



Workers Compensation Section

Client Name: _____

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

1. Effective Date: _____ to _____
2. Federal ID Number: _____ NCCI/State ID Number: _____
3. List payroll by each State you are doing business in. Attach separate sheet if more than three states.

Class Code	State	State	State
Security Officers			
Administration			
Sales			
Executive Officers			
Investigators			
Central Station Operators			
Electronic Security Techs			

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4.	Policy Year	Insurance Company	Experience Mod	Premium



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5. Please list your 8 largest clients based on revenue:

	Name of Client	Annual Revenue	# of Sites
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			

6. Employee pay scale (Hourly)

- a. Supervisors
- b. Unarmed Guards
- c. Armed Guards

Minimum	Maximum	Average

7. Has any company canceled or declined to renew? Yes No *If yes, please explain below:*

8. Maximum number of employees at any one WORKSITE during any shift or block of work time:

A Worksite is considered a separate worksite if security station is separated by more than 1,000 vertical feet

9. Do you perform work at any "landmark" locations as defined below Yes No

A Landmark is a building, district, site, structure, or object, officially recognized by the US government for its historical significance. Landmarks are designated by the US Secretary of the Interior because they are Sites where events of national historical significance occurred; Places where prominent Americans lived or worked; Icons of ideals that shaped the nation; Outstanding examples of design or construction; Places characterizing a way of life; or Archeological sites able to yield information

10. Do you perform work in any of the following cities: New York City Chicago Washington DC Boston
San Francisco Los Angeles

11. Does your firm perform security services at either of the following:

- a) Waste Treatment Plants Yes No b) Chemical, Explosives or Weapons Manufacturers Yes No

12. Has a law enforcement agency or municipality hired your firm to act as police officers, sheriffs, constables or correction officers? Yes No

13. Do you provide any type of PDR, SWAT, ERS, Extraction or Repatriation services? Yes No

14. Does your company have the following:

- | | | | | | |
|---|-----|----|--|-----|----|
| a) A written safety policy and goals? | Yes | No | g) A formal accident review and investigation program? | Yes | No |
| b) Safety and training programs? | Yes | No | h) Employee involvement in inspection/safety committees? | Yes | No |
| c) A written drug and alcohol policy? | Yes | No | i) Physicals and periodic random drug testing? | Yes | No |
| d) A vehicle safety program for drivers and vehicles? | Yes | No | j) A transitional duty/light duty program for injured workers? | Yes | No |
| e) A designated safety coordinator? | Yes | No | k) Designated employee to coordinate claim activities? | Yes | No |
| f) Prompt reporting of all employee injuries? | Yes | No | l) Working w/ injured worker and insurer's physician panel? | Yes | No |

Principal, Owner or Officer Signature

Title

Date

Important !! Include Claim Reports for the past 3 policy terms with this application.