



Security Company Insurance Application For Security, Alarm & Investigative Firms

- General Liability and E & O** To Be Effective ___/___/___
 Umbrella To Be Effective ___/___/___
 Workers Compensation To Be Effective ___/___/___

IMPORTANT: All questions must be answered before this risk can be considered. (Please type or print)

1. Applicant Name _____
(Full name as you wish it to appear on the policy)
2. Physical Address _____
Street City State Zip
3. Mailing (if different) _____
Street City State Zip
4. Additional Locations _____
5. Person to contact _____ Phone # _____
6. Company Website _____ Email _____ Fax # _____
7. Audit Contact _____ Phone # _____ Fax # _____
8. License # _____ P.I. # _____ Individual Partnership Corporation Other
9. Federal ID # _____ Date Company was founded _____ Number of years operating under this name _____
10. Has there been a name change in the past four years? Yes No If yes, give previous name and date of change: _____
11. Principal _____ Experience _____
 Principal _____ Experience _____
12. Applicant Operations Security Service _____ % Investigative work _____ % Process Server _____ %
 Security Consulting _____ % Alarm Service _____ % Polygraph _____ %
13. With respect to your operation, do you perform or assume any duties not relating to the above? (i.e. janitorial, valet, etc.) Yes No
 If yes, please provide full details _____
14. Do you own another business? If yes, please provide full details. _____
15. Do you operate in other states? If yes, please provide details. _____
16. Do you subcontract work? Yes No If yes, do you require certificates of insurance for GL? Yes No
 Provide your annual subcontractor cost: \$ _____
17. Do you have a standard contract? Yes No Are the majority of your clients under contract? Yes No
18. List your five largest clients and a description of your duties:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Operations

19. Average length of employment _____ Average hourly wage _____ State Minimum Wage _____
20. Number of dogs used in operation _____ Attended Unattended (Coverage will be excluded)
 Types of assignments involving the use of dogs _____
21. Do you use mobile equipment? (i.e. golf carts, motor scooters, ATV, etc.) Yes No How Many? _____
 Is the public transported? Yes No If used at night, do they have lights? Yes No
22. How do field employees communicate with the office or local law enforcement agencies? (i.e. phones, two-way radio, pager etc.) _____
23. What are your incident reporting procedures? _____

24. What kind and how long are records kept? _____
25. Pre-employment screening procedures: Drug screen Fingerprint Card Personal References Polygraph
 Prior Employer Contact Criminal Background Driving Record
26. Formal training program consists of: Written Manual On Job CPR Report Writing Powers of Arrest
 Firearms Self Defense Other _____
27. Does your company use GuardTrax-SFL™ guard monitoring products? Yes No N/A (No security operations)
28. If you provide Retail Security, what is your apprehension and detention policy? _____
29. Number of Active Owners _____ Owners participate with: Security Sites Investigations/Consulting Alarm Installations
30. Do Employees carry Tasers or similar stunning devices? Yes No
31. If yes, are employees trained according to applicable state laws? Yes No Verification kept in file? Yes No

Firearms

- a) Are all armed persons licensed to carry firearms? Yes No Copy of licenses kept on file? Yes No
- b) Are procedures in place to ensure that licenses are current & renewed as needed? Yes No
- c) Who owns the firearms? _____ Most common type of gun or caliber? _____
- d) Describe your gun control program _____
- e) List all clients for whom you provide armed security for and your responsibilities _____

Company Totals **Must be completed as premium is based on billed hours and/or payroll**

		Estimate this Year		Last Year		2 Years Ago
Payroll	\$	_____	\$	_____	\$	_____
Receipts	\$	_____	\$	_____	\$	_____

Current Estimate of Annual Billed Guard Hours: **Armed** _____ **Unarmed** _____

Payroll Please estimate anticipated annual payrolls for the upcoming policy year. **Exclude Owner(s) payroll.**

Guard Service

	<u>Armed Payroll \$</u>	<u>Unarmed Payroll \$</u>	<u>Description of Operations</u>
Airports	_____	_____	_____
Armored Cars	_____	_____	_____
Banks/Office Buildings	_____	_____	_____
Bars/Nightclubs/Taverns/Lounges	_____	_____	_____
Body Guard Protection	_____	_____	_____
Casinos/Bingo Halls	_____	_____	_____
City/State/Federal Contracts	_____	_____	_____
Construction Sites	_____	_____	_____
Courier Escort	_____	_____	_____
Executive Protection	_____	_____	_____
Hospitals/Institutions	_____	_____	_____
Hotels/Motels	_____	_____	_____
Housing: Government	_____	_____	_____
Housing: Low Income	_____	_____	_____
Housing: Mid/High Income	_____	_____	_____
Industrial Sites/Warehouses	_____	_____	_____
Restaurants: Fast Food	_____	_____	_____
Restaurants: Full Service	_____	_____	_____
Retail: Inside/Loss Prevention	_____	_____	_____
Retail: Outside/Parking Lots	_____	_____	_____
Schools: Inside/Halls	_____	_____	_____
Schools: Outside/Parking Lots	_____	_____	_____
Special Events <i>**specify type</i>	_____	_____	_____
Traffic Control/Flagmen	_____	_____	_____
Other (explain below)	_____	_____	_____

Total

a) Total number of Guards	Armed	_____	Unarmed	_____
b) Average number of Guards per supervisor	Armed	_____	Unarmed	_____
c) Average rate of pay per hour	Armed	_____	Unarmed	_____
d) Number of Guards	Full Time	_____	Part Time	_____

Alarm Service (Attach a copy of the Installation/Monitoring Agreement)

- a) Total number of Alarm Installers _____ Anticipated Payroll for Installers \$ _____
 Anticipated Gross Receipts \$ _____ Anticipated Alarm Monitoring Receipts \$ _____
- b) % of Alarms installed: Fire/Burglary _____ % Medic Alert _____ % Temperature Control _____ %
- c) Does your company do any alarm monitoring? Yes No If yes, indicate percentages below.
 Fire/Burglary _____ % Medic Alert _____ % Temperature Control _____ % Combination _____ %
- d) What % of Alarms are: Commercial _____ % Residential _____ % Local _____ % Central Station _____ %
- e) What % of Business is: Alarm _____ % CCTV _____ % Access Control _____ % Other _____ %
- f) Number of Subscribers _____ Number under Contract _____
- g) Number of Central Station Subscribers _____ Number under Contract _____
- h) Do you do any manufacturing? Yes No If yes, please attach sales materials, spec sheets, and other written materials concerning those products.
- i) Do you respond to your alarms? Yes No Are response runners armed? Yes No
- j) How many installations do you expect for next year? _____
- k) Will you service a system you did not install? Yes No
- l) What specific warranties do you give on an outright sale? _____
- m) Do you design alarm systems? Yes No
- n) Do you install alarms for new homes under construction? Yes No

Investigation/Consultants Describe the Types of Investigative Work Performed by Percentages – Total Must Equal 100%

	<u>Armed %</u>	<u>Unarmed %</u>	<u>Description of Operations</u>
Auto Repossessions	_____	_____	_____
Background Checks	_____	_____	_____
Body Guard Protection	_____	_____	_____
Bounty Hunting/Fugitive Recovery	_____	_____	_____
Computer/Data Base	_____	_____	_____
Consulting/Security Consulting	_____	_____	_____
Credit/Pre-Employment/Drug Test	_____	_____	_____
Domestic/Divorce	_____	_____	_____
Executive Protection	_____	_____	_____
Fire Cause & Origin	_____	_____	_____
Fraud Auditing	_____	_____	_____
Insurance/Surveillance/Legal	_____	_____	_____
Missing Persons	_____	_____	_____
Polygraph Service/Lie Detection	_____	_____	_____
Process Serving	_____	_____	_____
Shopping Service	_____	_____	_____
Other (explain)	_____	_____	_____
Total	_____	_____	= 100%

- a) Number of Owners Active in Investigations, Process Services, Polygraph or Consulting: _____
- b) Number of Investigators You Employ: (Exclude Owners, Subs and Clerical) _____
- c) What is the anticipated annual payroll for investigators (Exclude owners, Subs, and Clerical) _____

General Liability Coverage If applying for General Liability please select limits & deductible

Limits Desired 500K/1Mil 1Mil/2Mil Other _____ / _____
Occurrence Aggregate

Deductible per Claim \$1,000 \$2,500 \$5,000 \$10,000 Other _____

Optional Coverages (if desired, please indicate)

- Additional Insureds: One Two Three Blanket with Primary Non-Contributory Wording included
- Waivers of Subrogation: One Two Three Blanket
- Per Job Aggregate: One Blanket
- Employee Dishonesty: 50,000 Limit with separate deductible of 1,000 100,000 Limit with separate deductible of 2,500
- Lost Key Coverage: 50,000 Limit with separate deductible of 1,000

Optional Hired & Non-Owned Auto Liability Coverage (if desired, please complete questions a - j)

- a) Do you have a commercial auto policy? Yes No (If Yes, coverage needs to be added to that policy)
- b) Do employees use their vehicles for business operations? Yes No
- c) Number of employees who drive on company business _____
- d) Are Motor Vehicle Records checked annually on those employees that drive their vehicles in the scope of business? Yes No
- e) To your knowledge, do any of your employees who drive on company business have three(3) or more moving citations? Yes No
- f) What standards do you have for evaluating a driver's driving record or MVR?

- g) When evaluating an employee's driving record or MVR, what is considered acceptable and what is not acceptable?

- h) What actions are taken if an employees driving record is considered unacceptable?

- i) For those employees who drive on company business, do you require the employee to carry Personal Auto Insurance Yes No
- j) If Yes, do you obtain proof of insurance from the employee? Yes No
**The employee must not have the "no business use exclusion" on their Personal Auto Policy

Umbrella Coverage If applying for Umbrella please complete questions 1 & 2, attach Auto loss runs and **Umbrella Acord** application

- 1. Limits Desired \$1Mil \$2Mil \$3Mil \$4Mil \$5Mil Other _____
- 2. Workers Comp Carrier _____ Employers Liability Limits _____
- 3. Auto Carrier _____ Auto Premium _____ Auto Limits _____
- 4. Umbrella Limits to go over General Liability Employers' Liability Auto Liability

Workers Compensation Coverage If applying for Workers Compensation please complete questions 1 - 12

- 1. Employers Liability Limits (select one) 100/100/500 500/500/500 1M/1M/1M
- 2. Current Experience Modification _____ New Experience Modification _____ Effective Date _____
- 3. Maximum number of guards for any one site at any one time _____
- 4. Are any alarm installations or prewiring performed at heights above 20 feet? Yes No
- 5. Do you have a formal Safety Program? Yes No If yes, describe below. If no, are you willing to develop one? Yes No

- 6. Payroll: List totals for each category

Guards/ Investigators	\$		Clerical/Monitoring	\$	
Alarm Installers	\$		Outside Sales	\$	
Owners/Executive Officers	\$		Other (explain)	\$	
- 7. Ownership Data: List each Owner, Partner or Officer:

Name	Title	Duties	Is Coverage Desired?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
- 8. How many do you employ who are under 16 or older than 65? _____ If any, are physicals required and in your file? Yes No
- 9. Does your company have the following:

a) A written drug and alcohol policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	k) Physicals and periodic random drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
b) A vehicle safety program for drivers and vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	l) Do you lease employees to or from other employers? <input type="checkbox"/> Yes <input type="checkbox"/> No
c) A designated safety coordinator? <input type="checkbox"/> Yes <input type="checkbox"/> No	m) Designated employee to coordinate claim activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
d) Prompt reporting of all employee injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	n) Is there a labor interchange with any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No
e) A formal accident review and investigation program? <input type="checkbox"/> Yes <input type="checkbox"/> No	o) Are employees provided Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
f) Employee involvement in inspection/safety committees? <input type="checkbox"/> Yes <input type="checkbox"/> No	p) Any employees with physical handicaps? <input type="checkbox"/> Yes <input type="checkbox"/> No
g) Any work performed underground or above 15 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No	q) Are athletic teams sponsored? <input type="checkbox"/> Yes <input type="checkbox"/> No
h) Any group transportation involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	r) Working w/ injured worker and insurer's physician panel? <input type="checkbox"/> Yes <input type="checkbox"/> No
i) A transitional duty/light duty program for injured workers? <input type="checkbox"/> Yes <input type="checkbox"/> No	s) Are 25% or more of alarm installations performed by subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No
j) Any tax liens or bankruptcy within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
- 10. Does applicant own or use airplanes in business or conduct any operations dockside, shipboard or for railroads? Yes No
If yes, explain _____
- 11. How many autos used in business _____ How? _____ Any emergency response? Yes No
- 12. Are Motor Vehicle Records run annually with the requirement of no more than 3 incidents over a three-year period? Yes No

Prior Liability Insurance Information (if applicable)

- a) During the past 4 years have you had any claims for damages and/or incidents which may result in one? Yes No
If yes, you must complete a claim addendum for each claim or suit.
- b) Has your Liability insurance coverage been cancelled, declined or non-renewed? (question not applicable in MO) Yes No
 If yes, please explain _____

c)	<u>Policy Period</u>	<u>Name of Insurer</u>	<u>Premium</u>	<u>Losses</u>	<u># of Claims</u>
Expiring	_____	_____	_____	_____	_____
1 st Prior	_____	_____	_____	_____	_____
2 nd Prior	_____	_____	_____	_____	_____
3 rd Prior	_____	_____	_____	_____	_____

Prior Workers Compensation Insurance Information (if applicable)

- a) Has any insurer cancelled or refused to renew within the past three years? Yes No
- b) Are you in debt to any broker, agent or insurance company for any unpaid premiums for workers compensation coverage? Yes No
 If yes, please explain _____

c)	<u>Policy Period</u>	<u>Name of Insurer</u>	<u>Premium</u>	<u>Losses</u>	<u># of Claims</u>
Expiring	_____	_____	_____	_____	_____
1 st Prior	_____	_____	_____	_____	_____
2 nd Prior	_____	_____	_____	_____	_____
3 rd Prior	_____	_____	_____	_____	_____

THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES. Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued.

FRAUD WARNINGS

- AR Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- 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 insurance 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.
- DC *It is a crime to provide false or misleading information to an Insurer for the purpose of defrauding the Insurer or any other person. Penalties include imprisonment and/or fine. In addition, an Insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant*
- FL 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.
- KY 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.
- LA *Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*

- MD ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.
- ME *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties may include imprisonment, fines or a denial of insurance benefits.*
- NJ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NM ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL AND CRIMINAL 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 claim containing a false or deceptive statement is guilty of insurance fraud.
- OK **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any Insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OR Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
- PA 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 subjects such persons to criminal and civil penalties.
- TN It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.
- VA *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines and denial of insurance benefits.*

IMPORTANT - YOU MUST INCLUDE WITH APPLICATION:

1. **Copy of Declaration Page of Current Policy**
2. **4-year Loss Information**
2. **Current Experience Modification Worksheet (if applying for Workers Compensation)**
3. **Post Orders or Detailed Job Duties of Your Five Largest Accounts**
4. **Standard Contract or Contract with Your Largest Producing Client**
5. **Letter on company letterhead stating the following:**
 "I hereby authorize the release of our claims history and experience modification worksheet to Costanza Insurance Agency, Inc."

Signature of Applicant Title Date

Signature of Agent Title Date

