



Security Guard Renewal Application

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. Policy proposed effective date: _____ to _____

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

7. Total number of Guards:

	Full-Time	Part-Time
Armed		
Unarmed		
Supervisors		

8. Employee Pay Scale (Hourly)

	Minimum	Maximum	Average
Armed			
Unarmed			
Supervisors			

9. Total Number of Annual Guard Hours: Armed: _____ Unarmed: _____

10. 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: _____

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. _____

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 #