

**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  Films  
 Powers of Arrest  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 consist of:
- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Criminal Background | <input type="checkbox"/> Drug Screening      | <input type="checkbox"/> Polygraph         | <input type="checkbox"/> Prior Employer Contacted |
| <input type="checkbox"/> Psychological Test  | <input type="checkbox"/> Personal References | <input type="checkbox"/> Fingerprint Check | <input type="checkbox"/> Driving Record           |
|  |  | <input type="checkbox"/> Other: _____      |   |

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 available stating that he/she has no medical issues that would preclude him/her from driving?  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: \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

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LIST ANNUAL PAYROLL SEPARATELY BY CATEGORY

<u>Professional Services</u>	ARMED PAYROLL	UNARMED PAYROLL
• Airports (Non-TSA)		
• Airports (TSA, Baggage/Passenger Screening)		
• Banks or Other Financial Institutions		
• Construction or Demolition Sites		
• Industrial (Warehouses, Factories)		
• Utilities (Water, Electrical, Nuclear)		
• Office Buildings		
• Government Contracts (Offices, Courts, Military Base)		
• Executive Protection/Body Guard Non Celebrity*		
• Body Guard Celebrity*		
• Traffic Control/Strike Work*		
• Security Consultation		
<u>Residential</u>		
• HOA and High-End Gated Communities*		
• Condo Associations*		
• Subsidized Senior Housing*		
• Apartments*		
• Housing/Residential – Low Income/HUD*		
• Hotels*		
• Motels*		
<u>Recreational</u>		
• Restaurants		
• Clubs – Sporting, Country, Etc.		
• Fast Food Restaurants*		
• Liquor Establishments (Bars, Taverns, Night Clubs)		
• Conventions*		
• Events – Low Hazard (Weddings, Meetings, Operas)		
• Events – High Hazard (Sports, Concerts, Arenas, Stadiums)		
• Carnivals/Fairs/Festivals		
• Casinos/Theaters/Arcades		
<u>Institutions</u>		
• Schools		
• Museums		
• Hospitals – Main Lobby and Parking Lot*		
• Hospitals – Other than Main Lobby and Parking Lots*		
<u>Retail Security*</u>		
• Outside Retail (Parking Lots, Patrol, Other: _____)		
• Inside Retail (Shoplifting, Surveillance, Other: _____)		
• Flea Markets		
• Marijuana Related Security (Dispensaries, Growers)		
<u>Transportation Services</u>		
• Armored Car		
• ATM Services		
• Courier (Describe Commodity Transported: _____)		
<u>Private Investigators</u>		
• Auto Repossession		
• Bounty Hunter		
• Computer Fraud		
• Criminal		
• Divorce/Domestic		
• General Background Checks/Pre-Employment Screening		
• Missing Persons		
• Polygraph		
• Process Serving		
• Psychological Stress Evaluator		
<u>Other</u>		
• Describe: _____		
<b>TOTAL:</b>		

**Specific Underwriting Questions**

If any payroll is included for any of the categories marked with an asterisk\* on the previous page, please answer the following specific underwriting questions. **You only need to answer questions in applicable categories.**

**Retail**

- 1. On a separate page, please list the name and address for all retail contracts (required).
- 2. Do the post orders at any location include Apprehension/Detention duties?  Yes  No
- 3. Is the insured contracted to work during store hours or after hours only?  During Hours  After Hours Only
- 4. How long has the insured had each contract? \_\_\_\_\_

**Apartments**

- 1. On a separate page, please list the name and address for all residential contracts.
- 2. Do any of the apartments provide any subsidized housing?  Yes  No
- 3. How long has the insured had this contract? \_\_\_\_\_
- 4. What are the guard hours for each location? \_\_\_\_\_
- 5. What are the post orders? *Please provide a copy of the post orders for this type of work.*

**Low Income Housing, Senior Subsidized Housing**

- 1. On a separate page, please list the name and address for all residential contracts.
- 2. Is this a senior only subsidized location?  Yes  No
- 3. How long has the insured had this contract? \_\_\_\_\_
- 4. What are the guard hours for each location? \_\_\_\_\_
- 5. What are the post orders? *Please provide a copy of the post orders for this type of work.*

**Condo Associations, HOAs, High End Gated Communities**

- 1. On a separate page, please list the name and address for all residential contracts.
- 2. How long has the insured had this contract? \_\_\_\_\_
- 3. What are the guard hours for each location? \_\_\_\_\_
- 4. What are the post orders? *Please provide a copy of the post orders for this type of work.*

**Conventions**

- 1. Where are the conventions held? \_\_\_\_\_
- 2. What are the types of conventions? \_\_\_\_\_
- 3. Projected attendance (approximate # of people on average)? \_\_\_\_\_
- 4. What are the guard post orders? *Please provide a copy of the post orders for this type of work.*

**Hospitals**

- 1. Is the insured contracted to do anything other than lobby security and/or parking lot security?  Yes  No  
If so, what? \_\_\_\_\_
- 2. Do the insured's post orders include any patient interaction/monitoring?  Yes  No
- 3. How long has the insured had the contract? \_\_\_\_\_

**Escort/Bodyguard**

- 1. Are services performed for any high profile people or celebrities?  Yes  No
- 2. What are the duties/services provided? \_\_\_\_\_
- 3. Do guards travel out of state?  Yes  No      Out of the country?  Yes  No

**Fast Food**

- 1. On a separate page, please list the name and address for all retail contracts.
- 2. Do the post orders at any location include Apprehension/Detention duties?  Yes  No
- 3. When is the insured contracted to do work?  During Hours  After Hours Only
- 4. How long has the insured had each contract? \_\_\_\_\_

**Hotel/Motel**

- 1. On a separate page, please list the name and address for all contracts.
- 2. Do any of the post orders include anything other than lobby and parking lot security?  Yes  No
- 3. Are there bars/lounges on premises?  Yes  No
- 4. How long has the insured had each contract? \_\_\_\_\_

**Traffic Control**

- 1. Where is the traffic control work being performed? \_\_\_\_\_
- 2. Is there any work on open roads or highways?  Yes  No

**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

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 INFORMATION 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 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 and class codes/payroll of all contracts requiring an individual waiver of subrogation.

\_\_\_\_\_  
\_\_\_\_\_  
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