



# 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:

<b>Guard Services</b>	<b>Annual Payroll</b>
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	

<b>Guard Services</b>	<b>Annual Payroll</b>
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	

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

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

<b>Annual Revenues</b>	
Pre-Employment Screening / Credit Checks	
Security Consulting	



Client Name: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_