



**ALL RISKS, LIMITED – National Specialty Programs**  
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**Security Guard Application**

General Info (Complete For All Lines)

1. Name \_\_\_\_\_  
 (Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Physical Address \_\_\_\_\_  
 No. Street City County State Zip Code

3. Please make certain additional locations are on ACORD forms.

4. Inspection Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Audit Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Claims Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

5. Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

6. Website \_\_\_\_\_ FEIN \_\_\_\_\_

7. Date established \_\_\_\_\_ License No. \_\_\_\_\_ €Sole Proprietor €Partnership  
 €Corporation €Other

8. Policy proposed effective date \_\_\_\_\_ to \_\_\_\_\_

9. Current coverage expires/expired on \_\_\_\_\_

10. Check limit of liability desired: €\$300,000 €\$500,000 €\$1,000,000 €Other \_\_\_\_\_

11. Deductible: €\$1,000 €\$2,500 €\$5,000 €Other \_\_\_\_\_

12. Applicant Classification:  
 Security Service Investigations  
 Consulting Alarm Service and Monitoring

13. In regards to your clients. Do you assume any duties not related to security, i.e. janitorial, maintenance, housekeeping, etc. If yes, please explain \_\_\_\_\_

14. Provide the names of your (5) five largest revenue producing clients, and a description of your duties.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Are the majority of your clients under contract? €Yes €No  
 a. If yes, how many include hold harmless clauses? \_\_\_\_\_  
 b. **Please include sample copies of your standard contracts and agreements.**

16. Do you subcontract work? €Yes €No  
 If yes, do you require certificates and/or proof of Errors & Omissions and Commercial General Liability Insurance? €Yes €No

17. Are you named as an additional insured on the subcontractor's policy? €Yes €No

## SECURITY SERVICE/PATROL

1. What background do the principals of this organization have in the Security Industry?  
(Please attach resume) \_\_\_\_\_

2. Will the principals perform Guard/Investigative Operations? €Yes €No

3. Number of Supervisors \_\_\_\_\_ Describe duties of Supervisors: \_\_\_\_\_  
\_\_\_\_\_

4. Average number of guards per supervisor \_\_\_\_\_

5. Annual guard turnover rate \_\_\_\_\_

6. Training program consists of:

Written Manual	On Job	CPR
Report Writing	Powers of arrest	Films
Firearms	Classroom	Other _____

Describe your training program: \_\_\_\_\_  
\_\_\_\_\_

7. Pre-employment screening procedures (check the following):

Polygraph	Prior Employer Contacted	Criminal Background
Drug Screening	Fingerprint Check	Driving Record
Psychological Test	Personal References	Other _____

Describe your pre-employment screening procedures: \_\_\_\_\_  
\_\_\_\_\_

8. Total number of guard hours billed to client(s) annually:  
Unarmed \_\_\_\_\_ Armed \_\_\_\_\_

9. Total number of Guards:

	Full Time	Part Time
Unarmed		
Armed		
Supervisors		

10. Do you use any equipment or golf carts for patrol? €Yes €No  
If yes, how many? \_\_\_\_\_

11. Will the public be transported? €Yes €No  
If yes, are driving records checked on drivers? €Yes €No

12. Do you anticipate using dogs? \*Must be leashed not to exceed 6ft. €Yes €No

a. If yes, number of dogs used with handlers \_\_\_\_\_ without handlers \_\_\_\_\_

b. And, for what purpose will the dogs be used?

Bombs	Drugs
Airports	Other _____

13. Are all armed employees licensed by the state to carry firearms? €Yes €No  
If yes, how often will they have to be re-certified? \_\_\_\_\_

14. Employee Pay scale (Hourly)

	Minimum	Maximum	Average
a. Supervisors			
b. Unarmed Guards			
c. Armed Guards			

15. Please provide Total Payroll and Billable Hours for the past five years:

	YR _____	YR _____	YR _____	YR _____	YR _____
Total Payroll					
Total Billable Hours					

-LIST ANNUAL PAYROLL SEPARATELY BY CATEGORY-

	ARMED PAYROLL	UNARMED PAYROLL
<b>SUPERVISORY</b>		
<b>GUARD SERVICES</b>		
• Airports (describe operations)		
• Banks or other financial institutions		
• Construction or Demolition Sites		
• Conventions		
• Escort Service/Body Guard Service		
• Fast Food Restaurants		
• Government Contracts (office building, courts, military base)		
• Hotels/Motels		
• Housing/Residential – Mid/High Income		
• Housing/Residential – Low Income/HUD		
• Industrial (warehouses, factories)		
• Institutions (schools, hospitals, other_____)		
• Liquor Establishments (bars, restaurants, other_____)		
• Malls/Theaters/Arcades		
• Office Buildings		
• Patrol Cars(alarm response, patrol, other_____)		
• Retail (parking lots, outside patrol, other_____)		
• Retail (shoplifting, surveillance, inside, other_____)		
• Special Events (sports, concerts, other_____)		
• Strike Work		
• Traffic Control		
• Utilities (water, electrical, nuclear)		
• Other- Describe		
<b>TRANSPORTATION SERVICES</b>		
• Armored Car		
• ATM Services		
• Courier (describe commodity transported)		
• Other- Describe		
<b>PRIVATE INVESTIGATIONS</b>		
• Auto Repossession		
• Bank Checks (pre-employment screening)		
• Body Guard Protection		
• Bounty Hunter		
• Computer Fraud		
• Criminal		
• Divorce/Domestic		
• Executive Protection		
• General Background Checks		
• Missing Persons		
• Polygraph		
• Process Serving		
• Psychological Stress Evaluator		
• Security Consultation		
• Other- Describe		
<b>OTHER</b>		
• Clerical		
• Outside Sales		
• Other- Describe		
<b>TOTAL</b>		

**Additional Coverages**

CHECK ALL THAT APPLY

Additional Insureds \_\_\_\_\_ Individual \_\_\_\_\_ Blanket  
 Waiver of Subrogation \_\_\_\_\_ Individual \_\_\_\_\_ Blanket  
 Primary Wording \_\_\_\_\_ Individual \_\_\_\_\_ Blanket  
 Per Project Aggregate \_\_\_\_\_ Employee Benefits Liability \_\_\_\_\_  
 Stop Gap \_\_\_\_\_ Hired/Non-owned Auto \_\_\_\_\_

**Current General Liability Information**

1. Please provide name of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

	YR	YR	YR	YR	YR
Carrier					
Premium					
Payroll					
Ded/SIR					
Losses					

2. Has any company canceled or declined to renew in the past 5 years? €Yes €No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Has the insured ever had a lapse in coverage? €Yes €No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

**Claim Information**

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application)

2. Do you require staff to report all unusual incidents and are all incident reports reviewed by Management? €Yes €No

3. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which may give rise to a future claim? €Yes €No

**ALL RISKS, LTD.**

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

\_\_\_\_\_  
 Name (type or print) Signature Date

**NOTICE TO PRODUCERS:** THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

\_\_\_\_\_  
 Name (type or print) Signature Date License #

**Optional Coverages**  
(please attach an ACORD application)

Property	Contractors Equipment	EDP
Business Auto	Workers Compensation	Umbrella/Excess
Crime/Employee Dishonesty	Employment Related Practices	

**Umbrella/Excess Questionnaire**  
(Please complete only if desired.)

**Explain all "Yes" responses.**

- |   |      |     |
|---|------|-----|
| 1. With the exception of leinholders, are any vehicles not solely owned by and registered to the applicant? | €Yes | €No |
| 2. Do over 50% of the employees use their autos in the business?  | €Yes | €No |
| 3. Is there a vehicle maintenance program in operation?   | €Yes | €No |
| 4. Are any vehicles leased to others?   | €Yes | €No |
| 5. Are any vehicles customized, altered or have special equipment?  | €Yes | €No |
| 6. Do operations involve transporting hazardous material?   | €Yes | €No |
| 7. Any vehicles used by family members or non employees?<br>If so, please identify in remarks.              | €Yes | €No |
| 8. Does the applicant obtain MVR verifications?   | €Yes | €No |
| 9. Does the applicant have a specific driver recruiting method?   | €Yes | €No |
| 10. Are any drivers not covered by Workers Compensation?  | €Yes | €No |
| 11. Any vehicles owned but not scheduled on this application?   | €Yes | €No |

Remarks:

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# WORKERS' COMPENSATION

Information Required with Submission: (Please attach)

1. ACORD Workers' Compensation application
2. Location Coding – see attached pages
3. Financials for accounts over \$100,000
4. Insurance Carrier Premium and Loss statements which are currently valued (5 years required).
5. Drivers schedule: Names, Dates of Birth & Driver's License Number required.
6. Experience Mod. Worksheet
7. Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund:

1. Annual employee turnover rate \_\_\_\_\_%

2. Is the current coverage now in Assigned Risk, State Fund or Voluntary Market? €Yes €No

3. Has any insurance carrier canceled or refused to renew within the past 3 years? €Yes €No  
If yes, please explain \_\_\_\_\_

4. Do you report all WC claims, regardless of payment having been made on the claim? €Yes €No  
If no, please explain: \_\_\_\_\_

5. Employee Benefits Program:  Group Medical  401K  Other \_\_\_\_\_

Describe your Employee Benefits Program:  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you have a transitional duty (light duty) program? €Yes €No  
If yes, describe: \_\_\_\_\_

7. Who is responsible for safety? \_\_\_\_\_

8. Do you have a formal safety committee? €Yes €No  
If yes, how frequently does it meet and who attends? \_\_\_\_\_

9. Do you have a medical or physicians network in place for worker's comp. claims? €Yes €No  
If yes, describe in detail: \_\_\_\_\_

10. Auto/Fleet Exposures (Complete if auto is not submitted with the workers' compensation.)

a. Number of Drivers: \_\_\_\_\_

b. Number of and types of vehicles: \_\_\_\_\_

c. How are vehicles used? \_\_\_\_\_

d. What time of the day are vehicles used? \_\_\_\_\_

e. Who is allowed to drive vehicles? \_\_\_\_\_

f. How often are MVR's pulled on all drivers? \_\_\_\_\_

g. Describe MVR policy as it relates to vehicle usage: \_\_\_\_\_

h. Are vehicles taken home? €Yes €No

If yes, what limitations are in place for personal use? \_\_\_\_\_

i. Is there a maintenance program? €Yes €No

WAIVER SUBROGATION – Provide the names, addresses & class codes/payroll of all contracts requiring a waiver of subrogation.  
\_\_\_\_\_  
\_\_\_\_\_

If the Insured has no exposure to any of the High Profile Locations, please note "no exposure, and sign/date the form.

## WCM Workers Compensation

### High Profile locations / Exposures

Location / Exposure Type	Yes	Comments
<b>Airports</b>		
<b>Public Transportation (Incl. rail, subway stations)</b>		
<b>Monuments &amp; other historically significant loc.</b>		
<b>Convention Centers</b>		
<b>Major Religious Structures</b>		
<b>Stadiums, Arenas or Sporting Complexes</b>		
<b>Museums / Aquariums/ Zoos</b>		
<b>Stock Exchanges or Financial Centers</b>		
<b>Nationally Recognized Hospitals/ Medical Centers</b>		
<b>Amusement Parks (high profile)</b>		
<b>"Marquis" buildings</b>		
<b>Utilities / Energy Generating Stations</b>		
<b>Refineries / Fuel Depots</b>		
<b>Dams</b>		
<b>Hazardous Chemical Manufacturing</b>		
<b>Weapons / Defense Manufacturing</b>		
<b>Military Bases or Locations</b>		
<b>Major Casinos</b>		
<b>Mail Handling or Delivery</b>		
<b>High-Rise Buildings</b>		
Tier 1: Nationally recognized (e.g., Sears Tower)		
Tier 2: Over 35 stories		
Tier 3: Between 20 and 35 stories		
<b>Other Specialty Situations</b>		
Example: Olympic Venues, other Special Events		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Crime/Employee Dishonesty Questionnaire

(Please complete only if desired.)

1. Do you have an audited financial statement prepared annually? €Yes €No
2. Are internal financial statements prepared? €Yes €No
- If yes, how often are they reviewed by the owner? \_\_\_\_\_
3. Describe your "Separation of Duties" and "Countersignature" procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Indicate the number of employees who handle, have custody or maintain records of money, securities or other property: \_\_\_\_\_
5. Are officer-shareholders active in the day to day oversight of business operations? €Yes €No
6. Do employees who reconcile the bank statement also:
- |                         |                            |                       |
|-------------------------|----------------------------|-----------------------|
| Make deposits? €Yes €No | Make withdrawals? €Yes €No | Sign Checks? €Yes €No |
|-------------------------|----------------------------|-----------------------|
7. Is countersignature of checks required? €Yes €No
- If yes, what is the dual signing limit? \_\_\_\_\_
8. Is segregation of duties practiced in the following areas:
- |  |   |
|--|---|
| Inventory management? €Yes €No                   | Wire transfer receipts and payments? €Yes €No |
| Purchase order approval and payment? €Yes €No    | Vendor approval? €Yes €No                     |
| Oversight of blank check stock? €Yes €No         | Payroll? €Yes €No                             |
| Retail checks and Credit Card receipts? €Yes €No | Cash receipts? €Yes €No                       |
9. Are all incoming checks stamped "for deposit only" immediately upon receipt? €Yes €No
10. Are inventory records computerized? €Yes €No
- Is a physical count of inventory conducted at least annually? €Yes €No
11. Are the duties of computer programmers and operators separated? €Yes €No
12. Are computer passwords changed frequently? €Yes €No
13. For new employees, do you perform any of the following types of background checks:
- |                            |                          |                            |
|----------------------------|--------------------------|----------------------------|
| Prior employment? €Yes €No | Education? €Yes €No      | Criminal history? €Yes €No |
| Drug testing? €Yes €No     | Credit history? €Yes €No |                            |
14. Are the controls indicated in 5-13 above imposed at all locations? €Yes €No
- If no, please explain exceptions.
15. List all Crime/Fidelity Losses in the last three years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Please indicate the coverages, limits, and deductibles desired:
- €\$25,000 limit, \$1,000 deductible
  - €\$50,000 limit, \$1,500 deductible
  - €\$75,000 limit, \$2,500 deductible
  - €\$100,000 limit, \$5,000 deductible
  - €Other \_\_\_\_\_
17. List any qualified benefit plans  
\_\_\_\_\_  
\_\_\_\_\_
18. Are you interested in Fiduciary Liability Coverage? €Yes €No
- If yes, please attach Form 5500's for each plan to be covered.
19. Current Fidelity Carrier? \_\_\_\_\_ Premium? \_\_\_\_\_  
Limits? \_\_\_\_\_ Deductible? \_\_\_\_\_