

Security Guard / Patrol Application

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

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

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"/> Apartments	___	<input type="checkbox"/> Alarm Installation	___
<input type="checkbox"/> Automobile Dealers	___	<input type="checkbox"/> Alarm Monitoring	___
<input type="checkbox"/> Banks	___	<input type="checkbox"/> Armored Car	___
<input type="checkbox"/> Concerts	___	<input type="checkbox"/> Body Guards	___
<input type="checkbox"/> Construction Sites	___	<input type="checkbox"/> Couriers / Escort Service	___
<input type="checkbox"/> Hospitals	___	<input type="checkbox"/> Crowd Control	___
<input type="checkbox"/> Housing Authorities / Public Housing	___	<input type="checkbox"/> Employee Background Checks	___
<input type="checkbox"/> Industrial Plants	___	<input type="checkbox"/> Investigations - Criminal	___
<input type="checkbox"/> Office Buildings	___	<input type="checkbox"/> Investigations - Divorce	___
<input type="checkbox"/> Retail Stores - during business hours	___	<input type="checkbox"/> Investigations - Missing Persons	___
<input type="checkbox"/> Retail Stores - after hours	___	<input type="checkbox"/> Patrol	___
<input type="checkbox"/> Restaurants	___	<input type="checkbox"/> Process Serving	___
<input type="checkbox"/> Schools / Colleges	___	<input type="checkbox"/> Repossessions	___
<input type="checkbox"/> Special Events	___	<input type="checkbox"/> Security Guard Training School	___
<input type="checkbox"/> Utility Properties	___	<input type="checkbox"/> Other (describe below)	___
<input type="checkbox"/> 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 background check? Yes No

Is training required with ongoing education? Yes No

Do armed employees obtain permits to carry weapons? Yes No

Gross Sales \$ _____

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. 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 ____

Attach a copy of the contract.

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. _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

 Producer's Signature Date Applicant's Signature Date

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

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.