

SECURITY GUARDS AND RELATED OPERATIONS GENERAL LIABILITY APPLICATION

1. Application Information

Applicant's Name: _____

Mailing Address: _____

Location: _____

2. Agent Information

Agent Name: _____

Address: _____

3. Proposed Effective Date From _____ To _____

12:01 A.M., Standard Time at the address of the Applicant

4. Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
 ☐ Limited Liability Company ☐ Other (Specify): _____

LIMITS OF LIABILITY REQUESTED

General Aggregate \$ _____
Products & Completed Operations Aggregate \$ _____
Personal & Advertising Injury \$ _____
Each Occurrence \$ _____
Fire Damage (any one fire) \$ _____
Medical Expense (any one person) \$ _____
Other Coverages, Restrictions, and/or Endorsements _____
Deductible \$ _____

PREMIUMS

Premises/Operations _____
\$ _____
Products/Completed Operations _____
\$ _____
Other _____
\$ _____
Total _____
\$ _____

5. How long has applicant been in business? _____

6. Branch offices and locations:

1. _____

2. _____

3. _____

7. Operations conducted in the following states:

State _____ Licensed with state? Yes No License #: _____

State _____ Licensed with state? Yes No License #: _____

State _____ Licensed with state? Yes No License #: _____

8. Risk contact, title, phone number: _____

9. Total number of employees: _____

10. Number of unarmed employees _____ Estimated Payroll _____ Gross Sales _____

Number of armed employees _____ Estimated Payroll _____ Gross Sales _____

Any armed guards in retail stores? Yes No

Arrest authority? Yes No

11. Total number of hours billed to clients annually: _____

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

13. Does applicant have Workers' Compensation coverage in force? Yes No

14. Does applicant lease employees? Yes No

15. Does applicant subcontract work? Yes No

If yes, what type? _____

Are certificates of insurance required from all subcontractors? Yes No

Annual cost of subcontracted work: _____

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

If yes, describe procedures used for pre-employment checks: _____

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

If yes, describe: _____

18. Does applicant have a training manual? Yes No

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

20. Does applicant use dogs? Yes No

If yes, number with handlers: _____ without handlers: _____

21. List the applicant's ten largest clients. Indicate type of operation performed and duties involved:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

22. Number of supervisors: _____

Describe duties: _____

Do they perform investigative or guard duties? Yes No

Does the applicant bill hours to the client? Yes No

23. Is applicant involved in any other operations or business?

Yes

No

If yes, describe: _____

24. Does applicant conduct any operations involving nuclear power plants?

Yes

No

25. Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Private Investigation	Armed Payroll	Unarmed Payroll	Private Investigation	Armed Payroll	Unarmed Payroll
Arson Investigation			Legal		
Computer fraud			Missing person		
Corporate—employee dishonesty			Records check		
			Surveillance—describe:		
Credit pre-employment screening			Undercover operations		
			Other—describe:		
Domestic					
Insurance claim investigation					

26. Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll
Airport Security			Parking lot security		
Alarm monitoring: Burglary/fire Medical Emergency			Restaurants, night clubs, discos, bars		
			Bouncers		
Alarm Response			Retail Operations: Clothing Department stores Liquor stores Shopping centers Supermarket/ convenience stores All other		
Baggage handling security					
Banks					
Construction sites					
Criminal detention centers					
Fast food restaurants					
Housing: Apartments—Public housing authorities, Section 8, HUD Apartments—middle to high income Condominiums Homeowners associations Private residences					
			Schools		
			Special events: Athletic events—describe type: Concerts—describe (rock & roll, hard rock, rap, country, other):		
			Other—describe:		
Immigration detention centers			Strike work		
Manufacturing/warehousing			Utility property security		
Motels/hotels			Other—describe:		
Offices, hospitals, churches					

27. Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Miscellaneous Services	Armed Payroll	Unarmed Payroll	Miscellaneous Services	Armed Payroll	Unarmed Payroll
Alarm installation, service or repair			Drug surveillance		
			Drug testing		
Auto repossession			Firearms certification school		
Bail bond operations			Insurance adjusters		
Bounty hunters			Polygraph work		
Bodyguards			Process servers		
Courier or escort services:			Repossession/collection work		
Armored car service			School crossing guards		
Courier—non-negotiable			Security consulting		
Courier—negotiable			Security guard school/ training for others		
Courier escort			Shopping service		
Funeral escort					
Dog services:			Traffic Control		
With handler			Other—describe:		
Without handler					

28. Please attach

- Any descriptive advertising literature
- Copy of Insured's standard performance contract with client
- Copies of all agreements in which the Insured has assumed liability.

29. During the past three years has any company ever cancelled, declined or refused to renew similar insurance for the applicant? (Not applicable to Missouri applicants.)

Yes

No

If yes, explain: _____

30. Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PD	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any 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.

FRAUD WARNING: Any person who knowingly and with intent to defraud any 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 subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.