



Application
For
**Security Guards And
Detective Agencies**

1. Name of Applicant _____
Street Address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____

2. Individual Corporation Partnership Other (Explain) _____

3. Address of location to be insured (If same as above, write "Same")
Street Address _____
City _____ State _____ Zip _____

4. Date Established: _____

5. Please provide prior insurance information. If none, check here.

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence Or Claims Made	Type of Coverage

6. Is applicant engaged in, owned by, associated with or involved in any other enterprise? If yes, provide details. _____ Yes No

7. Provide details of licensing or certification needed for this operation: _____

8. Personnel:

<input type="checkbox"/> Full Time	No. Armed _____	No. Unarmed _____	No. Off Duty Police _____
<input type="checkbox"/> Part Time	_____	_____	No. Employees under 21 _____
			No. Employees over 65 _____

9. During the past 3 years, have any claims been presented to your current or prior insurance carrier? Give full details, include description of claim, amount paid and reserves. (Add page if needed) _____ Yes No

10. Is applicant, or any other persons for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, provide full details. (Add page if needed) _____ Yes No

11. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past (3) three years? If yes, provide full details. (Add page if needed) _____ Yes No

12. Types of Business Protected by Applicant

		Guards
		Armed
<input type="checkbox"/> Retail stores (while open)	_____ %	Y or N
<input type="checkbox"/> Retail stores (while closed)	_____ %	Y or N
<input type="checkbox"/> Hospitals	_____ %	Y or N
<input type="checkbox"/> Industrial plants/offices	_____ %	Y or N
<input type="checkbox"/> Sporting events	_____ %	Y or N
<input type="checkbox"/> Concerts	_____ %	Y or N
<input type="checkbox"/> Fast food restaurants	_____ %	Y or N
<input type="checkbox"/> Nightclubs, discos, bars	_____ %	Y or N
<input type="checkbox"/> Housing authorities	_____ %	Y or N
<input type="checkbox"/> Apartments	_____ %	Y or N
<input type="checkbox"/> Schools	_____ %	Y or N
<input type="checkbox"/> Banks	_____ %	Y or N
<input type="checkbox"/> Construction sites	_____ %	Y or N
<input type="checkbox"/> Automobile dealers	_____ %	Y or N
<input type="checkbox"/> Other (Describe)	_____ %	Y or N
_____	_____ %	Y or N
_____	_____ %	Y or N

13. Types of Services Performed

		Guards
		Armed
<input type="checkbox"/> Patrol	_____ %	Y or N
<input type="checkbox"/> Courier	_____ %	Y or N
<input type="checkbox"/> Alarm installation	_____ %	Y or N
<input type="checkbox"/> Crowd control	_____ %	Y or N
<input type="checkbox"/> Repossessions	_____ %	Y or N
<input type="checkbox"/> Polygraph testing	_____ %	Y or N
<input type="checkbox"/> Employee background check	_____ %	Y or N
<input type="checkbox"/> Process service	_____ %	Y or N
<input type="checkbox"/> Investigations	_____ %	Y or N
Divorce	_____ %	Y or N
Criminal	_____ %	Y or N
Missing persons	_____ %	Y or N
Insurance	_____ %	Y or N
<input type="checkbox"/> Other (Describe)	_____ %	Y or N
_____	_____ %	Y or N
_____	_____ %	Y or N

14. If dogs are used, please complete the following:

- (A) – Who handles the training of the dogs? _____
- (B) – Number of dogs: (1) – That work with a guard? _____
- (2) – That work unattended? _____
- (C) – Names and breeds of Dogs? _____

15. Describe hiring and training procedures of all guards: _____

16. Average hourly wage? \$ _____ Total payroll for all guards? \$ _____

Total gross receipts for all services \$ _____

17. Name and phone number of person to contact for audit?

Name _____ Phone _____

Effective Dates Desired: From _____ To _____

18. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products – Completed Operations) \$ _____

Products – Completed Operations Aggregate Limit \$ _____

Personal and Advertising Injury Limit \$ _____

Each Occurrence Limit \$ _____

Fire Damage Limit (up to \$50,000 limit available) \$ _____ any one (1) fire

Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one (1) person

Each Professional Incident Limit (if applicable) \$ _____

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____