



Security Guard Application

General Information (Complete All Lines)

1. First Named Insured: _____
Additional DBA Names: _____
2. Physical Address: _____
Street Name _____ City/County/State/Zip _____
3. Mailing Address: _____
Street Name _____ City/County/State/Zip _____
4. Insured Email Address: _____
5. Inspection Contact: _____ Phone: _____
Audit Contact: _____ Phone: _____
Claims Contact: _____ Phone: _____
6. Telephone: _____ Fax: _____
7. Website: _____ FEIN: _____
8. Date established: _____ License No. _____
 Sole Proprietor Partnership Corporation Other: _____
9. Policy proposed effective date: _____ to _____
10. Current coverage expires/expired on: _____
11. Applicant Classification: Security Service Investigations Consulting
 Alarm Service & Monitoring
12. In regards to your clients, do you assume any duties not related to security (i.e. janitorial, maintenance, housekeeping, etc.)? Yes No
If yes, please explain: _____

13. Provide the names of your five (5) largest revenue producing clients, and type of facility:

14. Are the majority of your clients under contract? Yes No
15. 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
16. Training Program consists of: Written Manual On Job CPR Report Writing
 Powers of Arrest Films Firearms Classroom
 Other: _____

What background do the principals of this organization have in the Security Industry? _____

**Please attach resume if no prior coverage*

Will the principals perform Guard/Investigative Operations? Yes No

17. Pre-employment screening procedures consists of:

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

18. Total number of Guards:

	Full-Time	Part-Time
Armed		
Unarmed		
Supervisors		

19. Employee Pay Scale (Hourly)

	Minimum	Maximum	Average
Armed			
Unarmed			
Supervisors			

20. Total number of annual guard hours: Armed: _____ Unarmed: _____

21. Are all armed employees licensed by the state to carry firearms? Yes No

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

If yes, number of dogs used with handlers: _____ Without handlers: _____

What purpose will the dogs be used? Bombs Drugs
 Airports Other: _____

23. Please complete below if requesting Auto, Umbrella, or Workers' Compensation coverage.

- a. Are applicants' MVRs reviewed upon hire and annually thereafter? Yes No
- b. Are standards for acceptable drivers in place? Yes No
- c. Is an action plan in place if acceptability standards are not met? Yes No
- d. Are all drivers between 21 and 70 years old? Yes No
- e. If over 70, are medical certificates stating that, he/she has no medical issues that would preclude him/her from driving, available? Yes No
- f. Does the insured have an acceptable Fleet Safety Program in place? Yes No
- g. Is a Vehicle Maintenance Program in place? Yes No
- h. Is personal usage of company vehicles prohibited? Yes No
- i. Does the insured have a written personal use policy in place? Yes No
- j. Is the original cost new of all vehicles less than \$75,000? Yes No

If you answered "No" to any of the above, please explain: _____

24. Any jobs with post orders other than observe and report? Yes No

If yes, please describe: _____

LIST ANNUAL PAYROLL SEPARATELY BY CATEGORY

	ARMED PAYROLL	UNARMED PAYROLL
SUPERVISORY		
GUARD SERVICES		
• 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 (warehousing, 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 (please describe): _____		
TRANSPORTATION SERVICES		
• Armored Car		
• ATM Services		
• Courier (describe commodity transported)		
• Other (please describe): _____		
PRIVATE INVESTIGATIONS		
• 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 (please describe): _____		
TOTAL:		

SERVICES DETAILS

(Please complete this section if you provide services to any of these clients)

1. **AIRPORTS/CRUISE SHIP LINES**

Please list the airports/cruise ship lines being serviced and a description of the services provided and advise if it will include either passenger/baggage screening and/or skycap services. _____

2. **BODYGUARD/EXECUTIVE PROTECTION**

Will these services involve protection of entertainers/athletes or other high profile individuals? Yes No

Please provide a brief description of the services provided to these clients (i.e. estate security, 24/7 protection, etc.) _____

3. **SCHOOLS/COLLEGES/UNIVERSITIES**

Please provide a listing of these clients and a description of the services provided to these clients (i.e. vehicle patrol, security in the dormitories, security at special events, etc.) _____

4. **HOSPITALS**

Please provide a listing of these clients' services and a description of the services provided (i.e. parking lot patrol, security in the ER, patient restraint services, etc.) _____

5. **HOTELS/MOTELS**

Please provide a listing of the hotels/motels being services and provide a description of the services provided to these clients (i.e. vehicle patrol, security at hotel lounge, student chaperone services, etc.) _____

6. **RESIDENTIAL**

Please provide a listing of the properties services, their locations and a description of the services provided to these clients (vehicle patrol, gate guard, etc.) Also indicate the residential mix and percentage of work for each (high/mid income, gated communities senior subsidized, section 8, low income, other) _____

7. **SPECIAL EVENTS/SPORTING EVENTS/ARENA/STADIUMS/CONVENTIONS**

Please provide a listing of these clients and a description of the services provided to these clients. _____

8. **CLUBS/BARS/LIQUOR ESTABLISHMENTS**

Please provide a listing of these clients and a description of the services provided. _____

9. **OTHER OPERATIONS**

Please provide a listing of these clients and a description of the services provided. _____

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 names of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

	Year	Year	Year	Year	Year
Carrier					
Premium					
Payroll					
Hours					
Deductible					
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. Please be 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 MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THE BEST KNOWLEDGE ALL NFORMATION GIVEN IS TRUE AND ACCURATE.

Insured Name (type or print) Insured 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.

Producer Name (Type or Print) Producer Signature Date License #

UMBRELLA QUESTIONNAIRE

Please complete only if requesting umbrella coverage.

***ACORD Application & 5 Years of Auto Loss Runs required for Umbrella coverage.*

1. With the exception of lienholders, 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. Are any vehicles leased to others? Yes No
4. Are any vehicles customized, altered or have special equipment? Yes No
5. Do operations involve transporting hazardous material? Yes No
6. Are any vehicles used by family members or non-employees? Yes No
7. Does the applicant have a specific driver recruiting method? Yes No

If you answered "Yes" to any of the above questions, please explain: _____

WORKERS' COMPENSATION

Information Required with Submission (Please attach):

- ACORD Workers' Compensation Application
- 5 Years Currently Valued Loss Run Statements
- Experience Modification Worksheet
- Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund

1. Is the current coverage now in Assigned Risk, State Fund or Voluntary Market? Yes No
2. Has any insurance carrier canceled or refused to renew within the past 3 years? Yes No
If yes, please explain: _____

3. Employee Benefits Program: Group Medical 401k Other: _____
4. Who is responsible for safety? _____

WC WAIVER OF SUBROGATION

Blanket Individual

Please provide the names, addresses & class codes/payroll of all contracts requiring an individual waiver of subrogation.
