

General Liability Application for Security Guards and/or Private Investigators

General Information

1. Name _____
2. Physical address _____
3. Mailing address _____
4. Effective date requested _____ Date current coverage expires _____
5. Contact Person _____ Telephone # _____
Email address _____
6. Date established _____ FEIN # _____
License # _____ Website _____
7. ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Trust ☐ Limited Liability Company
☐ Organization (Other than Partnership, Joint Venture, or Limited Liability Company)
8. Have you ever operated under another name? ☐ Yes ☐ No
Name of entity _____
9. Industry experience _____
10. Please list any non-security related operations. _____
11. Do you subcontract work to others? ☐ Yes ☐ No
 - a. What operations are subcontracted? _____
 - b. What is the payroll for the subcontracted work? _____
 - c. Do you require GL or WC certificates from subcontractors? ☐ Yes ☐ No
 - d. Do the subcontractors carry GL limits equal to or greater than the limits requested on this application? ☐ Yes ☐ No
 - e. Are you named as an additional insured on all subcontractor policies? ☐ Yes ☐ No
 - f. If either of the above questions are "No," is your subcontracted payroll included in your total payroll estimate? ☐ Yes ☐ No
12. What does your pre-employment screening process include?
☐ Criminal Background ☐ Driving Record ☐ Drug Screen ☐ Fingerprint Check ☐ Polygraph
☐ Prior Employment Contacted ☐ Psychological Test ☐ Other _____
13. Do you have a new employee training program? ☐ Yes ☐ No
Please describe _____
14. Number of employees _____ Full time _____ Part time _____ Armed _____ Unarmed _____
Do you employ any off duty police officers? ☐ Yes ☐ No How many? _____
15. Please describe your gun control program if employees are armed. _____
16. Do your operations involve the use of drones, unmanned aircraft or robots? ☐ Yes ☐ No
If "Yes," please explain _____
17. Do your security officers have power of arrest or detention authority? ☐ Yes ☐ No
Please describe _____
18. Do you sell products? ☐ Yes ☐ No
If "Yes," what type of products do you sell? _____

19. Do you operate a training school for guards that are not your employees? ☐ Yes ☐ No
20. Do you provide any alarm installation or monitoring service? ☐ Yes ☐ No
If "Yes," please also submit the Alarm/Electronic Security application (SGL 201).
21. Do you enter into a standard contract with clients? ☐ Yes ☐ No
Percentage under contract _____%

Please attach a copy of your standard contract to this application for review.

Coverage & Limits Section

22. Limits requested ☐ \$1M/\$2M ☐ \$1M/\$3M ☐ \$1M/\$4M ☐ \$1M/\$5M ☐ Other _____
23. Deductible requested ☐ \$0 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000
24. Do you require any of the below coverages to fulfill client contract requirements?
Please note that some of these coverages may require additional premium.
☐ Additional Insured ☐ Employee Benefits Liability ☐ Hired/Non-owned Auto
☐ Per Project Aggregate ☐ Primary Wording ☐ Stop Gap ☐ Waiver of Subrogation
Do you have a primary commercial auto policy in force? ☐ Yes ☐ No
25. Do you require excess/umbrella coverage? ☐ Yes ☐ No
If "Yes," what limit is needed? _____

If excess/umbrella coverage is required please complete the excess portion of the application.

Security Guard Section

26. Estimated annual security guard payroll. \$_____
27. Do you use canines? ☐ Yes ☐ No
28. Do you have a written procedure for reporting incidents? ☐ Yes ☐ No
29. Are security officers provided with any of the following equipment for use in their duties?
Aerosol chemicals ☐ Yes ☐ No Flashlights ☐ Yes ☐ No Handcuffs ☐ Yes ☐ No
Night Stick – PR24 or ASP ☐ Yes ☐ No Night Stick – Standard ☐ Yes ☐ No
30. Do you use mobile equipment such as, but not limited to, golf carts? ☐ Yes ☐ No
31. Please provide percentage breakdown for all security guard and armored car operations below. Some operations may require further explanation.

Operations	% Armed	% Unarmed	Operations	% Armed	% Unarmed
Airports	%	%	Golf Clubs	%	%
Apartments – Low Income/HUD/ Section 8 Housing	%	%	Government Contracts	%	%
Apartments – Mid/High Income Housing	%	%	High School or Lower Grades	%	%
Armored Cars	%	%	Hospitals/Medical Facilities	%	%
Auto Dealerships	%	%	Hotels/Motels	%	%
Banks	%	%	Industrial/Warehouses/Factories	%	%
Bars/Nightclubs/Taverns	%	%	Liquor Stores	%	%
Bodyguard/Executive Protection	%	%	Movie Theaters	%	%
Cannabis Industry	%	%	Museums/Galleries	%	%
Casinos	%	%	Parking Garages	%	%
Churches	%	%	Residential – HOA/Condos/ Townhomes	%	%
Colleges/Universities	%	%	Restaurants	%	%
Concerts	%	%	Retail Stores – Inside/Surveillance	%	%
Construction Sites	%	%	Retail Stores – Outside/Parking Lots	%	%
Convenience Stores	%	%	Security Consulting	%	%
Convention/Trade Shows	%	%	Shipping Ports/Piers/Marinas	%	%
Fast Food Restaurants	%	%	Special Events/Sporting Events	%	%

Strike Duty/Protests	%	%	Other	%	%
Traffic Control	%	%	Please describe:		
Transportation Terminals	%	%			
Utilities – Water/Electrical/Nuclear	%	%			

Detective/PI Section

32. Estimated annual Detective/Private Investigator Payroll. \$ _____
33. Do your final reports include recommendations or an appropriate course of action? ☐ Yes ☐ No
34. If involved in background/credit checks, are all employees trained in fair credit reporting act compliance? ☐ Yes ☐ No
35. Does your firm have procedures in place to protect against clerical errors? ☐ Yes ☐ No
36. Does your firm attach standard disclaimers to all completed reports? ☐ Yes ☐ No
37. Please provide percentage breakdown for all detective and private investigator operations below. Some operations may require further explanation.

Operations	% Armed	% Unarmed	Operations	% Armed	% Unarmed
Arson Investigation	%	%	Legal	%	%
Auto Repossessions	%	%	Missing Person Searches	%	%
Bail Bonding	%	%	Polygraph/Lie Detection	%	%
Bounty Hunting	%	%	Pre-Employment Screening/Credit Checks	%	%
Civil/Criminal Investigation	%	%	Process Serving	%	%
Computer Investigations	%	%	Psychological Evaluation	%	%
Corporate/Trademark Infringement	%	%	Undercover	%	%
Domestic	%	%	Other	%	%
Drug Testing	%	%	Please describe:		
Fraud Auditing	%	%			
Insurance Investigation	%	%			

Policy Information

38. Please provide prior year policy information below.
Please attach five (5) years of currently valued loss history.

Category	Current Year	First Prior	Second Prior	Third Prior	Fourth Prior
Carrier					
Premium					
Payroll					
Deductible					
Incurred Losses					

39. Have any claims been made over the last five (5) years? ☐ Yes ☐ No
40. Do you have any knowledge of incidents that could lead to a claim in the future? ☐ Yes ☐ No
If "Yes," please explain. _____
41. Has your insurance been cancelled, declined or non-renewed in the last three (3) years? ☐ Yes ☐ No
If "Yes," please explain. _____
42. Total number of clients. _____
43. Please list your six (6) largest clients:

_____	_____
_____	_____
_____	_____

Additional Operations Information

Some operations indicated earlier need additional explanation. If you are involved in any of the below listed operations, please provide additional details.

Airports

Please provide a list of any airports where you provide services.

_____	_____
_____	_____
Do you provide assistance to passengers with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide passenger or personnel screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide baggage screening services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide screening of cargo or take custody of any cargo?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Executive Protection/Bodyguarding

Do you provide security for any public figures such as celebrities, athletes, entertainers or politicians? ☐ Yes ☐ No
If "Yes," please describe for who and what services are provided. _____

Special Events

If you provide services at any special events including but not limited to sporting events, concerts, conventions, trade shows, parties and/or weddings, please list the events below.

_____	_____
_____	_____
Do you security check the public entering the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum number of people attending the events where you provide security?	_____
Are you responsible for crowd control?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Apartments/Residential

Please list the name of your apartment complexes including addresses.

Name of Apartment	Address
_____	_____
_____	_____
_____	_____
_____	_____
Is your company involved in providing security services at low income, government owned, HUD or Section 8 housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Schools & Colleges

Please provide a list of any schools or colleges where you provide security services.

_____	_____
_____	_____
Do you physically check students entering buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any work at dormitories or student housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do security officers working at these locations receive site specific pre-screening and training?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Restaurants

Please provide a list of any restaurants where you provide security services.

Name of Restaurant	Address	Hours of Operation
_____	_____	_____
_____	_____	_____
Do any serve alcohol past 11PM?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any have a dance floor and/or live entertainment?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you or your company aware of any facts, circumstances, incidents, or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? If "Yes," please attach a detailed explanation. ☐ Yes ☐ No

FRAUD WARNINGS

Warning – 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 purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

AL, AR, DC, LA, MD, RI, WV – 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.

CO – 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

FL, OK – 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. (FL only)

KY, PA – 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.

ME, TN, VA, WA – 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 (ME only) include imprisonment, fines or a denial of insurance benefits.

NJ, NM – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NY – 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

OR – Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UT – Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

SIGNATURE

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that, if a policy of insurance is issued, this application will be incorporated into and form a part of such policy.

Signature of Applicant

Printed Name of Applicant

Title (Officer, Partner, etc.)

Date Signed

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR
THE INSURER TO PRODUCE INSURANCE.