

SECURITY GUARD APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTICE: For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

A. APPLICANT INFORMATION:

Applicant:		Date:
Inspection Contact Name:		Phone:
Mailing Address:		
City:	State:	Zip Code:
Physical Address:		
City:	State:	Zip Code:
<i>If additional locations, please list on a separate page.</i>		
Company Website:		D&B No.
Company is an: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other		
<i>(please describe)</i>		
Date established:		Tax ID #:
License number(s):		State(s) of Issuance:
Do you operate in other states?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list the state(s) and percentage of operations in each state.		
Effective Date desired:		
Type of business activity <i>(please check all applicable)</i> :		
<input type="checkbox"/> Security Guard/Patrol		
<input type="checkbox"/> Armored Car/Courier		
<input type="checkbox"/> Executive Protection		

Prior Insurance Information (Provide insurance company, limits and premium information for the past five (5) years even if you have had no losses and attach currently valued loss runs for the past five (5) years.)

INSURANCE CO.	POLICY PERIOD	POLICY #	LIABILITY LIMITS	PREMIUM	TOTAL # OF CLAIMS

Do you have any knowledge concerning any incidents that have occurred prior to the date of this application and which may result in a future claim? Yes No

Please provide details:

Please explain, in detail, any losses over ten thousand dollars (\$10,000): *(Attach separate pages if needed.)*

Please provide exact duties and the names of your ten (10) largest clients:

B. GUARDS

What background do the principals of this company have in the guard industry?

If you have armed guards, please provide the names of all clients to whom you assign armed guards:

Please list all security association memberships:

Do guards perform any other duties which would not be considered typical guard duties, such as monitoring temperatures? Yes No

If "Yes," please describe

Guard Training (Please provide the number of hours of training for each category):

Total number of annual training hours		On-the-job training	
Classroom training with films		Classroom training with instructor	
Firing range		Other:	

Guard Screening

Fingerprints	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Psychological Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prior Employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Honesty Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other – Describe:		
Personal Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other – Describe:		

Guard Supervision

Please describe supervisor's duties:

Canine Patrol

Do you have any guard dogs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Number of guard dogs:	With Handlers:	Without:	
Please describe training of the dogs:			

Description of Operations (*Please provide approximate percentage (%) in each category.*)

CATEGORY	UNARMED	ARMED	CATEGORY	UNARMED	ARMED
Airports	%	%	Hotels/Motels/Inns/Resorts	%	%
Apartments/Condos/Co-Ops	%	%	Industrial (Factories, Warehouses, etc.)	%	%
Armored Cars	%	%	Low Income Housing	%	%
Banks/Office Buildings	%	%	Movies/Theaters	%	%
Bars/Discos/Clubs	%	%	Museums/Galleries	%	%
Bus/Train Terminals	%	%	Parking Garages	%	%
College/Universities	%	%	Patrol Cars (describe):	%	%
Concerts (Rap, Rock, etc.)	%	%	Restaurants	%	%
Construction Sites	%	%	Retail (Store/Markets)	%	%
Conventions/Trade Shows	%	%	Security Consultation	%	%
Courier Escort	%	%	Shopping Malls	%	%
Executive Protection	%	%	Social Services/Clinics	%	%
Fast Food Establishments	%	%	Special Events (describe):	%	%
Gated Communities	%	%	Sporting Events	%	%
Golf/Tennis/Yacht Clubs	%	%	Strike Duty	%	%
Governmental Contracts	%	%	Trucking Terminals	%	%
High Schools	%	%	Waterfront/Piers/Marinas	%	%
Hospitals/Institutions	%	%	TOTAL	100%	

FRAUD WARNINGS:

Notice to Arkansas and West Virginia Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Hawaii Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Notice to Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Notice to Maine Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Ohio Applicants: Any person who, with intent to defraud or knowing that he 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.

Notice to Oklahoma Applicants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Oregon Applicants: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice to Vermont Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Notice to Applicants of all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

WARRANTY STATEMENT

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.

Name of Applicant

Title

Signature of Applicant

Date