



SECURITY GUARD, PATROL AND EXPLOSIVE DETECTION AND DRUG DETECTION SERVICES APPLICATION

APPLICANT'S INSTRUCTIONS:

- A. Answer all questions. If the answer to any question is **None**, please state **None**. Do not use N/A or Not Applicable.
- B. Please read carefully the statements at the end of this application.
- C. Please attach the following information:
 - a. Five years currently valued carrier loss information including carrier detail regarding individual claims.
 - b. Completed and signed Acord application.
 - c. Brochures, advertisements or other descriptive literature of operations and services.
 - d. A copy of the standard service contract and indemnification agreement.

APPLICANT INFORMATION

Proposed Effective Date: _____

1. Applicant: _____

2. Street Address: _____
Mailing Address (if different from above): _____
Additional Locations (if any):
 - a. _____
 - b. _____
 - c. _____
3. Is Applicant licensed by all relevant authorities? Yes No
License Numbers: _____
4. Contact for inspection/audit: _____ Telephone #: _____
Title: _____ Fax: _____
5. Applicant is: Individual Corporation Partnership Other(Describe): _____
6. Is the Applicant a member of a trade association? Yes No
If 'Yes', what is the name of the trade association? _____
7. How long has Applicant owned the business? _____
8. How many years of experience does Applicant have in the security industry? _____
If less than five (5) years, what relevant experience does the Applicant have? (Please attach resume) _____
9. Please describe duties of the Owner(s): _____
10. Is Applicant involved in any other operations including but not limited to any detective, investigative, employee background check services? Yes No
If 'Yes', please describe: _____
11. Does the Applicant sell, service, repair, maintain or install fire alarm, burglar alarm or fire suppression systems? Yes No
12. Does the Applicant sell, distribute, create, write, update, install, manufacture, rapir, monitor, or maintain computer software? Yes No

COVERAGES APPLIED FOR

1. Coverage Applied for: General Liability General Liability and Professional Liability
2. Limits: \$ _____ Each Occurrence \$ _____ Aggregate
3. Deductible: \$ _____ Including Loss Adjustment Expense

UNDERWRITING INFORMATION

1. Pre-Employment Screening:
2. Employed Guard Training: *(Please provide the number of hours of training for each employee/each category):*

a. Fingerprints	<input type="checkbox"/> Yes <input type="checkbox"/> No	g. Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Honesty Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	h. Psychological Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Prior Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	i. Personal Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Firearm License Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	j. Credit Check	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Reading Writing Comprehension	<input type="checkbox"/> Yes <input type="checkbox"/> No	k. Criminal Background Check	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	l. Citizenship/Green Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Employed Guard Training *(Please provide the number of hours of training for each employee/each category)*

_____	_____
Total # of annual training hours on-going	On-the-job training
_____	_____
Classroom training with films	Classroom training with instructor
_____	_____
Firing Range	Other, Describe
_____	_____
New Hire	
_____	_____
Re-certification (where required)	
4. How many hours of training are provided for each new hire prior to their being posted? _____

PAYROLL BY OPERATION

A. Please provide percentage breakdown of guard, armored car, patrol, detective and investigative operations by following the categories that are applicable:

<u>PAYROLL</u>			<u>PAYROLL</u>		
Armed	Unarmed		Armed	Unarmed	
_____	_____	_____ % Hospitals	_____	_____	_____ % Social Service Clinics
_____	_____	_____ % Schools/Colleges/Universities	_____	_____	_____ % Shopping Malls – Interior Patrol
_____	_____	_____ % Car Dealerships	_____	_____	_____ % Shopping Malls – Parking Lot Patrol
_____	_____	_____ % Churches/Synagogues	_____	_____	_____ % Bail Bonds
_____	_____	_____ % Government Facilities	_____	_____	_____ % Bounty Hunting
_____	_____	(Describe below)	_____	_____	_____ % Concerts
_____	_____	_____ % Banks	_____	_____	_____ % Athletic Events
_____	_____	_____ % Offices	_____	_____	_____ % Armored Car/Courier/Money Escort
_____	_____	_____ % Airports	_____	_____	_____ % Traffic Control
_____	_____	(Describe below)	_____	_____	_____ % Shoplifting Surveillance
_____	_____	_____ % Body Guard/Executive Protection	_____	_____	(Describe below)
_____	_____	(Describe below)	_____	_____	_____ % Employee Surveillance
_____	_____	_____ % Hotels/Motels	_____	_____	_____ % Process Serving
_____	_____	_____ % Construction Sites	_____	_____	_____ % Polygraph Administration/Validation
_____	_____	_____ % Residential Patrol	_____	_____	_____ % Consulting
_____	_____	_____ % Apartments	_____	_____	(Describe below)
_____	_____	_____ % Condominiums	_____	_____	_____ % Training Schools
_____	_____	_____ % Low Income Housing Projects	_____	_____	(Describe below)
_____	_____	_____ % Warehouses	_____	_____	_____ % Repossession/Collection Work
_____	_____	_____ % Manufacturing Plants	_____	_____	_____ % Record Checks
_____	_____	_____ % Strike Work	_____	_____	_____ % Credit/Pre-employment Checks
_____	_____	_____ % Fast Food Restaurants	_____	_____	_____ % Child/Missing Person Searches
_____	_____	_____ % Restaurants Other than Fast Food	_____	_____	_____ % Insurance Investigation
_____	_____	_____ % Liquor Stores	_____	_____	_____ % Arson Investigation
_____	_____	_____ % Bars/Lounges/Discos/Nightclubs	_____	_____	_____ % Alarm Response
_____	_____	_____ % Retail Stores	_____	_____	_____ % Museum/Galleries
_____	_____	(Describe below)	_____	_____	_____ % Other – Please Describe
_____	_____	_____ % Bus/Train Terminals	_____	_____	

B. Please further explain any of the following:

a. **Government Facilities** – Please describe all facilities where work is performed (i.e. offices, train station, etc.):

b. **Airport and or Mass Transit Work** – Any passenger or baggage screening services? Yes No

Please describe all operations/duties performed:

c. **Retail Work** – Please describe types of stores, duties performed and hours that guard(s) are on duty:

d. **Shoplifting Surveillance** – Please fully detail arrest/detention responsibilities:

e. **Executive Protection/Body Guards** – Please provide a list of clients and a description of duties for each:

f. **Consulting** – Please describe who you are consulting for and the scope of consulting services you are providing:

g. **Training Schools** – Please describe who you are training and the scope/purpose of the training being provided:

h. **Other** – Operations not included above (provide description):

1. Provide the names of your five (5) largest revenue-producing clients, their locations and a description of duties:

- i.
- ii.
- iii.
- iv.
- v.

2. How do field employees communicate with the office or local law enforcement agencies?

3. What are your incident reporting procedures?

4. Do you have a supervision or guard monitoring system? Yes No

If 'Yes', please describe:

- a. Electronic/Computer: _____
- b. Written Logs: _____
- c. Supervisor Rounds: _____
- d. Other (Describe): _____

5. Do you hire Independent Contractors? Yes No
- i. Armed Unarmed
- ii. Do they carry their own insurance? Yes No
- iii. Do you require a certificate of insurance? Yes No
6. Are autos used in your business? Yes No
If 'Yes', please describe how they are used: _____
-
7. Is any mobile equipment (security carts, golf carts, trams, etc.) used? Yes No
If 'Yes', please describe type, number and manner of use: _____
-
8. Are passengers transported? Yes No
9. What steps does applicant take to protect client's confidential information and privacy? Please describe: _____
-

RATING INFORMATION

1. Annual Gross Payroll: \$ _____ Receipts: \$ _____
Total Number of Employees: _____ Full Time _____ Part Time
_____ Armed _____ Unarmed
2. Average Hourly Wage:
Full Time \$ _____ per hour Part Time \$ _____ per hour
3. Number of Canines: _____ Attended _____ Unattended
How and where are canines used? Please describe any drug or bomb sniffing activities:
- i. Drug Detection: _____
- ii. Explosive Detection: _____
- iii. Guard Dogs: _____
- iv. Other (Explain): _____
- a. Who trains the canines and describe their training? _____
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- b. What is the ratio of handles to canines? _____
- c. Are the canines sold? Yes No
If the canines are sold, is training offered to buyers? Yes No
If 'Yes', please describe the training: _____
-
4. Number of Supervisors: _____ Total Payroll: \$ _____
Describe duties performed: _____
-
5. If consulting is done for others, what are annual total receipts? _____
6. If training is done for others, what are annual total receipts? _____
7. Employee Pay Scale (hourly)
- | | Minimum | Maximum | Average |
|-------------------|---------|---------|---------|
| a. Supervisors | _____ | _____ | _____ |
| b. Unarmed Guards | _____ | _____ | _____ |
| c. Armed Guards | _____ | _____ | _____ |
8. Do you enter into a standard contract with your clients? If 'Yes', please attach a copy. Yes No
- a. Are specific 'post orders' developed for each guard site and approved by client? Yes No
- b. Are changes to these 'post orders' documented? Yes No
- c. Do contracts contain confidentiality provisions protecting the privacy of applicant's clients? Yes No
If 'Yes', please describe: _____
-

GENERAL LIABILITY INSURER HISTORY FOR PAST 5 YEARS

1.	Company	Policy Dates	Coverages	Limits	Deductible	Occ. or C/M	Retro Date
Expiring	_____	_____	CGL Prof	_____	_____	_____	_____
1 st Prior	_____	_____	CGL Prof	_____	_____	_____	_____
2 nd Prior	_____	_____	CGL Prof	_____	_____	_____	_____
3 rd Prior	_____	_____	CGL Prof	_____	_____	_____	_____
4 th Prior	_____	_____	CGL Prof	_____	_____	_____	_____
5 th Prior	_____	_____	CGL Prof	_____	_____	_____	_____

2. Are you aware of any circumstances other than those above which might give rise to a claim under any policy? Yes No
 If 'Yes', please attach details: _____

3. Name of Present Insurance Company: _____ Expires On: _____

4. Has carrier cancelled or refused to renew Applicant's business? Yes No
 If 'Yes', for what reason? _____

5. Claim/Loss History over last five (5) Years: If none, please state. **(Carrier Loss Runs Required)**

Date	Description of Loss	Amount Incurred	Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____

STATE NOTICES: The following notices are required by the Insurance Department of the indicated states.

FRAUD WARNING

Notice to Applicants of all states except California, Kentucky, Louisiana, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Puerto Rico, Virginia and Washington D.C.: Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material 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 and denial of insurance benefits.

Notice to California Applicants: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 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 the 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 provision.

Notice to Oregon Applicants: Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a 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.

Notice to Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established by be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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 Washington D.C. Applicants: WARNING: 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.

ACKNOWLEDGEMENTS, AUTHORIZATION AND SIGNATURE

By signing below, the Applicant agrees, represents and warrants:

1. That the statements contained in this application for insurance, including all statements, information and documents accompanying or relating to this application are accurate and complete and no facts have been suppressed, omitted or misstated; and
2. The policy, if issued, is issued in reliance upon the truth of such statements, including all accompanying statements, information and documents, that are incorporated into and made part of the policy; and
3. Any failure to fully disclose the information requested in this application for insurance, whether by omission or suppression, or any misrepresentation in the statements and information contained in this application, including all statements, information and documents accompanying or relating to this application, renders coverage for any claims(s) null and void and entitles us to rescind the policy from its inception.

Signature*: _____ Title: _____
(Owner, Partner or Officer)

Print or Type Name: _____ Date: _____

* Signing this application does not bind the applicant or the company to complete the insurance.