

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:



## Security Guard / Patrol Application

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT'S NAME AND MAILING ADDRESS	AGENT / PRODUCER INFORMATION
_____ _____ _____ <b>BUSINESS NAME OR TRADING NAME:</b> _____ <b>PROPOSED POLICY PERIOD:</b> _____ <b>TO:</b> _____	_____ _____ <b>APPLICANT'S PHONE NUMBER:</b> _____ <b>APPLICANT'S WEB ADDRESS:</b> _____ <b>INSPECTION CONTACT:</b> _____ <b>CONTACT PHONE NUMBER:</b> _____
<b>APPLICANT IS:</b> <input type="checkbox"/> <b>INDIVIDUAL (INCLUDE DATE OF BIRTH):</b> _____ <input type="checkbox"/> <b>PARTNERSHIP (INCLUDE DATES OF BIRTH):</b> _____ <input type="checkbox"/> <b>CORPORATION</b> <input type="checkbox"/> <b>JOINT VENTURE</b> OR <input type="checkbox"/> <b>OTHER</b> _____ Years in business: _____ Years of Experience in this field: _____	

Location #1 \_\_\_\_\_  
 Location #2 \_\_\_\_\_  
 Location #3 \_\_\_\_\_

**SCHEDULE OF HAZARDS (Answer all that apply – attach a separate sheet if necessary)**

TYPES OF BUSINESSES PROTECTED	% OF OPS	TYPES OF SERVICES OFFERED	% OF OPS
<input type="checkbox"/> Airports	___	<input type="checkbox"/> Alarm Installation	___
<input type="checkbox"/> Apartments Habitational (subsidized)	___	<input type="checkbox"/> Alarm Monitoring	___
<input type="checkbox"/> Apartments Habitational (other than subsidized)	___	<input type="checkbox"/> Armored Car / Armored Security	___
<input type="checkbox"/> Areas with a Population >250,000	___	<input type="checkbox"/> Bail Bondsmen	___
<input type="checkbox"/> Automobile Dealers	___	<input type="checkbox"/> Body Guards / Executive Protection	___
<input type="checkbox"/> Banks	___	<input type="checkbox"/> Bounty Hunters	___
<input type="checkbox"/> Bars or Nightclubs (Bouncers)	___	<input type="checkbox"/> Couriers / Escort Service	___
<input type="checkbox"/> Concerts	___	<input type="checkbox"/> Crowd Control	___
<input type="checkbox"/> Construction Sites	___	<input type="checkbox"/> Drug or Gun Locating Service	___
<input type="checkbox"/> Detention or Correctional Institutions	___	<input type="checkbox"/> Employee Background Checks	___
<input type="checkbox"/> Fast Food Restaurants	___	<input type="checkbox"/> Investigations - Credit	___
<input type="checkbox"/> Hospitals	___	<input type="checkbox"/> Investigations - Criminal	___
<input type="checkbox"/> Industrial Plants	___	<input type="checkbox"/> Investigations - Divorce	___
<input type="checkbox"/> Laboratories	___	<input type="checkbox"/> Investigations - Missing Persons	___
<input type="checkbox"/> Legalized Marijuana Farms / Stores	___	<input type="checkbox"/> Law Enforcement	___
<input type="checkbox"/> Military Installations	___	<input type="checkbox"/> Patrol	___
<input type="checkbox"/> Mobile Check Cashing Services	___	<input type="checkbox"/> Polygraph Operations	___
<input type="checkbox"/> Municipalities	___	<input type="checkbox"/> Process Serving	___
<input type="checkbox"/> Office Buildings	___	<input type="checkbox"/> Repossessions or Collections	___
<input type="checkbox"/> Retail Stores - during business hours	___	<input type="checkbox"/> Security Guard Training School	___

- Retail Stores - after hours \_\_\_\_\_
  - Schools/Colleges \_\_\_\_\_
  - Special Events \_\_\_\_\_
  - Strike Controls \_\_\_\_\_
  - Undercover Operations \_\_\_\_\_
  - Utility Properties \_\_\_\_\_
  - Vehicle Escort \_\_\_\_\_
  - Other (describe below) \_\_\_\_\_
- Shoplifting Surveillance \_\_\_\_\_
  - Traffic Control (other than Special Events) \_\_\_\_\_
  - Traffic Control (Special Events only) \_\_\_\_\_
  - Other (describe below) \_\_\_\_\_

**PERSONNEL**

- Full Time Employees Payroll \$ \_\_\_\_\_ # Armed \_\_\_\_\_ # Unarmed \_\_\_\_\_
- Part Time Employees Payroll \$ \_\_\_\_\_ # Armed \_\_\_\_\_ # Unarmed \_\_\_\_\_
- Off Duty Police # \_\_\_\_\_  Employees under 21 # \_\_\_\_\_  Employees over 65 # \_\_\_\_\_

- Does the application obtain Background Checks (including any prior criminal records)? .....  Yes  No
- Does investigation include out-of-state and federal (if required) background checks? .....  Yes  No
- Is training (including crisis management) required with ongoing education? .....  Yes  No
- Do armed employees obtain permits to carry weapons? .....  Yes  No

Gross Sales \$ \_\_\_\_\_

Do you subcontract work to others?  Yes  No

If yes, what operations are subcontracted? \_\_\_\_\_

What is the payroll for subcontracted work? \$ \_\_\_\_\_

Do you require certificates or proof of GL and WC coverage from your subcontractors? .....  Yes  No

Do your subcontractors carry GL limits equal or greater than the limits requested on the application? .....  Yes  No

Are you named as an Additional Insured on all subcontractor policies? .....  Yes  No

**OPERATIONS**

- 1. Is business licensed and/or certified according to state regulations? .....  Yes  No
- 2. Is the applicant owned by, associated with, engaged in or involved with any other enterprise? .....  Yes  No

If yes, provide details. \_\_\_\_\_  
 \_\_\_\_\_

3. Has applicant ever performed business under another name? .....  Yes  No

4. Do you enter into a standard contract with all clients? .....  Yes  No

**Attach** a copy of the contract

5. Do you have written procedures for reporting incidents? .....  Yes  No

6. Does the applicant use dogs as part of their operation? .....  Yes  No

If yes, who handles the training of the dogs? \_\_\_\_\_

What types of dogs are used? \_\_\_\_\_

Number of dogs that work with a guard \_\_\_\_\_

Are dogs left unattended at customer's facility? .....  Yes  No

If yes, number of dogs working unattended \_\_\_\_\_

Are dogs kept leashed? .....  Yes  No

If yes, maximum length of leash? \_\_\_\_\_

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ \_\_\_\_\_
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ \_\_\_\_\_
- EACH OCCURRENCE \$ \_\_\_\_\_
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ \_\_\_\_\_
- MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS (Complete Additional Insured Supplement, S318s)**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years? .....  Yes  No

If yes, explain. \_\_\_\_\_

## NOTICE TO APPLICANT – PLEASE READ CAREFULLY AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

The information contained in and submitted with this application is on file with the company and is considered physically attached to this application. This application and such information will become part of, and be considered physically attached to, any policy issued as a result of this application. If, as a result of this application, a policy is issued, the company will have relied upon this application and on such attachments.

If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the applicant must notify the company, and the company may modify or withdraw any quotation.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

### FRAUD STATEMENT FOR THE STATE(S) OF:

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date