

Applicant: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of contact for inspection/audit: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Other

Coverages: \_\_\_\_\_

Limits/Deductible: \_\_\_\_\_ Each Occurrence/Aggregate \_\_\_\_\_ Deductible:

Operations %: \_\_\_ Guard/Patrol \_\_\_ Investigative \_\_\_ Alarm \_\_\_ Safety Equipment \_\_\_ Other

How long has applicant owned the business? \_\_\_\_\_ Years Years experience in the field: \_\_\_\_\_

Is the applicant involved in any other operations?  Yes  No If Yes, please describe: \_\_\_\_\_

Describe the duties of the owner: \_\_\_\_\_

Provide the names of the Applicant's five largest clients and a description of your duties for them: \_\_\_\_\_

Signed contract with all customers:  Yes  No

**Please attach a copy of your standard customer contract or purchase order.**

% of customers under standard contract: \_\_\_\_\_ %

Pre-employment screening procedure (check applicable):

- Prior employer check  Drug Screening  Personal References  Psych. Testing  
 Polygraph  Background Check  MVR  Other

Please Describe 'Other': \_\_\_\_\_

Training Program consists of check applicable):

- Written Manual  Report Writing  CPR  On the Job  
 Firearms  Use of Force  Powers of Arrest  Other

Please Describe 'Other': \_\_\_\_\_

Is the applicant licensed?  Yes  No If Yes, please list all licenses: \_\_\_\_\_

Does the applicant perform any work at facilities where explosives are handled or stored or at nuclear power plants?  
 Yes  No If Yes, please describe: \_\_\_\_\_

Does the applicant perform any design work?  Yes  No If Yes, fully describe: \_\_\_\_\_

Describe trade association membership held: \_\_\_\_\_

**Claim/Loss History:** If none, so state. Attach five (5) Yrs. Currently valued loss runs with application if available.  
(Verified Loss Runs required to bind.)

<u>Date</u>	<u>Description</u>	<u>Paid Amount</u>	<u>Reserves</u>	<u>Status (Open/Closed)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any additional incidents that have occurred that may result in a claim being made against the applicant. If none, so state: \_\_\_\_\_

**Policy Information:**

<u>Carrier</u>	<u>Policy Period</u>	<u>Limits</u>	<u>Premium</u>	<u>Basis</u>	<u>Deductible</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has any carrier cancelled or refused to renew?  Yes  No If Yes, please describe: \_\_\_\_\_

**SECURITY GUARD, ARMORED CAR, PATROL OPERATIONS – Provide \$ breakdown of applicable operations:**

Payroll			Payroll		
Armed	Unarmed		Armed	Unarmed	
_____	_____	Airports	_____	_____	Government
_____	_____	Alarm Response	_____	_____	Hospitals
_____	_____	Apartments/Condominiums	_____	_____	Low Income Housing
_____	_____	Armored Car/Courier/ Money Escort	_____	_____	Manufacturing
_____	_____	Banks/Office Buildings	_____	_____	Office
_____	_____	Bars/Restaurants/Liquor Est.	_____	_____	Retail/Malls
_____	_____	Bodyguard	_____	_____	Shoplifting
_____	_____	Car Dealerships	_____	_____	Strike Work
_____	_____	Churches	_____	_____	Surveillance
_____	_____	Concerts/Athletic & Special Events	_____	_____	Traffic
_____	_____	Constructions Sites	_____	_____	Warehouse
_____	_____	Consulting	_____	_____	Other
_____	_____	Fast Food	_____	_____	

**DETECTIVE AND INVESTIGATIVE OPERATIONS – Provide \$ breakdown of applicable operations:**

Payroll			Payroll		
Armed	Unarmed		Armed	Unarmed	
_____	_____	Arson Investigation	_____	_____	Missing Persons
_____	_____	Child Search/Missing Persons	_____	_____	Polygraph
_____	_____	Computer	_____	_____	Process Service
_____	_____	Consulting	_____	_____	Record Checks
_____	_____	Credit/Employment Screening	_____	_____	Repo./Collections
_____	_____	Insurance Investigations	_____	_____	Other

**PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR EITHER GUARD, PATROL, DETECTIVE OR INVESTIGATIVE OPERATIONS:**

Describe fully all operations described as "Other": \_\_\_\_\_

Describe fully all 'Retail' (stores, supermarkets, etc.) operations (Clients, duties, during or after business hours, uniform or plain clothes, etc.): \_\_\_\_\_

Describe fully all 'Armed' operations? \_\_\_\_\_

Describe fully all 'Consulting' operations? \_\_\_\_\_

Total Payroll: \$ \_\_\_\_\_ Total Receipts: \_\_\_\_\_ Billed Hours: \_\_\_\_\_

# of Guards **Full Time** Armed: \_\_\_\_\_ Unarmed: \_\_\_\_\_ **Part Time** Armed: \_\_\_\_\_ Unarmed: \_\_\_\_\_

# of Investigators **Full Time** Armed: \_\_\_\_\_ Unarmed: \_\_\_\_\_ **Part Time** Armed: \_\_\_\_\_ Unarmed: \_\_\_\_\_

# of Dogs Unattended: \_\_\_\_\_ Attended: \_\_\_\_\_ How and where are dogs used: \_\_\_\_\_

