



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

**GUARDS AND
SECURITY PATROL**

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

1. Who is your current insurance carrier (or your last if no current provider)? _____

2. Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

3. Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

4. Attach a five-year loss/claims history, including details. (REQUIRED)

5. Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

6. If yes, please explain: _____

7. During the last 5 years has the Applicant or any of its members had professional or general liability insurance or similar insurance declined, cancelled or non-renewed? Yes No

8. If yes, please explain: _____

9. Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Limit of Liability - Professional Liability Coverage:

Per Act/Aggregate		OR	Per Person/Per Act/Aggregate	
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000	
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000	
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000	
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000	
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	

Self Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500
 \$5,000 \$10,000 Other: _____

3. Business Details

- 1. Is this service a franchised company? Yes No
- 2. Is the general public allowed on premises? Yes No
- 3. Is mobile equipment used in the course of business? Yes No
- 4. Are animals used in the course of business? Yes No
- 5. Describe storage of records regarding any client: _____

 - a. Is confidential client data encrypted? Yes No
 - b. Are passwords used to allow access to certain key account records by upper management only? Yes No
 - c. Are current records kept of alarm signals, false alarms, security code changes and contact information? Yes No
 - d. Is backup power supply equipment in place and tested periodically? Yes No
 - e. Do firewalls exist, to protect all computers which are connected to the Internet? Yes No
Describe: _____
- 6. What types measures are taken to prevent employees from tampering with data? _____

- 7. Do company "runners" have security codes and/or keys to service client's residences and businesses? Yes No
- 8. What type(s) of instruction/literature is given to clients regarding service operations? _____

- 9. Does the Applicant use a written contract or agreement with their clients? Yes No
- 10. Does the Applicant provide any international operations? Yes No
If yes, please explain:-

- 11. Does the Applicant have any military contracts? Yes No
If yes, please explain:

- 12. Does the Applicant provide any services or operations other than security services? Yes No
If yes, please explain:

- 13. How quickly are fire stations/police stations notified of serious incidents? _____

- 14. Are records kept of personal and/or property injury? Yes No
- 15. Are guards bilingual, or is there at least one person employed and on call at all times who is bilingual? Yes No
- 16. What are the Applicant's hours of operation? _____

17. List the following information all states where the Applicant operates:

STATE	LICENSED?	LICENSE #
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

18. Total number of employees and contractors (include yourself): -

19. Indicate total annual payroll for each of the following:

SERVICE	ARMED PAYROLL	UNARMED PAYROLL
Alarm installation, service, or repair	\$	\$
Bail bond operations	\$	\$
Bounty hunters	\$	\$
Supervisors	\$	\$
Bodyguards	\$	\$
Drug testing	\$	\$
Other:	\$	\$
Other:	\$	\$
TOTAL:	\$	\$

20. Total annual billings? \$ _____

21. Indicate gross annual billings for each of the following:

SERVICE	ARMED BILLING	UNARMED BILLING
Alarm installation, service, or repair	\$	\$
Bail bond operations	\$	\$
Bounty hunters	\$	\$
Supervisors	\$	\$
Bodyguards	\$	\$
Drug testing	\$	\$
Other:	\$	\$
Other:	\$	\$
TOTAL:	\$	\$

Average Hourly Pay Rate	Armed	Unarmed
	\$	\$
Annual Billable Hours		

4. Services Offered

1. Are crowd control services offered? Yes No
 If yes, what procedures are followed for crowd control? _____

2. Is 24-hour service provided? Yes No
3. What type of property or people does your service typically guard? _____
4. Please provide each type of service offered and the approximate % of operations:

Service Offered	Percentage of operations
	%
	%
	%
	%
	%

5. Employees

1. Explain the training required for each guard. Include descriptions of refresher course training, and of training required for use of weapons. _____

2. How many training hours does the applicant require annually for security professionals? _____
3. Describe pre-employment screening process: _____

4. Does the applicant maintain the following requirements for security professionals:
 - a. Drug testing Yes No
 - i. If yes, how often? _____
 - b. Fingerprints Yes No
 - c. Personal Interview Yes No
5. Are potential employee's backgrounds checked thoroughly before hiring? Yes No
 If yes, describe procedure: _____
6. Are employees bonded (fidelity)? Yes No
 - a. How is possible employee fidelity controlled or monitored? _____
7. Are retail guards instructed on proper procedures when handling suspected shoplifters? Yes No

8. Do all guards carry weapons? Yes No
 If yes, explain: _____

9. What equipment do guards carry (nightsticks, flashlights, etc.)? _____
10. Are guards instructed to observe rather than intervene? Yes No
11. Number of guards currently employed (including subcontractors): _____
12. Does Applicant subcontract work? Yes No
- a. If yes:
- i. Do you require certification and evidence of liability insurance from sub-contractors? Yes No
- ii. Do you require evidence of Workers Compensation insurance from sub-contractors? Yes No
13. Gross annual receipts from work sub-contracted out: \$ _____
14. Explain type of work you sub-contracted out: _____

15. Are guards spot-checked by supervisors? Yes No
 If yes, describe procedure:

16. Are ALL armed owners/principals or employees retired or off-duty police or military? Yes No
 If no, please explain:

6. Information Checklist

Attach a copy of each of the following:

- Employee Driving Records
- Drawing(s) or floor plan(s) of premises patrolled.
- Financial statements for last two years
- Recent advertising or brochures published by Applicant.
- If incorporated, date of company incorporation and list all officers.
- Copies of existing third-party contracts or agreements
- Schedule of Applicant's equipment
- Schedule of Applicant's additional property
- For all business auto coverage, attach a schedule of vehicles, a schedule of drivers, and a driver questionnaire.

7. Additional Coverages:

- Assault & Battery coverage
- Cyber Liability Coverage
- Animal Liability Coverage
- Mobile Equipment Coverage
- Personal and Advertising Injury Coverage
- Communicable Disease/Worldwide Pandemic Coverage
- Property Coverage
- Business Auto Coverage
- Inland Marine Coverage

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Application Disclosures

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing and any outstanding quote for coverage may be modified or withdrawn.

Your submission of this Application does not obligate us to issue, or you to purchase, a policy. You authorize us to make any inquiry in connection with this application.

All written statements and materials furnished to us in conjunction with this Application are incorporated into this Application and made a part of it.

Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any material fact, commits a fraudulent insurance ace, which is a crime.

Declaration

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquires of my fellow principals, partners, officers, directors, and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading

I will undertake to inform you before the inception of any policy issued pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance.

I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

*Signature

Signature

Print Name

Print Name

Title

*Must be signed by President, Chairman, Chief Executive or Chief Financial Officer, Corporate Risk Manager, or General Counsel.

*A copy of this application should be retained for your records.