



Security and Investigation Industry Application

1. Name _____
Website _____

2. Address _____
Street City ST Zip

3. Do you maintain additional offices or other locations? ☐ Yes ☐ No *If yes, please list addresses below or on a separate sheet:*

4. Person to contact _____ Title _____

5. Telephone _____ Email _____

6. Date Established _____ License # _____ FEIN # _____ ☐ Individual ☐ LLC ☐ Corp. ☐ Other

7. Do you currently or have you ever operated under another name? ☐ Yes ☐ No *If Yes, is the entity still active?* ☐ Yes ☐ No
7a. Name of entity: _____ 7b. Dates of operation: _____ thru _____
7c. Description of operations: _____

8. Principal _____ Experience _____
Principal _____ Experience _____

9. Applicant Classification listed by percentage of gross revenue (*total equal to 100%*)
_____ Security Guard Service _____ Investigations _____ Alarm Service/Monitoring
(*must complete Electronic Security app*)

10. Do you do any security for low-income housing, bars, or Walmart? ☐ Yes ☐ No

11. In regards to your clients, do you assume any duties not related to security (e.g. monitoring pressure control or temperature control, valet services or janitorial)? ☐ Yes ☐ No *If Yes, please describe:*

12a. Do you do work as a subcontractor for another company? ☐ Yes ☐ No

12b. Do you subcontract out work to independent contractors? ☐ Yes ☐ No *If Yes, answer 12c through 12g*

12c. What type of operations are you subcontracting? _____

12d. What is your total cost of subcontracted work? _____

12e. Do you require certificates or proof of WC or GL coverage from your subcontractors? ☐ Yes ☐ No

12f. Are you named as an additional insured on all subcontractor policies? ☐ Yes ☐ No

12g. If 12e and/or 12f are NO, is your subcontractors payroll included in your payroll estimates? ☐ Yes ☐ No

13. Do you have a training program for new employees? ☐ Yes ☐ No *If yes, please describe below:*

14. Does your Pre-Employment screening include: ☐ Polygraph ☐ Prior Employment Contacted ☐ Criminal Background
☐ Drug Screen ☐ Fingerprint Check ☐ Driving Record
☐ Personal Reference ☐ Psychological Test ☐ Other _____

15. **Historical Payroll**

	Previous 12 Mths	Two Years Prior	Three Years Prior	Four Years Prior
Guard/Investigator Payroll				
Annual Billable Hours				

16. Exposure Section - Please estimate payroll for the upcoming policy period

Guard Services	Annual Payroll	Check If Armed	Check if Unarmed
Airports (Non-Sensitive Areas, Parking Lots)			
Airports (Screening, Tarmac)			
Armored Cars			
Auto Dealerships			
Banks/Office Buildings			
Bar/Nightclubs/Taverns			
Bodyguard/Executive Protection			
Bus/Train Terminals			
Cannabis Retail Stores			
Cannabis Farms/Warehouses			
Concerts			
Colleges/Universities			
Construction Sites			
Convention/Trade Shows			
Courier/Escort			
Churches/Temples/Worship Places			
Fast Food Establishments			
Gas Stations - 24 Hour Convenience Stores			
Government Contracts			
High School or Lower Grades			
Hospitals/Institutions			
Hotels/Motels			
Industrial (warehouses/factories)			
Homeless Shelters and/or Temporary Housing			
Public Housing owned, operated or managed by a housing authority.			
Residential – Low Income			
Residential - Apartments			
Residential – High/Middle Income			
Movies/Theaters/Amusement Parks			
Museums/Galleries			
Parking Garages			
Patrol Cars			
Restaurants (not fast food)			
Retail Stores (inside surveillance)			
Retail Stores (outside parking lot)			
Social Services/Clinics			
Special Events			
Sporting Events			
Strike Duty			
Traffic Control/Flagman			
Trucking Terminals			
Waterfront/Piers/Marinas			
Water Authorities/Reservoirs			
Other operations			

Investigations	Annual Payroll
Repossessions and/or Skip Tracing	
Bounty Hunting/Bail Bonding	
Civil/Criminal	
Computer Investigations	
Corporate/Trademark Infringement	
Domestic/Matrimonial	
Drug Testing	
Fraud Auditing	

Investigations	Annual Payroll
Insurance	
Legal	
Missing Persons	
Polygraph/Lie Detection	
Process Service	
Psychological Evaluation	
Shopping Service	
Undercover	

Other	Annual Revenue
Pre-employment screening/credit checks	
Security Consulting	



**Security and Investigation
Insurance Application**

Insured Name

17. Total Number of Employees: _____
Full Time: _____ Part Time: _____ Armed: _____ Unarmed: _____
18. If you have armed employees, briefly describe your gun control program:

19. Are all armed personnel properly licensed and certified? ☐ Yes ☐ No
20. Do you operate a fee based security training school for guards that are not your employees? ☐ Yes ☐ No
21. Do you sell products? ☐ Yes ☐ No *If yes, please answer 20a through 20c.*
- 21a. What type of products do you sell? _____
- 21b. How are these products distributed? _____
- 21c. What are the annual gross sales associated with these products? _____
22. Do you perform fee based credit checks or pre-employment screening services for other companies? ☐ Yes ☐ No
23. Do you provide alarm installation/monitoring/service or CCTV/Access TV Install/monitoring/service? ☐ Yes ☐ No
If yes, please complete our Electronic Security Application.

Security Guard Operations Only

24. Number of supervisors _____ Number of Guards _____
25. Total number of guard hours billed to clients **ANNUALLY**: Armed _____ Unarmed _____
26. Do you utilize dogs? ☐ Yes ☐ No # of dogs _____ Are all dogs attended by trainer? ☐ Yes ☐ No
Leashed - Maximum length _____ ☐ Unleashed ☐ Muzzled ☐ Unmuzzled
How are dogs utilized? _____
27. Do you utilize mobile equipment (golf/security carts)? ☐ Yes ☐ No *If Yes, denote policy for transporting non-employees*

28. Do you have a standard client contract? ☐ Yes ☐ No *If yes, please answer 28a. & 28b.*
- 28a. Percentage using standard contract? _____
- 28b. Before use, are contracts reviewed by counsel in each state in which you operate? ☐ Yes ☐ No
29. Do you have a standard written procedure for reporting incidents? ☐ Yes ☐ No
30. Equipment - Are security officers provided with any of the following equipment prior to starting a post?
- | | | | |
|------------------------|--|----------------------------|--|
| Aerosol chemicals | ☐ Yes ☐ No | Flashlights | ☐ Yes ☐ No |
| Handcuffs | ☐ Yes ☐ No | Five cell flashlights | ☐ Yes ☐ No |
| Night Stick - Standard | ☐ Yes ☐ No | Night Sticks - PR24 or ASP | ☐ Yes ☐ No |
- 30a. If yes to any of the above, are officers trained according to applicable state laws? ☐ Yes ☐ No
31. Do you provide security at Native American Premises? ☐ Yes ☐ No
32. Do you provide security at Urban Entertainment Centers? ☐ Yes ☐ No
33. Do you utilize Drones in any security capacity? ☐ Yes ☐ No
34. Do you provide security at any Wal-Mart locations? ☐ Yes ☐ No
35. Do you have any exposures within: ☐ US Territories or possessions ☐ Guam ☐ Northern Mariana Islands ☐ U.S Virgin Islands ☐ Puerto Rico ☐ Canada
☐ Any other territory or possession of the United States of America whether incorporated or unincorporated or any territory or possession hereafter acquired

Investigation Only

35. Do your final reports include recommendations or an appropriate course of action? ☐ Yes ☐ No
36. If doing background/credit checks, are all employees trained in fair credit reporting act compliance? ☐ Yes ☐ No
37. Does your firm have procedures in place to protect against clerical errors? ☐ Yes ☐ No
38. Does your firm attach standard disclaimers to all completed reports? ☐ Yes ☐ No
If yes, please attach a copy.



General Liability Section

Insured Name

1. Effective date: _____ to _____

2. Limit of Liability Desired: ☐ \$1,000,000 Other: _____

3. Please provide names of insurers, limits and premiums paid over the past four years:

Category	Past Year	Two Prior Years	Three Prior Years	Four Prior Years
Insurance Company				
Premium				
Payroll				

4. During the past five years have any claims been presented to your present or prior insurer? ☐ Yes ☐ No

If yes, please attach insurance company loss runs for the prior five policy periods.

5. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which may result in a future claim? ☐ Yes ☐ No If yes, please provide details below:

6. Has your liability insurance ever been canceled, declined or non-renewed in the past three years? ☐ Yes ☐ No

If yes, please explain _____

7. Total number of clients? _____ List of your 5 largest clients along with a brief description of services provided:

Client Name	Description of Service
a)	
b)	
c)	
d)	
e)	

8. Do any of your clients, by virtue of written contract, require any of the following:

If you require assistance when completing this question, please contact your agent or broker.

☐ Waiver of Subrogation ☐ Per Project Aggregate ☐ Primary Wording ☐ CG2010 Additional Insured

9. Do you have vehicles registered or principally garaged in any of the following states (check if yes):

☐ FL ☐ VT ☐ LA ☐ WV ☐ NH

10. Certain extensions of coverage are available for an additional premium. Please check below if you would like quotes to include the following extensions (subject to underwriting approval).

☐ Employee Benefits Liability ☐ Hired Car/Non-Owned Auto ☐ Stop-Gap (monopolistic states)

11. Total # of EMT's or Paramedics employed by you who operate SOLELY as an EMT or Paramedic _____

11a Are all technicians state/nationally certified prior to delivering care? ☐ Yes ☐ No ☐ Not applicable

11b Do you verify that all technicians are state licensed at least once annually? ☐ Yes ☐ No ☐ Not applicable

Note: This insurance excludes EMTs and Paramedics if more than 10% of your employees are solely providing EMT or Paramedic Services.



Supplemental Application

complete this section if you have operations in any of the categories.

Insured Name

1. Schools & Colleges

List the names and addresses of the schools where you are providing security.

- 1.
- 2.
- 3.

Do your duties require that you security check students entering any building?	☐ Yes	☐ No
Do your duties include monitoring of X-Ray or Metal Detectors?	☐ Yes	☐ No
Any work at dormitories or student housing?	☐ Yes	☐ No
Do security officers have arrest or detention authority?	☐ Yes	☐ No
Do security officers working at schools receive site specific pre-screening and training?	☐ Yes	☐ No

2. Special Events

e.g sporting events, concerts, conventions, trade shows

List the name(s) and provide a brief description of the special events where you are providing security.

- 1.
- 2.
- 3.

Do your duties require that you security check the public entering the special event?	☐ Yes	☐ No
Do you take care, custody or control of property of any kind during the event?	☐ Yes	☐ No
Do security officers have arrest or detention authority?	☐ Yes	☐ No
What is the max. number of people attending any of the special events where you provide security?		
Are you solely responsible for crowd control?	☐ Yes	☐ No

3. Airports, Shipping Ports, Piers, Marinas

List the name(s) of the airports, ports, piers or marinas where you are providing security along with a description of your work.

- 1.
- 2.
- 3.
- 4.
- 5.

Do you provide work at Detention Areas - detain illegal immigrants?	☐ Yes	☐ No
Do you provide assistance to passengers with disabilities? ie transport on carts or wheelchair assistance.	☐ Yes	☐ No
Do you provide passenger screening or screening of any personnel?	☐ Yes	☐ No
Do you provide baggage screening or X-Ray services?	☐ Yes	☐ No
Do you provide screening of cargo or take custody of any cargo?	☐ Yes	☐ No

4. Kennel Coverage

Number of Dogs being kenneled?

Do you own the kennel?	☐ Yes	☐ No	If yes, list name of kennel:
Is Kennel manned 24/7	☐ Yes	☐ No	If no, describe security measure to ensure safety of dogs:

Notice - no coverage is provided for dogs not on duty and taken home by handlers. Handlers should rely on personal liability insurance

5. Courier/Transport

Who are your clients for this exposure and what is being transported?

Is there separate coverage for loss or damage to the items being transported?	☐ Yes	☐ No
Do you have separate Auto coverage in place for operation?	☐ Yes	☐ No

6. Housing - Residential

Please list (on a separate page) the addresses to all residential locations where you provide security.

7. Executive Protection / Bodyguard Services

Do you provide security for any public figures (e.g. celebrities, entertainers, sports figures, politicians)?	☐ Yes	☐ No
Please Describe:		



Subcontractor Supplemental

Insured's Name: _____

What is the annual amount paid out to subcontractors: _____

What type of work is being subcontracted out? (please be specific)

1. Do you have a signed contract with ALL of your subcontractors?
If yes, please forward a copy.

☐ YES☐ NO
2. Does the contract with the subcontractor contain favorable indemnity and
hold harmless wording that protects you AND YOUR CLIENT?

☐ YES☐ NO
3. Do you collect updated Certificates of Insurance from all subcontractors that add you AND YOUR
CLIENT as:

a. An Additional Insured☐ YES☐ NO

b. Waiver of Subrogation☐ YES☐ NO

c. Primary & Non-Contributory☐ YES☐ NO

d. 30 Day Notice of Cancellation☐ YES☐ NO
4. Do you obtain updated and current Certificates of Insurance from your subcontractors that evidence
the required insurance coverages/limits that your client contractually requires?

☐ YES☐ NO
5. Do you subcontract out work for any of these exposures:

☐ YES☐ NO

- ☐ Airports

☐ Homeless Shelters or Temporary Housing
- ☐ Bars, Nightclubs, Taverns

☐ Public Housing
- ☐ Bodyguard/Executive Protection

☐ Low Income Housing
- ☐ Cannabis Retail Stores

☐ Apartments
- ☐ Cannabis Farms/Growing

☐ Movies/Theaters/Amusement Venues
- ☐ Concerts

☐ Restaurants (not fast Food)
- ☐ College Dorms and/or Frat/Sororities

☐ Special Events
- ☐ Fast Food Restaurants

☐ Sporting Events
- ☐ High Schools/Lower Grades

☐ Repossessions and/or Skip Tracing

Signature of Authorized Rep of Insured

Date



Umbrella Section

Insured Name _____

1. Effective Date: _____ to _____

2. Requested Limits: \$ _____ Each Occ. Expiring Umbrella Carrier: _____
 \$ _____ Aggregate Expiring Umbrella Premium: _____

3. Underlying Insurance

Type	Carrier - Policy Number	Effective Date	Expiration Date	Limits	Premium
General Liability				Per Occurrence	
				Aggregate	
Automobile Liability				Combined Single Limit	
				Bodily Injury	
				Physical Damage	
Employers Liability Workers Comp				Each Accident	
				Disease Policy Limit	
				Disease Each Employee	

4. Were there any claims or losses that have ever carried over to any Umbrella/Excess layers in the past five years? ☐ Yes ☐ No

5. Has any product, work, accident, or location been excluded, uninsured or self-insured from any previous coverage? ☐ Yes ☐ No

6. Does the current auto policy include symbol 1 - any auto? ☐ Yes ☐ No

7. Are explosives, caustics, flammables or other dangerous cargo hauled? ☐ Yes ☐ No

8. Are passengers carried for a fee? ☐ Yes ☐ No

9. Any units not insured by underlying policies? ☐ Yes ☐ No

10. Are any vehicles leased or rented to others? ☐ Yes ☐ No

11. Are hired and non-owned coverages provided? ☐ Yes ☐ No

12. Do subcontractors carry coverages or limits less than applicant? ☐ Yes ☐ No

13. Is applicant self-insured in any state? ☐ Yes ☐ No

14. Is applicant subject to: ☐ Jones Act ☐ FELA ☐ Stop Gap ☐ Other: _____

15. Are foreign products distributed in the U.S.? ☐ Yes ☐ No

16. Are U.S. products sold/distributed in foreign countries? ☐ Yes ☐ No

17. Product Liability loss in the last three years? ☐ Yes ☐ No

18. Vehicles

TYPE		Number Owned	Number Non-Owned	Number Leased
Private Passenger				
Trucks	Light			
	Medium			
	Heavy			
	Ex. Heavy			
Buses				

19. Do you have vehicles garaged in any of the following states (check if yes)

☐ FL ☐ VT ☐ LA ☐ WV ☐ NH



Workers Compensation Section

Insured Name

1. Effective Date: _____ to _____
2. Federal ID Number: _____ NCCI/State ID Number: _____
3. List payroll by each State you are doing business in. Attach separate sheet if more than three states.

Class Code	State	State	State
Security Officers			
Administration			
Sales			
Executive Officers			
Investigators			
Central Station Operators			
Electronic Security Techs			

Class Code	State	State	State
Security Officers			
Administration			
Sales			
Executive Officers			
Investigators			
Central Station Operators			
Electronic Security Techs			

4.

Policy Year	Insurance Company	Experience Mod	Premium



Workers Compensation Section

5. Please list your 8 largest clients based on revenue:

	Name of Client	Annual Revenue	# of Sites
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			

6. Total Number of Employees: _____

Full Time: _____

Part Time: _____

Armed: _____

Unarmed: _____

7. Employee pay scale (Hourly)

- a. Supervisors
b. Unarmed Guards
c. Armed Guards

Minimum	Maximum	Average

8. Has any company canceled or declined to renew? ☐ Yes ☐ No *If yes, please explain below:*

9. Maximum number of employees at any one WORKSITE during any shift or block of work time:

A Worksite is considered a separate worksite if security station is separated by more than 1,000 vertical feet

10. Do you perform work at any "landmark" locations as defined below Yes ☐ No ☐

A Landmark is a building, district, site, structure, or object, officially recognized by the US government for its historical significance. Landmarks are designated by the US Secretary of the Interior because they are Sites where events of national historical significance occurred; Places where prominent Americans lived or worked; Icons of ideals that shaped the nation; Outstanding examples of design or construction; Places characterizing a way of life; or Archaeological sites able to yield information

11. Do you perform work in any of the following cities ☐ New York City ☐ Chicago ☐ Washington DC ☐ Boston
☐ San Francisco ☐ Los Angeles

12. Does your firm perform security services at either of the following:

- a) Nuclear Power Plants ☐ Yes ☐ No b) Chemical, Explosives or Weapons Manufacturers ☐ Yes ☐ No

13. Has a law enforcement agency or municipality hired your firm to act as police officers, sheriffs, constables or correction officers? ☐ Yes ☐ No

14. Do you provide any type of PDR, SWAT, ERS, Extraction or Repatriation services? ☐ Yes ☐ No

15. Does your company have the following:

- | | | | |
|---|--|--|--|
| a) A written safety policy and goals? | ☐ Yes ☐ No | g) A formal accident review and investigation program? | ☐ Yes ☐ No |
| b) Safety and training programs? | ☐ Yes ☐ No | h) Employee involvement in inspection/safety committees? | ☐ Yes ☐ No |
| c) A written drug and alcohol policy? | ☐ Yes ☐ No | i) Physicals and periodic random drug testing? | ☐ Yes ☐ No |
| d) A vehicle safety program for drivers and vehicles? | ☐ Yes ☐ No | j) A transitional duty/light duty program for injured workers? | ☐ Yes ☐ No |
| e) A designated safety coordinator? | ☐ Yes ☐ No | k) Designated employee to coordinate claim activities? | ☐ Yes ☐ No |
| f) Prompt reporting of all employee injuries? | ☐ Yes ☐ No | l) Working w/ injured worker and insurer's physician panel? | ☐ Yes ☐ No |

Notice: Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island & 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.

Alabama applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

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.

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

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.

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.

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 a denial of insurance benefits.

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.

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.

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.

New York 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 material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

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.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact maybe violating state law.

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.

Tennessee ,Virginia & 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.

Arbitration statement

Applicable to Utah applicants if the policy will contain an arbitration clause:

Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of (the American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.

Signature Section GL WC

Principal, Owner or Officer Signature

Title

Date

New York Insureds ONLY



Reg. 194 Mandatory Initial Disclosure

As required by the New York State Insurance Department

As an independent insurance agent or insurance broker I, or my firm, (hereafter "I") may have access to more than one insurance company to place your coverage. Whether acting as an independent insurance agent or insurance broker I have certain obligations to you as the purchaser and certain obligations to the insurance company as determined in both statutory and case law. If acting as an independent insurance agent I may have authority to obligate the insurance company on your behalf and as a result I may be required to act within the scope of my contractual agreement with the company.

As the purchaser you need to understand that I typically will receive compensation from the selling company based on the agreement I have with the company. That compensation may vary from company to company and also be impacted by the volume of business I place with the company, the profitability of that business and other factors.

You may receive information about my compensation on the policy or policies you select and about any policies I have presented to you which you did not select by asking me for the information.