



# Insurance Application

## Security and Investigation Industry

1. Name \_\_\_\_\_

Website \_\_\_\_\_

2. Address \_\_\_\_\_  
 Street City ST Zip

3. Do you maintain additional offices or other locations? Yes No *If yes, please list addresses below or on a separate sheet:*

4. Person to contact \_\_\_\_\_ Title \_\_\_\_\_

5. Telephone \_\_\_\_\_ Email \_\_\_\_\_

6. Date Established \_\_\_\_\_ License # \_\_\_\_\_ FEIN # \_\_\_\_\_ Individual LLC Corp. Other

7. Do you currently or have you ever operated under another name? Yes No *If Yes, is the entity still active?* Yes No

7a. Name of entity: \_\_\_\_\_ 7b. Dates of operation: \_\_\_\_\_ thru \_\_\_\_\_

7c. Description of operations: \_\_\_\_\_

8. Principal \_\_\_\_\_ Experience \_\_\_\_\_

Principal \_\_\_\_\_ Experience \_\_\_\_\_

9. Applicant Classification listed by percentage of gross revenue (*total equal to 100%*)

\_\_\_\_\_ Security Guard Service \_\_\_\_\_ Investigations \_\_\_\_\_ Alarm Service/Monitoring  
*(must complete Electronic Security app)*

10. Do you do any security for low-income housing, bars, or Walmart? Yes No

11. In regards to your clients, do you assume any duties not related to security (e.g. monitoring pressure control or temperature control, valet services or janitorial)? Yes No *If Yes, please describe:*

12a. Do you do work as a subcontractor for another company? Yes No

12b. Do you subcontract out work to independent contractors? Yes No *If Yes, answer 12c through 12g*

12c. What type of operations are you subcontracting? \_\_\_\_\_

12d. What is your total cost of subcontracted work? \_\_\_\_\_

12e. Do you require certificates or proof of WC or GL coverage from your subcontractors? Yes No

12f. Are you named as an additional insured on all subcontractor policies? Yes No

12g. If 12e and/or 12f are NO, is your subcontractors payroll included in your payroll estimates? Yes No

13. Do you have a training program for new employees? Yes No *If yes, please describe below:*

14. Does your Pre-Employment screening include: Polygraph \_\_\_\_\_ Prior Employment Contacted \_\_\_\_\_ Criminal Background \_\_\_\_\_  
 Drug Screen \_\_\_\_\_ Fingerprint Check \_\_\_\_\_ Driving Record \_\_\_\_\_  
 Personal Reference \_\_\_\_\_ Psychological Test \_\_\_\_\_ Other \_\_\_\_\_

15. Historical Payroll	Previous 12 Mths	Two Years Prior	Three Years Prior	Four Years Prior
Guard/Investigator Payroll				
Annual Billable Hours				

16. Exposure Section - Please estimate payroll for the upcoming policy period

Guard Services	Annual Payroll	Check if Armed	Check if Unarmed
Airports (Non-Sensitive Areas, Parking Lots)			
Airports (Screening, Tarmac)			
Armored Cars			
Auto Dealerships			
Banks/Office Buildings			
Bar/Nightclubs/Taverns			
Bodyguard/Executive Protection			
Bus/Train Terminals			
Cannabis Retail Stores			
Cannabis Farms/Warehouses			
Concerts			
Colleges/Universities			
Construction Sites			
Convention/Trade Shows			
Courier/Escort			
Churches/Temples/Worship Places			
Fast Food Establishments			
Gas Stations - 24 Hour Convenience Stores			
Government Contracts			
High School or Lower Grades			
Hospitals/Institutions			
Hotels/Motels			
Industrial (warehouses/factories)			
Homeless Shelters and/or Temporary Housing			
Public Housing owned, operated or managed by a housing authority.			
Residential – Low Income			
Residential - Apartments			
Residential – High/Middle Income			
Movies/Theaters/Amusement Parks			
Museums/Galleries			
Parking Garages			
Patrol Cars			
Restaurants (not fast food)			
Retail Stores (inside surveillance)			
Retail Stores (outside parking lot)			
Social Services/Clinics			
Special Events			
Sporting Events			
Strike Duty			
Traffic Control/Flagman			
Trucking Terminals			
Waterfront/Piers/Marinas			
Water Authorities/Reservoirs			
Other operations			

Investigations	Annual Payroll
Repossessions and/or Skip Tracing	
Bounty Hunting/Bail Bonding	
Civil/Criminal	
Computer Investigations	
Corporate/Trademark Infringement	
Domestic/Matrimonial	
Drug Testing	
Fraud Auditing	

Investigations	Annual Payroll
Insurance	
Legal	
Missing Persons	
Polygraph/Lie Detection	
Process Service	
Psychological Evaluation	
Shopping Service	
Undercover	

Other	Annual Revenue
Pre-employment screening/credit checks	
Security Consulting	



**Security and Investigation  
Insurance Application**

Insured Name \_\_\_\_\_

17. Total Number of Employees: \_\_\_\_\_  
Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Armed: \_\_\_\_\_ Unarmed: \_\_\_\_\_

18. If you have armed employees, briefly describe your gun control program:  
\_\_\_\_\_

19. Are all armed personnel properly licensed and certified? Yes No

20. Do you operate a fee based security training school for guards that are not your employees? Yes No

21. Do you sell products? Yes No *If yes, please answer 20a through 20c.*

21a. What type of products do you sell? \_\_\_\_\_

21b. How are these products distributed? \_\_\_\_\_

21c. What are the annual gross sales associated with these products? \_\_\_\_\_

22. Do you perform fee based credit checks or pre-employment screening services for other companies? Yes No

23. Do you provide alarm installation/monitoring/service or CCTV/Access TV Install/monitoring/service? Yes No  
*If yes, please complete our Electronic Security Application.*

**Security Guard Operations Only**

24. Number of supervisors \_\_\_\_\_ Number of Guards \_\_\_\_\_

25. Total number of guard hours billed to clients **ANNUALLY**: Armed \_\_\_\_\_ Unarmed \_\_\_\_\_

26. Do you utilize dogs? Yes No # of dogs \_\_\_\_\_ Are all dogs attended by trainer? Yes No  
Leashed - Maximum length \_\_\_\_\_ Unleashed Muzzled Unmuzzled  
How are dogs utilized? \_\_\_\_\_

27. Do you utilize mobile equipment (golf/security carts)? Yes No If Yes, denote policy for transporting non-employees

28. Do you have a standard client contract? Yes No *If yes, please answer 28a. & 28b.*

28a. Percentage using standard contract? \_\_\_\_\_

28b. Before use, are contracts reviewed by counsel in each state in which you operate? Yes No

29. Do you have a standard written procedure for reporting incidents? Yes No

30. Equipment - Are security officers provided with any of the following equipment prior to starting a post?

Aerosol chemicals	Yes	No	Flashlights	Yes	No
Handcuffs	Yes	No	Five cell flashlights	Yes	No
Night Stick - Standard	Yes	No	Night Sticks - PR24 or ASP	Yes	No

30a. If yes to any of the above, are officers trained according to applicable state laws? Yes No

31. Do you provide security at Native American Premises? Yes No

32. Do you provide security at Urban Entertainment Centers? Yes No

33. Do you utilize Drones in any security capacity? Yes No

34. Do you provide security at any Wal-Mart locations? Yes No

35. Do you have any exposures within: US Territories or possessions Guam Northern Mariana Islands U.S Virgin Islands Puerto Rico Canada  
Any other territory or possession of the United States of America whether incorporated or unincorporated or any territory or possession hereafter acquired

**Investigation Only**

35. Do your final reports include recommendations or an appropriate course of action? Yes No

36. If doing background/credit checks, are all employees trained in fair credit reporting act compliance? Yes No

37. Does your firm have procedures in place to protect against clerical errors? Yes No

38. Does your firm attach standard disclaimers to all completed reports? *If yes, please attach a copy.* Yes No



# General Liability Section

Insured Name

1. Effective date: \_\_\_\_\_ to \_\_\_\_\_

2. Limit of Liability Desired: \$1,000,000 Other: \_\_\_\_\_

3. Please provide names of insurers, limits and premiums paid over the past four years:

Category	Past Year	Two Prior Years	Three Prior Years	Four Prior Years
Insurance Company				
Premium				
Payroll				

4. During the past five years have any claims been presented to your present or prior insurer? Yes No  
*If yes, please attach insurance company loss runs for the prior five policy periods.*

5. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which may result in a future claim? Yes No If yes, please provide details below:  
\_\_\_\_\_

6. Has your liability insurance ever been canceled, declined or non-renewed in the past three years? Yes No  
*If yes, please explain* \_\_\_\_\_

7. Total number of clients? \_\_\_\_\_ List of your 5 largest clients along with a brief description of services provided:

Client Name	Description of Service
a)	
b)	
c)	
d)	
e)	

8. Do any of your clients, by virtue of written contract, require any of the following:  
*If you require assistance when completing this question, please contact your agent or broker.*

Waiver of Subrogation      Per Project Aggregate      Primary Wording      CG2010 Additional Insured

9. Do you have vehicles registered or principally garaged in any of the following states (check if yes):  
FL      VT      LA      WV      NH

10. Certain extensions of coverage are available for an additional premium. Please check below if you would like quotes to include the following extensions (subject to underwriting approval).

Employee Benefits Liability      Hired Car/Non-Owned Auto      Stop-Gap (monopolistic states)

11. Total # of EMT's or Paramedics employed by you who operate SOLELY as an EMT or Paramedic \_\_\_\_\_

11a Are all technicians state/nationally certified prior to delivering care? Yes No Not applicable  
11b Do you verify that all technicians are state licensed at least once annually? Yes No Not applicable

*Note: This insurance excludes EMTs and Paramedics if more than 10% of your employees are solely providing EMT or Paramedic Services.*



# Supplemental Application

complete this section if you have operations in any of the categories.

Insured Name

## 1. Schools & Colleges

List the names and addresses of the schools where you are providing security.

- 1.
- 2.
- 3.

Do your duties require that you security check students entering any building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your duties include monitoring of X-Ray or Metal Detectors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any work at dormitories or student housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do security officers have arrest or detention authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do security officers working at schools receive site specific pre-screening and training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 2. Special Events

*e.g sporting events, concerts, conventions, trade shows*

List the name(s) and provide a brief description of the special events where you are providing security.

- 1.
- 2.
- 3.

Do your duties require that you security check the public entering the special event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you take care, custody or control of property of any kind during the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do security officers have arrest or detention authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the max. number of people attending any of the special events where you provide security?		
Are you solely responsible for crowd control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 3. Airports, Shipping Ports, Piers, Marinas

List the name(s) of the airports, ports, piers or marinas where you are providing security along with a decription of your work.

- 1.
- 2.
- 3.
- 4.
- 5.

Do you provide work at Detention Areas - detain illegal immigrants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide assistance to passengers with disabilities? <i>ie transport on carts or wheelchair assistance.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide passenger screening or screening of any personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide baggage screening or X-Ray services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide screening of cargo or take custody of any cargo?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 4. Kennel Coverage

Number of Dogs being kenneled?

Do you own the kennel?  Yes  No If yes, list name of kennel:

Is Kennel manned 24/7  Yes  No If no, describe security measure to ensure safety of dogs:

Notice - no coverage is provided for dogs not on duty and taken home by handlers. Handlers should rely on personal liability insurance

## 5. Courier/Transport

Who are your clients for this exposure and what is being transported?

Is there separate coverage for loss or damage to the items being transported?  Yes  No

Do you have separate Auto coverage in place for operation?  Yes  No

## 6. Housing - Residential

Please list (on a separate page) the addresses to all residential locations where you provide security.

## 7. Executive Protection / Bodyguard Services

Do you provide security for any public figures (e.g. celebrities, entertainers, sports figures, politicians)?  Yes  No

Please Describe:



# Subcontractor Supplemental

Insured's Name: \_\_\_\_\_

What is the annual amount paid out to subcontractors: \_\_\_\_\_

What type of work is being subcontracted out? (please be specific)

- 
- |  |     |    |
|--|-----|----|
| 1. Do you have a signed contract with ALL of your subcontractors?<br><u>If yes, please forward a copy.</u>   | YES | NO |
| 2. Does the contract with the subcontractor contain favorable indemnity and hold harmless wording that protects you AND YOUR CLIENT?   | YES | NO |
| 3. Do you collect updated Certificates of Insurance from all subcontractors that add you AND YOUR CLIENT as:   |     |    |
| a. An Additional Insured   | YES | NO |
| b. Waiver of Subrogation   | YES | NO |
| c. Primary & Non-Contributory  | YES | NO |
| d. 30 Day Notice of Cancellation   | YES | NO |
| 4. Do you obtain updated and current Certificates of Insurance from your subcontractors that evidence the required insurance coverages/limits that your client contractually requires? | YES | NO |
| 5. Do you subcontract out work for any of these exposures:   | YES | NO |

Airports  
Bars, Nightclubs, Taverns  
Bodyguard/Executive Protection  
Cannabis Retail Stores  
Cannabis Farms/Growing  
Concerts  
College Dorms and/or Frat/Sororities  
Fast Food Restaurants  
High Schools/Lower Grades

Homeless Shelters or Temporary Housing  
Public Housing  
Low Income Housing  
Apartments  
Movies/Theaters/Amusement Venues  
Restaurants (not fast Food)  
Special Events  
Sporting Events  
Repossessions and/or Skip Tracing

\_\_\_\_\_  
Signature of Authorized Rep of Insured

\_\_\_\_\_  
Date





# Workers Compensation Section

Insured Name \_\_\_\_\_

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 <input type="text"/>	State <input type="text"/>	State <input type="text"/>
Security Officers			
Administration			
Sales			
Executive Officers			
Investigators			
Central Station Operators			
Electronic Security Techs			

Class Code	State <input type="text"/>	State <input type="text"/>	State <input type="text"/>
Security Officers			
Administration			
Sales			
Executive Officers			
Investigators			
Central Station Operators			
Electronic Security Techs			

4.

Policy Year	Insurance Company	Experience Mod	Premium



Workers Compensation Section

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

Table with 3 columns: Name of Client, Annual Revenue, # of Sites. Rows labeled a through h.

6. Total Number of Employees:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Armed: \_\_\_\_\_ Unarmed: \_\_\_\_\_

7. Employee pay scale (Hourly)

Table with 3 columns: Minimum, Maximum, Average. Rows: a. Supervisors, b. Unarmed Guards, c. Armed Guards.

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

Text box for explanation of cancellations or declines.

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

Input box for maximum number of employees.

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

10. 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.

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

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

a) Nuclear Power Plants Yes No b) Chemical, Explosives or Weapons Manufacturers Yes No

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

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

15. 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



New York Insureds ONLY



## Reg. 194 Mandatory Initial Disclosure

*As required by the New York State Insurance Department*

As an independent insurance agent or insurance broker I, or my firm, (hereafter "I") may have access to more than one insurance company to place your coverage. Whether acting as an independent insurance agent or insurance broker I have certain obligations to you as the purchaser and certain obligations to the insurance company as determined in both statutory and case law. If acting as an independent insurance agent I may have authority to obligate the insurance company on your behalf and as a result I may be required to act within the scope of my contractual agreement with the company.

As the purchaser you need to understand that I typically will receive compensation from the selling company based on the agreement I have with the company. That compensation may vary from company to company and also be impacted by the volume of business I place with the company, the profitability of that business and other factors.

You may receive information about my compensation on the policy or policies you select and about any policies I have presented to you which you did not select by asking me for the information.