

Security Industry General Liability (E&O) Application

Section 1-General Information

Insured's Name (Including dba's): _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Physical Address: _____

City: _____ St: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ Cell: _____ Fax: _____

Email Address: _____

Effective Date Desired: _____

Individual Partnership Corporation Other

FEIN: _____ License Number: _____

How long in the Security business? _____ How long under this name? _____

Has the applicant operated under any other name? Yes No

If "yes", please identify: _____

Application Classification:

____ % Security Service ____ % Investigations ____ % Consulting ____ % Alarm Service and Monitoring

Limit of Liability Desired

Each Occurrence: _____ Aggregate: _____

In regards to your clients, do you assume any duties not related to security?

Yes No

If "yes", please explain below



Please provide a list of your (5) five largest clients, along with a description of services:

Five sets of horizontal lines for listing clients and services.

Are the majority of your clients under contract? Yes No

If yes, how many include hold harmless clauses? _____

Is workers' compensation coverage currently in force? Yes No

If "no" please explain: _____

Section II – Operations

Name of Owner(s), Partner(s) and Shareholder(s), their percentage of ownership and background in this industry:

Will the principals perform guard/investigative operations? Yes No

Please describe duties of supervisors:

Average number of officers per supervisor: _____

Employee training consists of:

- Written Manual, Report Writing, Powers of Arrest, On the Job, Firearms, CPR, Other

Pre-Employment screening procedures for employees (check all that apply):

- Driving Record (MVR), Psychological Test, Drug Screen, Fingerprint Check, Personal References, Other

Number of hours billed to client(s) annually: Unarmed [] Armed []

Number of officers: Full Time [] Part Time [] Unarmed [] Armed []



Do you use any golf carts for patrol? Yes No
 If yes, are they equipped with lights? Yes No
 Will the public be transported? Yes No
 Are driving records checked? Yes No
 Do you anticipate using dogs? *Must be leashed not to extend 6 ft. Yes No
 Number of dogs used with handlers: _____ Number of dogs without handlers: _____
 Do any of your officers use tasers in their operations? Yes No
 Any operations performing security services where jewelry, money, securities or furs are present?
 Yes No
 Of what professional associations are you a member? _____

Section III – Projected Annual Payroll (Not Including Owners and Clerical Staff)

***Your liability insurance carrier defines Independent Contractors as workers who carry their own license and their own liability insurance. All other employees who are 1099 or W2 are considered “on the payroll” and their salaries should be included on the table below.

Based on the above definition, do you have any independent contractors? Yes No

If “yes”, please give their total salaries: _____

Guard Services	Unarmed Payroll	Armed Payroll
Airports (non-public) **	[]	[]
Airports (public) **	[]	[]
Armored Car	[]	[]
Banks	[]	[]
Bounty Hunting/Bail Enforcement	[]	[]
Car Dealerships	[]	[]
Churches	[]	[]
Construction or Demolition Sites	[]	[]
Convention/Trade Shows	[]	[]
Criminal Detention Centers**	[]	[]
Executive Protection	[]	[]
Fast Food Establishments	[]	[]
Federal Government Contracts	[]	[]
Gated Communities/Retirement	[]	[]
Government-Owned Housing**	[]	[]
Hotels/Motels	[]	[]

Industrial (Factories, Warehouses, etc.)	<input type="text"/>	<input type="text"/>
Institutions (Hospitals, Clinics)	<input type="text"/>	<input type="text"/>
Liquor Establishments (Bars, Taverns, Etc.)	<input type="text"/>	<input type="text"/>
Local & State Contracts	<input type="text"/>	<input type="text"/>
Middle/High Income Housing**	<input type="text"/>	<input type="text"/>
Museums/Galleries	<input type="text"/>	<input type="text"/>
Office Buildings	<input type="text"/>	<input type="text"/>
Patrol Cars	<input type="text"/>	<input type="text"/>
Restaurants	<input type="text"/>	<input type="text"/>
Retail Stores (Parking Lots, Outside Perimeter)**	<input type="text"/>	<input type="text"/>
Retail Stores *Inside, Shoplifting, Door Duty)**	<input type="text"/>	<input type="text"/>
Schools	<input type="text"/>	<input type="text"/>
Special Events (Sports, Concerts, Etc)**	<input type="text"/>	<input type="text"/>
Strike Duty	<input type="text"/>	<input type="text"/>
Traffic Control	<input type="text"/>	<input type="text"/>
Transport/Courier Operations	<input type="text"/>	<input type="text"/>
Trucking Terminals	<input type="text"/>	<input type="text"/>
Waterfront/Piers/Marinas	<input type="text"/>	<input type="text"/>
Other**	<input type="text"/>	<input type="text"/>
Private Investigations	Unarmed Payroll	Armed Payroll
Executive Protection/Bodyguard Service**	<input type="text"/>	<input type="text"/>
Insurance, Legal, Credit, Pre-Employment	<input type="text"/>	<input type="text"/>
Lie Detection, Polygraph	<input type="text"/>	<input type="text"/>
Process Server	<input type="text"/>	<input type="text"/>
Security Consultant**	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

**Please refer to Section IV for a further explanation of operations

Average Hourly Wage: Full Time Part Time
 Annual Corporate Revenue: Full Time
 Alarm Operations: Estimated Revenue

Section IV – Description of Operations

**Please provide complete details of the following operations, if applicable.

Airport Work- Please describe all operations/duties performed:



Apartment Work- Please describe duties. If any government-owned, please provide list of addresses:

Criminal Detention Centers- Please describe all operations/duties performed:

Retail Work- Please describe types of stores, duties, and hours that guard(s) are on duty:

Special Events- Please describe events, locations and duties:

Bodyguard Work- Please describe duties. Any athletes, celebrities or entertainers? Yes No

Security Consulting- Please describe consulting clients and scope of services provided:

Other- Please describe all operations/duties performed:

Section V – Current Insurance Information

Current Carrier: _____

Inception Date: _____ Expiration Date: _____

Premium: _____ Deductible: _____

Limit of Liability: _____

Occurrence Form? Yes No



Has any company cancelled or declined to renew liability insurance?

Yes No

If "yes", please explain below

Do you require staff to report all unusual incidents to management?

Yes No

Have there been any claims or lawsuits in the past 5 years?

Yes No

If "yes", please explain below

*****PLEASE ATTACH FIVE YEARS OF COMPANY LOSS RUNS*****

Do you have any knowledge of any incidents which may give rise to a future claim?

Yes No

If "yes", please explain below

NOTICE TO APPLICANTS: This application must be completed in full as the quote will be based solely on the information provided. Any persons who knowingly and with the 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 act, which is a crime. Be aware of the laws in the states where you operate with regard to the use of firearms and weapons. By signing below, you are verifying that you 1) are aware of, understand and comply with the laws of the states in which you operate and 2) are aware that any claim you submit where an illegal device was used by you, your employee, or a subcontractor doing work for you may be denied.

Applicant Name: _____

Applicant Title: _____

Date: _____

Signature: _____