



Security Guards and Related Operations General Liability Application

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-mail: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

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

Website Address: _____

E-mail Address: _____ **Phone No.:** _____

Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Errors & Omissions Coverage (cannot exceed GL limits) (Each Claim/Aggregate)	\$
Lost Key Coverage	\$25,000/\$25,000 (included)
Property Damage Extension	\$5,000/\$25,000 (included)
Assault &/or Battery Coverage Sublimit (included at policy limits-sublimit cannot exceed GL limits)	\$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

1. How long has the applicant been in business? _____
2. Branch offices and locations:
 - a. _____
 - b. _____
 - c. _____
3. Operations conducted in the following states:

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

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

State: _____ Licensed with state? Yes No License No.: _____
4. Total number of employees: _____
5. 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
 If yes, are any employees with arrest authority not off-duty police? Yes No
6. Total number of hours billed to clients annually: _____
7. Are ALL armed personnel certified for use of firearms by a state agency or a firearms certification school? Yes No
8. Does the applicant have Workers' Compensation coverage in force? Yes No
9. Does the applicant lease employees? Yes No
10. Does the applicant subcontract any operations? Yes No
 If yes:
 - a. Description of operations subcontracted: _____
 - b. Annual cost of subcontracted work: _____
 - c. Are all subcontractors required to carry General Liability Insurance? Yes No
 If yes, minimum General Liability limits required: _____
 - d. Are all subcontractors required to carry Workers Compensation Insurance? Yes No
 - e. Are certificates of insurance obtained from all subcontractors? Yes No
 - f. Is applicant named as an additional insured on all subcontractors' policies? Yes No
 - g. Do written contracts contain hold-harmless agreements in favor of the applicant? Yes No
 If no, explain when not required: _____
11. Are personnel licensed as required by state and federal agencies? Yes No
12. Are background investigations and checks conducted on new employees? Yes No
 If yes, describe procedures used for pre-employment checks: _____

13. Does the applicant use a recordkeeping log and incident reporting log for each job? Yes No

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

If yes, describe: _____

Does applicant have a training manual?..... Yes No

15. Does the applicant use stun guns? Yes No

16. Does the applicant use animals?..... Yes No

If yes:

a. Number with handlers: _____ without handlers: _____

b. Are animals used to detect guns or bombs?..... Yes No

c. Are animals used to detect drugs?..... Yes No

17. Number of supervisors: _____ Describe duties: _____

Do the supervisors perform investigative or guard duties?..... Yes No

18. List the applicant's ten (10) largest clients. Indicate type of operation performed and duties involved:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

19. Does the applicant conduct any operations involving nuclear power plants?..... Yes No

20. Additional Insured Information:

Name	Address	Interest

Any government entity listed as an additional insured?..... Yes No

If yes, explain: _____

21. During the past three years, has any company canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri)..... Yes No

If yes, explain: _____

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

Private Investigation	Armed Payroll	Unarmed Payroll
Arson investigation		
Computer fraud		
Corporate—employee dishonesty		
Credit pre-employment screening		
Domestic		
Insurance claim investigation		

Private Investigation	Armed Payroll	Unarmed Payroll
Legal		
Missing person		
Records check		
Surveillance—describe:		
Undercover operations		
Other—describe:		

23. Provide guard services annual payroll by listed operation including parking lot security (include subcontractor payroll not covered by other insurance):

Guard Services	Armed Payroll	Unarmed Payroll
Airports		
Abortion clinics or family planning centers		
Alarm monitoring: Burglary/fire Medical emergency		
Alarm response		
Baggage handling security		
Banks		
Bouncers or doormen at restaurants, night clubs, discos, bars/taverns		
Churches		
Construction sites		
Convenience stores		
Criminal detention centers		
Fast food restaurants		
Ground transportation terminals		
Hospitals		
Hotels/Motels		
Housing: Apartments—public housing authorities, Section 8, HUD Apartments Condominiums or townhouses Homeowners associations Private residences		
Immigration detention centers		

Guard Services	Armed Payroll	Unarmed Payroll
Manufacturing		
Mines		
Movie theaters		
Motels/hotels		
Offices		
Parking lot security		
Retail Operations: Clothing stores Department stores Liquor stores Shopping centers/malls Supermarkets All other		
Schools and universities		
Special events: Athletic events—describe type: Concerts—describe (rock & roll, hard rock, rap, country, other): Other—describe:		
Sports stadiums or arenas		
Strike work		
Utility property security		
Warehouses		
Wharf, waterfront or seaport security		
Other—describe:		

24. Provide miscellaneous services annual payroll by listed operation including parking lot security (include subcontractor payroll not covered by other insurance):

Miscellaneous Services	Armed Payroll	Unarmed Payroll
Alarm installation, service or repair		
Animal services with handler		
Auto repossession		
Bail bond operations		
Bodyguards		
Border patrol		
Bounty hunters		
Consulting or expert witness		
Courier or escort:		
Armored car service		
Armed couriers		
Bicycle or skate couriers		
Couriers—non-negotiable		
Couriers—negotiable		
Courier escorts		
Funeral escorts		
Drug surveillance		

Miscellaneous Services	Armed Payroll	Unarmed Payroll
Drug testing		
Eviction operations		
Firearms certification/training schools		
Insurance adjusters		
Parole Officers		
Polygraph work		
Prisoner transport		
Process servers		
Repossession/collection work		
School crossing guards		
Security consulting		
Security guard school/training for others		
Shopping service		
Traffic control		
Utility shut-off operations		
Other—describe:		

25. Does the applicant engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

26. Does the applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

27. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

28. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses in the last three years				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

29. California only: Are guard cards obtained for all employees? Yes No

- 30. Please attach:**
- a. Any descriptive advertising literature;
 - b. Copy of the applicant's standard performance contract with client; and
 - c. Copies of all agreements in which the applicant has assumed liability.

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.

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. **(Not applicable to Nebraska, Oregon, and Vermont).**

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

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 for the purpose of defrauding or attempting to defraud the 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.

WARNING 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 of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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 a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

NOTICE TO RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

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 request, additional information as to the nature and scope of the report, if one is made, will be provided.



Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

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

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total \$
Deductible	\$	

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US 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 _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

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 request, additional information as to the nature and scope of the report, if one is made, will be provided.