

Business Name			Contact Name		
Applicant Name (owner/officer/partner)			Contact Number		
Mailing Address			Business Number		
City	State	Zip	Fax Number		
Email Address			Cell Number		
Website Address			EIN/SSN		
Preferred Contact Method (Emailing is the preferred document delivery including policy)			Date Started Business		
Organization Type Individual Partnership Corporation LLC PLLC LTD			Effective Date		

Physical Address	City	State	County

Additional Insured Name and Address (Attach list if needed)	City	State	Zip

Prior Insurance Company	Policy Dates	Premium	Occurrence or Claims-Made	Claims (Yes/No)

States Licensed In: _____ **License Number** _____

Have you ever operated under another business name? Yes No
 If yes please describe:

Is applicant involved in any other operations? Yes No
 If yes please describe:

Description of Investigative Operations Performed					
Background Checks		Loss Control Services		Surveillance	
Employment Checks		Claims Adjusting			
Insurance/Work Comp		Process Services			
Legal Investigations		Records/Research			

Description of Security Operations

Scope of Work	% Armed	% of Receipts
Patrol Service Contracts		
Site Security		
Large Site Security (+ 1 acre)		
Plain clothes security		
Executive Protection		
Armored Car		
Government Contracts		
Airports and/or other transportation		
Canine Operations		
Certified Training Center		

Contracts Include	YES	NO
1) Housing Authority or Subsidized		
2) Airport cargo or passenger screening X-Ray		
3) Border Patrol (Contract required)		
4) Consulting over 50% of operations *		
5) Utility Station and/or Power Plants		
6) Armed retail security **		
7) Large Venue Concerts		
8) Burglary & Fire System Installations		
9) Abortion or Family Planning Centers		
10) Non-Armored Car Security of Gems/Documents/Coins		

If Yes to questions 1-10 describe and include a copy of your contract:

Airport or transportation contracts describe Services:

Canine Operations: Dogs are Certified

Y	N
---	---

 Monthly Training

Y	N
---	---

 No prior bite or aggressive history

Y	N
---	---

Strike Work - describe clients for which services are performed:

Concerts - describe type of contracts:

Describe Retail Products Sold (other than those products included in a client billing/contract)

* Consulting Operations and Receipts are described as those which security systems are design or engineering services are performed.

** Armed Retail Security is described as premises protection while open for business to the public for the exchange of goods. This does not include food services.

Exclusion of operations: Security for Bars, Taverns, Restaurants for the purpose of Bar Services, Bouncers and Doorman. Armed Retail Security as defined, Executive Protection for Celebrities, Entertainers and Athletics. Bail Enforcement and Bail Bonding Companies.

Payroll for Owners fixed at \$25,000 ~ Employees maximum for any one employee \$25,000				
Number of Owners	Armed Payroll	\$ _____	Unarmed Payroll	\$ _____
Number of Investigative Employees	Armed Payroll	\$ _____	Unarmed Payroll	\$ _____
Number of Unarmed Security	Armed Payroll	\$ _____	Unarmed Payroll	\$ _____
Number of Armed Security	Armed Payroll	\$ _____	Unarmed Payroll	\$ _____
Number of Patrol Officers	Armed Payroll	\$ _____	Unarmed Payroll	\$ _____
Number of Canine Handlers	# _____			
Insured Subcontractors (Must obtain a certificate of insurance)			Projected Cost	\$ _____
Last Years Gross Receipts	\$ _____		Total Projected Receipts	\$ _____
			Consulting Receipts	\$ _____
		Sub-Receipts	Retail Products Sold	\$ _____
			Alarm Installations	\$ _____

Optional Coverage

Liability Increased \$ _____ Occurrence \$ _____ Aggregate

Care, Custody & Control Increased \$100,000 \$250,000 \$500,000

Assault & Battery Increased \$500,000 \$1,000,000

Hired and Non-Owned Auto \$1,000,000

Employers Liability - Stop Gap \$1,000,000 (ND, OH, WA, WV, WY States Only)

Employee Benefits \$1,000,000

Blanket Additional Insured (included up to 5) # of Certificate Holders/Clients Requiring _____

Primary Additional Insured # of Certificate Holders/Clients Requiring _____

Scheduled Additional Insured # of Certificate Holders/Clients Requiring _____

Waiver of Subrogation # of Certificate Holders/Clients Requiring _____

Completed Operations Additional Insured # of Certificate Holders/Clients Requiring _____

Subcontractors

	Yes	No	NA	
1) Do all subcontractors carry limits equal to yours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Subcontractors Hired <input type="checkbox"/>
2) Obtain certificates naming your business as an additional insured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Do you have a signed contracts with hold harmless in your favor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) Do you require incident reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) Do you verify subcontractors have workman's comp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Verify no filed claims within (3) years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Employees Hiring Practices

	Yes	No	NA	
1) Do you require background confirmation and disclosure of training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Employees Hired <input type="checkbox"/>
2) Prior Employment Check?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Do you verify driving abstract for new hires and annually thereafter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) Obtain auto insurance verification for employees that drive personal autos onto client sites? Minimum Limits \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Note \$100,000 is minimum when driving for the business)				
5) Do you have drug testing procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Employee handbooks are given to each employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7) Workman's comp coverage in place for employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Professional Associations or Organization member of: _____

(Our insurance is only offered to members of an approved association)

How many years to you keep records? _____

Correct

Incorrect

- 1) You require signed contracts with each client with a hold harmless in your favor.
- 2) The applicant and/or its employees have never discharged a firearm during operations.
- 3) We require a minimum of five years firearm experience when hiring armed employees.
- 4) A probationary period to confirm experience and/or senior team placement required for new hires.
- 5) On going training to include safety is performed.
- 6) Job site inspections are performed at least one a month for on going contracts.
- 7) On going firearm logs kept with a minimum 16 hours a year not to include qualification time.
- 8) Daily reports if client requires and incident logs are kept at least 3 years.

If any answer to questions 1-7 are incorrect, please advise why action is not taken.

Has any insurance carrier cancelled or declined to renew your coverage in the past three years?

Yes No

If yes, why?

Please detail any claims or potential claims within the past three years?

No knowledge of claim's)

Please list your experience for each owner/officer:

Other Coverage Needs

- Workman's Compensation
- Business Property
- Business Auto
- License Bonding

List your current carrier and expiration date

This policy is being placed with a SURPLUS LINES MARKET which is not regulated by the State Insurance Guaranty Fund. In the Event of the insolvency of the SURPLUS LINES insurer, losses will not be paid by the STATE INSURANCE GUARANTY FUND. The undersigned hereby acknowledges that this has been explained to the applicant and that coverage will only be placed with an A.M. Best "A" Rated or better insurance carrier(s). Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I have read and understand the above statements.

Applicant's Signature _____
 Authorized Person - Print and Sign

Date _____

Producer Signature _____

Date _____