



## SECURITY INDUSTRY GENERAL LIABILITY (E&O) INSURANCE APPLICATION

### HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

### SECTION 1: COMPANY DETAILS

1. Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Applicant company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

FEIN: \_\_\_\_\_ License Number: \_\_\_\_\_

2. Effective Date Desired: \_\_\_\_\_

3. Applicant is:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

4. How long has the applicant been in the security business? \_\_\_\_\_

5. Has the applicant operated under any other name?  Yes  No

If yes, please identify: \_\_\_\_\_

6. Application Classification

Service	%	Service	%
Security Service		Investigations	
Consulting		Alarm Service & Monitoring	

7. Please state the number of employees:

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Armed: \_\_\_\_\_ Unarmed: \_\_\_\_\_

8. In regards to your clients, do you assume any duties not related to security?  Yes  No

9. Are the majority of your clients under contract?  Yes  No

If yes, how many include hold harmless clauses? \_\_\_\_\_



**SECTION 2: LIMITS OF LIABILITY**

1. Please identify the limits of liability desired:
  - a. Each Occurrence: \$ \_\_\_\_\_
  - b. Aggregate: \$ \_\_\_\_\_

**SECTION 3: OPERATIONS**

1. Please list the following:

Name of Owner, Partner, or Shareholder	Percentage of Ownership	Background in the Industry

2. Will the principals perform guard/investigative operations?  Yes  No
3. Please describe the duties of supervisors: \_\_\_\_\_  
\_\_\_\_\_
4. Average number of officers per supervisor: \_\_\_\_\_
5. Employee training consists of:
 

<input type="checkbox"/> Written Manual	<input type="checkbox"/> Report Writing
<input type="checkbox"/> Powers of Arrest	<input type="checkbox"/> On the Job
<input type="checkbox"/> Firearms	<input type="checkbox"/> CPR
<input type="checkbox"/> Other: _____	
6. Pre-Employment screening procedures for employees (check all that apply):
 

<input type="checkbox"/> Driving Record (MVR)	<input type="checkbox"/> Psychological Test
<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Fingerprint Check
<input type="checkbox"/> Personal References	<input type="checkbox"/> Other: _____
7. Number of hours billed to client(s) annually: Unarmed: \_\_\_\_\_ Armed: \_\_\_\_\_
8. Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature?  Yes  No
9. Do you use any golf carts for patrol?  Yes  No  
If yes, are they equipped with lights?  Yes  No
10. Will the public be transported?  Yes  No
11. Are driving records checked?  Yes  No
12. Do you anticipate using dogs? \*Must be leashed not to extend 6ft.  Yes  No
13. Number of dogs used with handlers: \_\_\_\_\_ Number of dogs without handlers: \_\_\_\_\_
14. Do any of your officers use tasers in their operations?  Yes  No
15. Any operations performing security services where jewelry, money, securities or furs are present?  Yes  No



16. Of what professional associations are you a member? \_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: PROJECTED ANNUAL PAYROLL (not including owners and clerical staff)**

**Your liability insurance carrier defines Independent Contractors as workers who carry their own license and their own liability insurance. All other employees who are 1099 or W2 are considered “on the payroll” and their salaries should be included on the table below.**

1. Based on the above definition, do you have any independent contractors?  Yes  No  
If yes, please give their total salaries: \_\_\_\_\_

2. Please list all payroll for the following:

Guard Services	Unarmed Payroll	Armed Payroll
Airports (non-public)		
Airports (public)		
Armored Car		
Banks		
Bounty Hunting/Bail Enforcement		
Car Dealerships		
Churches		
Construction or Demolition Sites		
Convention/Trade Shows		
Criminal Detention Centers**		
Executive Protection		
Fast Food Establishments		
Federal Government Contracts		
Gated Communities/Retirement		
Government-Owned Housing**		
Hotels/Motels		
Industrial (Factories, Warehouses, etc.)		
Institutions (Hospitals, Clinics)		
Liquor Establishments (Bars, Taverns, etc.)		



Local & State Contracts		
Middle/High Income Housing**		
Museums/Galleries		
Office Buildings		
Patrol Cars		
Restaurants		
Retail Stores (Parking Lots, Outside Perimeter)**		
Retail Stores (Inside, Shoplifting, Door Duty)**		
Schools		
Special Events (Sports, Concerts, etc.)**		
Strike Duty		
Traffic Control		
Transport/Courier Operations		
Trucking Terminals		
Waterfront/Piers/Marinas		
Other**		
<b>Private Investigations</b>	<b>Unarmed Payroll</b>	<b>Armed Payroll</b>
Executive Protection/Bodyguard Service**		
Insurance, Legal, Credit, Pre-Employment		
Lie Detection, Polygraph		
Process Server		
Security Consultant**		
<b>Total</b>		

\*\*Please refer to Section 4 for a further explanation of operations.



**SECTION 4: DESCRIPTION OF OPERATIONS**

1. Airport work: Please describe all operations/duties performed:

2. Apartment Work: Please describe the following:

Duties	Government Owned?	If Government Owned, list addresses

3. Criminal Detention Centers: Please describe all operations/duties performed:

4. Retail Work: Please describe the following for when guard(s) are on duty.

Type of Store	Duties	Hours

5. Special Events: Please describe the following:

Event Description	Location	Duties

6. Bodyguard Work: Please describe duties. Is the work for any athletes, celebrities, or entertainers?

Yes  No

7. Security Consulting: Please describe consulting clients and scope of services provided.

8. Other: Please describe all operations/duties performed:

**SECTION 5: CURRENT INSURANCE INFORMATION**

1. Please provide details of your current insurance, if applicable:

Current Carrier	Effective Date	Expiration Date	Deductible	Premium	Limit of Liability



- Occurrence form?  Yes  No
2. Has any company cancelled or declined to renew liability insurance?  Yes  No  
If yes, please explain: \_\_\_\_\_
3. Do you require staff to report all unusual incidents to management?  Yes  No
4. Have there been any claims or lawsuits in the past 5 years?  Yes  No  
If yes, please explain: \_\_\_\_\_
5. Please attach five years of company loss runs.
6. Do you know of any incidents which may give rise to a future claim?  Yes  No  
If yes, please explain: \_\_\_\_\_

NOTICE TO APPLICANTS: This application must be completed in full as the quote will be based solely on the information provided. Any persons who knowingly and with the 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 act, which is a crime. Be aware of the laws in the states where you operate with regard to the use of firearms and weapons. By signing below, you are verifying that you 1) are aware of, understand and comply with the laws of the states in which you operate and 2) are aware that any claim you submit where an illegal device was used by you, your employee, or a subcontractor doing work for you may be denied.

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**ADDITIONAL INFORMATION:** \_\_\_\_\_  
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