

**SECURITY GUARD
SUPPLEMENTAL APPLICATION**



INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

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1. Applicant name: _____
 2. How long has Applicant been in the security business? _____
 3. How long under this name? _____
 4. Names & Qualifications of Principal(s):
 5. Is Workers' Compensation coverage currently in force? Yes No
If "yes", please provide carrier and expiration date:
Workers' Compensation insurance carrier: _____
Expiration Date: _____
 6. Are you or any of your subcontractors licensed to use firearms? Yes No
If "yes", by whom? _____
 7. Are armed personnel used in any current jobs? Yes No
If "yes", list all clients to whom you assign armed personnel:
 8. Do you anticipate using armed personnel in any future jobs? Yes No
 9. Please list all equipment used now or anticipated for use at a later date (i.e.: batons, firearms, handcuffs, tear gas, etc.). Please explain:

10 Does the applicant have formal training program for employees? Yes No
If "yes", please describe:

11 Are background investigations and checks conducted on all employees? Yes No
If yes, please mark the appropriate box:

<input type="checkbox"/> Criminal Background Checks	<input type="checkbox"/> Previous Employer	<input type="checkbox"/> Motor Vehicle
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Drug Screening	<input type="checkbox"/> Personal References
<input type="checkbox"/> Background Cleared Prior to Hire	<input type="checkbox"/> Other _____	

12 Is Applicant licensed by a State Agency? Yes No
If "Yes", please list:

13 Is Applicant a member of a Society or Association? Yes No
If "Yes", please list:

14 Number of dogs in operation: _____ attended _____ unattended
Types of assignments involving the use of dogs?

15 Is any mobile equipment (security carts, bicycles, golf carts, ...) used? Yes No
If "Yes", describe what type of mobile equipment, why used, and the number used:
Number _____ Description of equipment used:

16 Any alarm installation / repair / monitoring operations? Yes No

17 Do you have a standard contract your client signs? Yes No

18 Does insured guard any fast food restaurants, convenience stores, or mini marts open between the hours of 11 p.m. and 6 a.m.? Yes No
If "yes", please describe:

19 Guard Services (Mark "x" to all that apply):

<input type="checkbox"/> Courier Service (excluding payroll, metals & valuables)	<input type="checkbox"/> Malls, theaters, arcades (describe)
<input type="checkbox"/> Nightclub security (bouncers)	<input type="checkbox"/> Housing: low income/HUD housing
<input type="checkbox"/> Private patrols (non-public areas)	<input type="checkbox"/> Housing: mid-high income
<input type="checkbox"/> Airports (describe operations)	<input type="checkbox"/> Sporting events & other special events open to the public (concerts, fairs, parades)
<input type="checkbox"/> Industrial (warehouse, factory, banks, office, etc.)	<input type="checkbox"/> Shoplifting surveillance
<input type="checkbox"/> Institutions (schools, hospitals, etc.)	<input type="checkbox"/> Government contracts
<input type="checkbox"/> Fast food Restaurants	<input type="checkbox"/> Security schools – training of others
<input type="checkbox"/> Security guard services	<input type="checkbox"/> Utilities (securing of facilities)
<input type="checkbox"/> Conventions	<input type="checkbox"/> Strike work
<input type="checkbox"/> Retail Only	<input type="checkbox"/> Liquor Establishments – Restaurants or bars
<input type="checkbox"/> Escort services or body Guard service	<input type="checkbox"/> Other operations (not-specified)
<input type="checkbox"/> All other – describe _____	

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

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

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (m-d-y)