



Insurance Application For Security & Investigation Firms

Check off coverage desired:

Workers Compensation
 General Liability
 Crime/Employee Dishonesty
 Property
 Umbrella
 Directors & Officers

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

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 _____ Fax _____ Email _____

6. Date Established _____ License # _____ Individual Partnership 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. 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:* _____

11. Do you subcontract out work to others? Yes No *If yes, answer 11a through 11d*

11a. What type of operations are you subcontracting? _____

11b. What is your total cost of subcontracted work? _____

11c. Do you require certificates or proof of WC or GL coverage from your subcontractors? Yes No

11d. Are you named as an additional insured on all subcontractor policies? Yes No

11e. If 11c and/or 11d are NO, is your subcontractors payroll included in your payroll estimates? Yes No

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

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

14. **Historical Payroll**

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

Payroll Section

Please estimate payrolls for the upcoming policy period:

Guard Services	Annual Payroll
Airports <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Armored Cars <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Auto Dealerships <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Banks / Office Buildings <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Bars/Nightclubs/Taverns <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Bodyguard/Executive Protection <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Bus / Train Terminals <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Colleges / Universities <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Concerts <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Construction Sites <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Convention / Trade Shows <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Courier / Escort <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Churches/Temples/Place of Worship <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Fast Food Establishments <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Golf/Tennis/Yacht Clubs <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Government Contracts <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
High Schools &/or Lower Grades <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Hospitals / Institutions <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Hotels / Motels <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	

Guard Services	Annual Payroll
Industrial (warehouses/factories) <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Residential Low Income/HUD <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Residential High - Middle Income <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Movies / Theaters / Amusement <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Museums / Galleries <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Parking Garages <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Patrol Cars <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Restaurants (not fast food) <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Retail Stores (inside/surveillance) <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Retail Stores (outside/parking) <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Social Services / Clinics <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Special Events <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Sporting Events <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Strike Duty <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Traffic Control / Flagmen <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Trucking Terminals <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Waterfront/Piers/Marinas <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Water Authorities / Reservoirs <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
Other: _____ <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	

Investigations	Annual Payroll
Auto Repossessions	
Bounty Hunting/Bail Bonding	
Civil / Criminal	
Computer Investigations	
Corporate/Trademark Infringement	
Domestic / Matrimonial	
Drug Testing	
Fraud Auditing	
Insurance	

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

Annual Revenues	
Pre-Employment Screening / Credit Checks	
Security Consulting	



Client Name: _____

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - Fax 845-735-8383

16. Total Number of Employees: _____
Full Time: _____ Part Time: _____ Armed: _____ Unarmed: _____

17. If you have armed employees, briefly describe your gun control program:

18. Are all armed personnel properly licensed and certified? Yes No

19. Do you operate a fee based security training school for guards that are not your employees? Yes No

20. Do you sell products? Yes No *If yes, please answer 20a through 20c.*

20a. What type of products do you sell? _____

20b. How are these products distributed? _____

20c. What are the annual gross sales associated with these products? _____

21. Do you perform fee based credit checks or pre-employment screening services for other companies? Yes No

22. Do you provide alarm installation/monitoring/service or CCTV/Access TV Installation/monitoring/service? Yes No
If yes, please complete our Electronic Security Application.

Security Guard Operations Only

23. Number of supervisors _____ Number of Guards _____

24. Total number of guard hours billed to clients **ANNUALLY**: Armed _____ Unarmed _____

25. 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? _____

26. Do you utilize mobile equipment (golf/security carts)? Yes No

If yes, what is your policy with regard to transporting non-employees?

27. Do you have a standard client contract? Yes No *If yes, please answer 27a. & 27b.*

27a. Percentage using standard contract? _____

27b. Before use, are contracts reviewed by counsel in each state in which you operate? Yes No

28. Do you have a standard written procedure for reporting incidents? Yes No

29. Equipment - Are security officers provided with any of the following equipment prior to starting a post?

Aerosol chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flashlights	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handcuffs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Five cell flashlights	<input type="checkbox"/> Yes <input type="checkbox"/> No
Night Stick - Standard	<input type="checkbox"/> Yes <input type="checkbox"/> No	Night Sticks - PR24 or ASP	<input type="checkbox"/> Yes <input type="checkbox"/> No

29a. If yes to any of the above, are officers trained according to applicable state laws? Yes No

Investigation Only

30. Do your final reports include recommendations or an appropriate course of action? Yes No

31. If involved in background/credit checks, are all employees trained in fair credit reporting act compliance? Yes No

32. Does your firm have procedures in place to protect against clerical errors? Yes No

33. Does your firm attach standard disclaimers to all completed reports? Yes No *If yes, please attach a copy.*

Signature Section

Notice to applicants: this application must be completed in full as the quote will be based solely on the information provided. 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 the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. By signing this application, the signor warrants that to their best knowledge all information given is true and accurate.

Principal, Owner or Officer Signature

Title

Date



General Liability Section

Client Name: _____

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

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 Five years:

Category	Past Year	Two Prior Years	Three Prior Years	Four Prior Years	Five Prior Years
Insurance Company					
Premium					
Payroll					
Deductible - SIR					
Incurred Losses (claims)					

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? _____

8. Please provide a list of your 8 largest clients along with a brief description of services provided:

Client Name	Description of Service
a)	
b)	
c)	
d)	
e)	
f)	
g)	
h)	

Additional Coverages

9. Do any of your clients, by virtue of written contract, require any of the following: *Please note that these coverages are endorsements that may result in additional premiums*
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

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)



Supplemental Application- *complete this section if you have operations in any of the categories.*

Client 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any work at dormitories or student housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do security officers have arrest or detention authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do security officers working at schools receive site specific pre-screening and training?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you take care, custody or control of property of any kind during the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do security officers have arrest or detention authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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. Shipping Ports, Piers, Marinas

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

- 1. _____
- 2. _____
- 3. _____

Do you provide work at Detention Areas - detain illegal immigrants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide assistance to passengers with disabilities? <i>ie transport on carts or wheelchair assistance.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide passenger screening or screening of any personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide baggage screening or X-Ray 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

4. Airports

Please attach copies of all contracts and post orders for this exposure.

List the name(s) of the Airports where you are providing security along with a decription of your work.

- 1. _____
- 2. _____
- 3. _____

Do you provide work at Detention Areas - detain illegal immigrants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide assistance to passengers with disabilities? <i>ie transport on carts or wheelchair assistance.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide passenger screening or screening of any personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide baggage screening or X-Ray 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

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have separate Auto coverage in place for operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: _____



Workers Compensation Section

Client Name: _____

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

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 <input type="text"/>	State <input type="text"/>	State <input type="text"/>
Security Officers			
Administration			
Sales			
Executive Officers			
Investigators			
Central Station Operators			
Electronic Security Techs			

Class Code	State <input type="text"/>	State <input type="text"/>	State <input type="text"/>
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. Employee pay scale (Hourly)

	Minimum	Maximum	Average
a. Supervisors			
b. Unarmed Guards			
c. Armed Guards			

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

.....

8. 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

9. 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 Archeological sites able to yield information

10. Do you perform work in any of the following cities: New York City Chicago Washington DC Boston

11. 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

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

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

14. 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 |

Principal, Owner or Officer Signature

Title

Date

Important !! Include Claim Reports for the past 3 policy terms with this application.



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.