



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
 Ten Granite Street Suite 2
 Quincy, MA 02169
 617.471.7171 Fax: 617.471.7180
 www.xsbrokers.com

Security Guards and Related Operations General Liability Application

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE:
 From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant.

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

LIMITS OF LIABILITY REQUESTED

PREMIUMS

General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions and/or Endorsements		Total
Deductible	\$	\$

A. How long has applicant been in business? _____

B. Branch offices and locations:

1. _____
2. _____
3. _____

C. Operations conducted in the following states:

State _____ Licensed with state? Yes No License #: _____
 State _____ Licensed with state? Yes No License #: _____
 State _____ Licensed with state? Yes No License #: _____

D. Risk contact, title, phone number: _____

E. Total number of employees: _____

F. **Number of unarmed employees** _____ Estimated Payroll _____ Gross Sales _____

Number of armed employees _____ Estimated Payroll _____ Gross Sales _____

Any armed guards in retail stores? Yes No Arrest authority? Yes No

G. **Total number of hours billed to clients annually:** _____

H. **Are ALL armed personnel certified for use of firearms by a state agency or a firearms certification school?**
 Yes No

I. **Does applicant have Workers' Compensation coverage in force?** Yes No

J. **Does applicant lease employees?** Yes No

K. **Does applicant subcontract work?** Yes No If yes, what type? _____

Are certificates of insurance required from all subcontractors? Yes No

Annual cost of subcontracted work: _____

L. **Are background investigations and checks conducted on new employees?** Yes No

If yes, describe procedures used for pre-employment checks: _____

M. **Does the applicant have a training program for employees?** Yes No If yes, describe: _____

Does applicant have a training manual? Yes No

N. **Does applicant use a record-keeping log for each job?** Yes No

O. **Does applicant use dogs?** Yes No If yes, number with handlers: _____ without handlers: _____

P. **List the applicant's ten largest clients. Indicate type of operation performed and duties involved:**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Q. Number of supervisors: _____ **Describe duties:** _____

Do they perform investigative or guard duties? Yes No

Does the applicant bill hours to the client? Yes No

R. Is applicant involved in any other operations or business? Yes No **If yes, describe:** _____

S. Does applicant conduct any operations involving nuclear power plants? Yes No

T. Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Private Investigation	Armed Payroll	Unarmed Payroll	Private Investigation	Armed Payroll	Unarmed Payroll
Arson Investigation			Records check		
Computer fraud			Surveillance—describe:		
Corporate—employee dishonesty					
Credit pre-employment screening					
Domestic			Undercover operations		
Insurance claim investigation			Other—describe:		
Legal					
Missing person					

Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll	
Airport Security			Housing: Apartments—Public housing authorities, Section 8, HUD			
Alarm monitoring: Burglary/fire				Apartments—middle to high income		
Medical Emergency						
Alarm Response			Condominiums			
Baggage handling security			Homeowners associations			
Banks			Private residences			
Construction sites			Immigration detention centers			
Criminal detention centers			Manufacturing/warehousing			

Fast food restaurants			Hotels/motels		
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Annual Payroll—Guard Services (continued)

Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll
Offices, hospitals, churches			Schools		
Parking lot security			Special events: Athletic events—describe type:		
Restaurants, night clubs, discos, bars					
Bouncers			Concerts—describe (rock & roll, hard rock, rap, country, other):		
Retail Operations: Clothing					
Department stores			Other—describe:		
Liquor stores					
Shopping centers			Strike work		
Supermarket/ convenience stores			Utility property security		
All other			Other—describe:		

Miscellaneous Services	Armed Payroll	Unarmed Payroll	Miscellaneous Services	Armed Payroll	Unarmed Payroll
Alarm installation, service or repair			Drug testing		
			Firearms certification school		
Auto repossession			Insurance adjusters		
Bail bond operations			Polygraph work		
Bounty hunters			Process servers		
Bodyguards			Repossession/collection work		
Courier or escort services: Armored car service			School crossing guards		
			Security consulting		
Courier—non-negotiable			Security guard school/ training for others		
Courier—negotiable					
Courier escort			Shopping service		
Funeral escort			Traffic Control		
Dog services: With handler			Other—describe:		

Drug surveillance					
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U. Please attach (A) Any descriptive advertising literature; (B) Copy of Insured's standard performance contract with client; (C) Copies of all agreements in which the Insured has assumed liability.

V. During the past three years has any company ever cancelled, declined or refused to renew similar insurance for the applicant? (Not applicable to Missouri applicants.) Yes No

If yes, explain: _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING

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 person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ DATE _____

AGENT NAME _____ AGENT LICENSE NUMBER _____
(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE