

Security Services Supplemental
(Complete in addition to Acord Application)

1. Agency Code: _____ Agency: _____
2. Phone: _____ Fax: _____ Web site: _____
3. Producer: _____ E-Mail Address: _____
4. Assistant: _____ E-Mail Address: _____

Application courtesy of <http://www.insurance-applications.com>

General Information:

5. Business Name (dba): _____
6. Legal Name: _____ Years In Business: _____
7. Mailing Address: _____ City: _____ State: _____ Zip: _____
8. Physical Address: _____ City: _____ State: _____ Zip: _____
9. Contact Person: _____ Phone: _____ Fax: _____
10. Email Address: _____ Web site: _____

Description of Operations & Exposures:

11. _____
- _____
- _____

Management:

12. Describe duties of owner(s): _____
13. Does owner(s) or insured(s) lease, operate or are a subsidiary of any other business(es) other than Security Guards? Yes No
- If so, are they to be insured under this policy? Yes No
- If yes, supply all details. If not, provide a Certificate of Insurance on all other operations. _____
14. Number of years under current management? _____
15. Number of years of Security Guard management experience? _____
16. Trade Association Membership held? Yes No
17. Is owner licensed? Yes No If yes, please list all licenses: _____
18. Is management licensed? Yes No If yes, please list all licenses: _____

Employees:

19. Number of Guards: Full Times: _____ Part Times: _____ Number of other Employees: _____
- Number Armed: _____ Where are the armed guards stationed? _____
20. Describe any formal training/educational requirements: _____
- _____

Employees:

21. Pre-employment screening procedure (check all that apply):

- Prior employer check Drug Screening Personal References Psychological Testing
- Polygraph Background Check Motor Vehicle Report Other _____

Training consists of (check all that apply):

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

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Operations:

22. Please provide a **percentage breakdown** of guard operations.

- | | | |
|------------------------------------------|-------------------------------------|--------------------------------------|
| _____ % Airports | _____ % Construction Sites | _____ % Polygraph |
| _____ % Alarm Response | _____ % Consulting | _____ % Process Serving |
| _____ % Apartments | _____ % Employee Surveillance | _____ % Repossession/Collection Work |
| _____ % Armored Car/Courier/Money Escort | _____ % Fast Food | _____ % Restaurants/Lounges |
| _____ % Arson Investigation | _____ % Government | _____ % Retail Stores |
| _____ % Banks | _____ % Hospitals | _____ % Schools |
| _____ % Bars | _____ % Hotels/Motels | _____ % Shoplifting Surveillance |
| _____ % Body Guards | _____ % Insurance Investigation | _____ % Sporting Events |
| _____ % Car Dealerships | _____ % Liquor Stores | _____ % Strike Work |
| _____ % Child Search/Missing Persons | _____ % Low Income Housing Projects | _____ % Traffic Control |
| _____ % Churches | _____ % Malls | _____ % Warehouses |
| _____ % Concerts | _____ % Manufacturing Plants | _____ % Other _____ |
| _____ % Condominiums | _____ % Offices | _____ % _____ |

23. Signed contracts with all customers? Yes No

Please attach copy of standard customer contract or purchase order.

24. Percentage of customers under standard contract? _____ %

25. Provide the names of the Applicants five largest clients and a description of the services performed for them:

26. Describe fully all retail (stores, supermarkets, etc.) operations (clients, duties, during or after business hours, uniform or plain clothes, etc.) _____

27. Annual Guard, Armored Car, Patrol and Investigative Payroll: \$ _____ Billed Hours: # _____

Gross Sales: \$ _____

28. Does the company use dogs? Yes No If so, how many? _____

Number Attended: _____ Number Unattended: _____

How and where are dogs used? _____

29. Is any work performed where explosives are handled or stored, or at nuclear power plants? Yes No

Describe: _____

30. Does applicant or company perform any design work? Yes No If yes, fully describe: _____

31. Does applicant or company perform any consultation work? Yes No If yes, fully describe: _____

Limits of Liability

32. Limits desired: \$1,000,000 \$2,000,000 \$3,000,000

33. Additional insured/landlord (list full name and address): _____

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READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**