

15. Are any owners / principals or employees armed? (if yes, please answer all questions below) Yes No
- a. Are the owners / principals / employees licensed to carry firearms? Yes No
- b. Are ALL armed owners / principals and employees retired or off-duty police or military? Yes No
- c. Please provide the names of all clients to whom you assign armed guards (attach separate sheet if necessary)
1. _____
2. _____

Applicant's Operations

16. Does the Applicant perform Security Activities? Yes No
- If yes, does the Applicant perform any of the following:
- a. Bars, Discos, or Nightclubs Yes No
- b. Bodyguard for Celebrity Protection Yes No
- c. Burglar/Fire Alarm installation or monitoring Yes No
- d. Nuclear Utility Work Yes No
17. Where do your guard services primarily take place? (choose only one)
- 75% or greater in Metropolitan (inner city) fixed location (desk or office building) 50%-75% in Metropolitan (inner city)
- 25%-50% in Metropolitan (inner city)
18. Guard Training – If required by the state, how many hours are required Annually?
- 8 hrs or less 8-15 hrs 15-30 hrs 30 hrs or more training is not required by the state
19. Guard Screening – Please choose all that apply:
- Fingerprints Drug Testing Personal Interview DMV Reports
- Prior Employer Criminal Background Check
20. Do supervisors perform guard duties? Yes No
- If yes, are the supervisors hours billed to the clients? Yes No
21. Does the applicant have any guard dogs? Yes No
- If yes, please answer:
- a. how many Guard Dogs does the applicant have? _____
- b. with Handlers _____
- c. without Handlers _____
22. Average hourly guard billing rate: _____
23. Average hourly guard pay rate: _____
24. Average hourly supervisor pay rate: _____
25. What are the annual billable hours? _____
26. What is the annual percentage of armed guards that are not retired or off-duty police or military? _____
27. Are any international services provided? Yes No
- If "yes", please explain: _____

Please provide approximate percentage (%) of Operations for Security Guard operations:
 (If Applicant does not perform Security activities, please move on to question 28.)

Category	Unarmed	Armed	Category	Unarmed	Armed
Airports			Hotels / Motels / Inns		
Armored Car			Industrial (Factory / Warehouse)		
Auto Dealerships			Movies / Theatres / Cinemas		
Banks and Office Bldgs			Motorsports (Speedways / Racetracks)		
Block Associations			Museums & Galleries		
Bus/Train/Terminals			Patrol Cars (describe below)		
Business Improvement Districts			Parks / Recreational		
Carnivals / Circus			Parking Lots		
Colleges / Universities			Parking Garages		
Concerts / Music Festivals, Etc.			Piers, Docks, Ships		
Construction Sites			Race Tracks (horses, dogs)		
Convenience Stores			Religious / Civic Centers		
Convention Centers			Restaurants (Fast Food Chains)		
Correction Facilities			Restaurants (Non-Fast Food)		
Courier Escort			Retirement / Resort Community		
Courthouses/Town Halls			Retail Stores (outside only)		
Executive Protection (Not Including Celebrities)			Retail and Shopping Malls (inside patrol)		
Exhibitions / Trade Shows			Social Services / Clinics		
Federal / Municipal Buildings; Government / Military Contracts (Describe Below)			Stadiums / Arenas / Special Events (Ticket Taking)		
Golf/Tennis/Health Clubs			Stadiums / Arenas / Special Events (Perimeter / Parking Lot)		
High Schools			Strike Duty		
Hospitals / Institutions			Traffic Control		
Housing – Gated Communities			Truck Terminals		
Housing – Mid to High Income			Utilities (Not Incl. Nuclear)		
Housing – Mid to High Income – Apartments/Condos Communities			Yacht Clubs / Marinas and Boatyards		
Housing – Low Income – Senior and Disabled Only			Other (Describe Below)		
Housing – Low Income – Other than Senior/Disabled			TOTAL	100%	

Description:

28. Does the Applicant Perform Private Investigation Activities:

Yes No

Please provide approximate percentage (%) of Operations for Private Investigation operations:

(If Applicant does not perform Investigative activities, please move on to question 30.)

Category	Unarmed	Armed	Category	Unarmed	Armed
Arson (Not Incl. Expert Witness Testimony)			Executive Protection/Bodyguard		
Arson (Expert Witness Testimony)			Forensic Accounting		
Accident Reconstruction			Genealogical Searches		
Background Screening			Identity Theft		
Bounty Hunting / Fugitive Recovery			IT / Computer Forensics		
Child Custody (Investigation Only)			Insurance / Legal		
Child Custody (Retrieval)			Kidnap and Ransom		
Matrimonial / Domestic			Lie Detection / Polygraph (Answer Question 30)		
Consulting			Missing Persons / Skip Tracing		
Corporate			Patent / Trademark Search		
Copyright / Trademark			Process Serving		
Counterfeit Products			Record Checks		
Credit			Repossessions or Collections		
Criminal / Fraud / SIU			Shopping Service / Surveillance		
Debugging (Eavesdropping Detection)			Workforce Infiltration-Undercover		
Drug Testing			Other (Describe Below)		
Due Diligence			TOTAL	100%	
Electronic Eavesdropping Work					
Description:					

29. If Lie Detection Operations have been included in chart above; has the Applicant received their Polygraph Certification through the American Polygraph Association or other accredited polygraph organization? Yes No

30. **Does the Applicant Perform Alarm Operations:** Yes No

Please provide approximate percentage (%) of Operations for Alarm operations:
(If Applicant does not perform Alarm activities, please move on to question 32.)

Operation	Installation, Service and Repair	Monitoring by You
Burglar Alarm		
Fire Alarm		
Fire Suppression		
Water Flow		
Phone Networks		
Internet Connections		
Wireless Communications		
Cable Connections		
CCTV		
Two Way VDT		
Other		

Indicate the Percentages of work performed:

Work Performed	Percentages
Airports	
Apartments	
Commercial	
Condos/Townhouses	
Custom Homes (non-Tract)	
Hospitals/Healthcare	
Jails/Justice	
Manufacturing/Industrial	
Tract (over 10 Homes)	
Other	

31. Does your company use a standard contract with all clients? Yes No
 (If yes, please supply a copy of this contract.)

(If Alarm Operations are over 20% of your overall business, please fill-out our Alarm, Electronic Security, and Telecommunications Application.)

Applicant's Sales and Payroll

32. Total Number of Employees and Contractors (include yourself) _____

Classification	Total # of Staff	Armed	Full Time	Part Time	Annual Payroll	Annual Sales
Executive/Clerical/Sales					\$	\$
Supervisors					\$	\$
Independent Contractors that are Private Investigators					\$	\$
Employed Private Investigators					\$	\$
Independent Contractors that are Security Guards					\$	\$
Employed Security Guards					\$	\$
Total					\$	\$

(Please fill-in table above completely on all employees, staff, principals, and independent contractors, including their payroll and sales.)

33. Does the Applicant employ Independent Contractors other than security or investigators listed above? Yes No

If yes, please explain: _____

a. If yes, do they provide proof of their own Insurance Yes No
 (Note: Independent Contractors should carry limits of \$1,000,000/\$2,000,000)

34. Provide names of your 5 largest clients and your duties for them:

Client	Duties

Risk Management and Service Standards

35. Is the Applicant controlled or owned by any other firm, corporation or company, or do you have any wholly or partially owned subsidiaries? Yes No

If "yes, attach an explanation _____

36. Does any current member of the Applicant provide any professional services to any clients in which any Applicant member or SPOUSE serves as a director, officer or partner or own any equity or financial interest? Yes No

If "yes", please explain: _____

37. Does the Applicant have a procedure for maintaining confidential information? Yes No

38. Does the Applicant communicate written procedures to their employees or contract workers? Yes No

39. Does the Applicant use a written contract or agreement with clients?

- All cases Sometimes Never

40. Are you providing any other services or operations other than security guard or private investigation services?

- Yes No

If "yes", please explain: _____

Claim History

41. Over the past (5) five years, has any professional or general liability claim or suit ever been made against the Applicant or any of its predecessor firms, past or present owners, officers, partners, members, employees or solicitors, or to the knowledge of the Applicant, in behalf of its predecessors in business within the last 5 years? List details of all claims over \$2,500 if any?

(If "yes", please complete question 43 and attach loss runs)

- Yes No

Date of Loss	Description of Loss	Incurred Loss Amount Incl. Expenses	Status

42. Does the Applicant have any knowledge concerning incidents that have occurred not listed above that may result in a claim?

If "yes", please explain: _____ Yes No

Insurance History

43. Please list the Applicant's General / Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.

(check here if Applicant has no prior coverage)

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible/ Retention	Premium

44. In the past five (5) years, has the Applicant or any of its members ever had professional or general liability insurance or similar insurance declined, cancelled or non-renewed? Yes No

If "yes", please provide full details: _____

45. Coverage Requested:

- Limits of Liability: \$1M/\$2M \$1M/\$3M \$1M/\$5M
- Deductible: \$2,500 \$5,000 \$10,000 Other: _____
- Umbrella/Excess: \$1M/\$1M \$3M/\$3M \$5M/\$5M Other: _____

46. Does the Applicant need any of the following additional Coverages?

- a. Hired and Non-Owned Auto? Yes No
 - 1. Do you have an Agency-owned auto? Yes No
- b. Stop Gap Coverage? Yes No
- c. Automobile Yes No
- d. Workers Comp Yes No
- e. Crime/Employee Dishonesty Yes No
- f. Other _____ Yes No

Notice and Representations

The Company and the Insured Persons declare that the statements set forth herein are true. The signing of this application does not bind the Underwriter, the Policyholder or its Insured Persons to effect insurance. The undersigned agrees that this application, its attachments and any materials submitted therewith are true, complete and accurate as of the date thereof. These representations shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form part of the policy. The application, its attachments and any materials submitted therewith are considered physically attached to the policy and will be deemed incorporated by reference therein. The Underwriter is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

The undersigned, on behalf of the Company and all Insured Persons, agrees that if the information in the Declarations and representations contained in this application and its attachments materially changes between the date of this application and the inception of the proposed coverage, the undersigned will immediately report in writing to the Underwriter such change, and the Underwriter may withdraw or modify any outstanding quotations or agreements to bind coverage. The undersigned acknowledges and agrees that the Underwriter's receipt of such written report, prior to inception of the proposed coverage, is a condition precedent to coverage.

FRAUD WARNINGS

GENERAL STATEMENT: 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 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 [NY: substantial] civil penalties. (Not applicable in **CO, DC, FL, HI, MA, MD, NE, OH, OK, OR, VT or WA**; in **LA, ME, TN, and VA**, insurance benefits may also be denied).

APPLICABLE IN COLORADO: 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 of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA - 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.

APPLICABLE IN FLORIDA: 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.

APPLICABLE IN HAWAII: 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.

APPLICABLE IN MARYLAND: 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.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON, AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she 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.

APPLICABLE IN OKLAHOMA - 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.

APPLICABLE IN WASHINGTON: 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.

MUST BE SIGNED BY THE PRESIDENT, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR IN-HOUSE GENERAL COUNSEL OF THE POLICYHOLDER ON BEHALF OF ALL INSURED.

Signature of Owner, Partner or Principal of Applicant

Title

Date

Signature of Applicants Agent or Broker

Title

Date