

### 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. Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Audit Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

<b>Professional Services</b>	<b>ARMED PAYROLL</b>	<b>UNARMED PAYROLL</b>
• 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		
<b>Residential</b>		
• HOA and High-End Gated Communities*		
• Condo Associations*		
• Subsidized Senior Housing*		
• Apartments*		
• Housing/Residential – Low Income/HUD*		
• Hotels*		
• Motels*		
<b>Recreational</b>		
• 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		
<b>Institutions</b>		
• Schools		
• Museums		
• Hospitals – Main Lobby and Parking Lot*		
• Hospitals – Other than Main Lobby and Parking Lots*		
<b>Retail Security*</b>		
• Outside Retail (Parking Lots, Patrol, Other: _____)		
• Inside Retail (Shoplifting, Surveillance, Other: _____)		
• Flea Markets		
• Marijuana Related Security (Dispensaries, Growers)		
<b>Transportation Services</b>		
• Armored Car		
• ATM Services		
• Courier (Describe Commodity Transported: _____)		
<b>Private Investigators</b>		
• Auto Repossession		
• Bounty Hunter		
• Computer Fraud		
• Criminal		
• Divorce/Domestic		
• General Background Checks/Pre-Employment Screening		
• Missing Persons		
• Polygraph		
• Process Serving		
• Psychological Stress Evaluator		
<b>Other</b>		
• 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 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 #**

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