input type="checkbox"/>
Criminal detention centers	<input type="checkbox"/>	<input type="checkbox"/>	Funeral escort	<input type="checkbox"/>	<input type="checkbox"/>
Fast food restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<b>Dog Services:</b>		
<b>Housing:</b>			With handler	<input type="checkbox"/>	<input type="checkbox"/>
<b>Apartments/Public housing</b>	<input type="checkbox"/>	<input type="checkbox"/>	Without handler	<input type="checkbox"/>	<input type="checkbox"/>
Section 8/HUD	<input type="checkbox"/>	<input type="checkbox"/>	Drug surveillance	<input type="checkbox"/>	<input type="checkbox"/>
Apartments: middle to high income	<input type="checkbox"/>	<input type="checkbox"/>	Drug testing	<input type="checkbox"/>	<input type="checkbox"/>
Condo/Homeowner's Associations	<input type="checkbox"/>	<input type="checkbox"/>	Firearms certification school	<input type="checkbox"/>	<input type="checkbox"/>
Private residences	<input type="checkbox"/>	<input type="checkbox"/>	Insurance adjusters	<input type="checkbox"/>	<input type="checkbox"/>
Immigration detention centers	<input type="checkbox"/>	<input type="checkbox"/>	Janitorial	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing/Warehousing	<input type="checkbox"/>	<input type="checkbox"/>	Polygraph work	<input type="checkbox"/>	<input type="checkbox"/>
Motel/Hotel	<input type="checkbox"/>	<input type="checkbox"/>	Process servers	<input type="checkbox"/>	<input type="checkbox"/>
Offices/Hospitals/Churches	<input type="checkbox"/>	<input type="checkbox"/>	Repossession/Collection Work	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lot security	<input type="checkbox"/>	<input type="checkbox"/>	Security guard school/training for others	<input type="checkbox"/>	<input type="checkbox"/>
			Security consulting	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Explanations:

**PRIOR CARRIER INFORMATION (List last 5 years)**

**GENERAL LIABILITY:**

	YEAR ____	YEAR ____	YEAR ____	YEAR ____	YEAR ____
Carrier					
Policy no.					
Policy type	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
Retroactive date					
Policy limits: Occurrence					
Gen. Aggregate					
Premium					
Sir or Deductible					
Expense within policy limit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**WORKERS' COMPENSATION:**

Carrier				
Policy no.				
Premium				
Sir or Deductible				

Has any insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years? .....  Yes  No

If yes, please explain:

Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage? .....  Yes  No

If yes, please explain:

**CLAIMS HISTORY**

**Current plus last five years (currently valued hard copy loss runs)**

**Total aggregates losses, including defense costs:**

Policy period	No. of Claims	Total amounts paid		Amounts in reserve		Valuation Date
		Indemnity	Expense	Indemnity	Expense	

Describe individual losses, valued \$25,000 or more, including defense costs:

Are you aware of any other occurrences, incidents, conditions, defects or suspected defects that may result in claims against you?  Yes  No

If yes, give details:

## FRAUD WARNING

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company, penalties may include imprisonment, fines or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent / Broker Name: \_\_\_\_\_

**The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.**