

Security and Patrol Supplemental Application

Name _____ _____ _____ Mailing Address _____ _____ Web Address _____	Agent Name _____ Address _____ _____ Proposed Effective Date: From _____ To _____ (12:01 am Standard Time at the address of the Applicant)
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Applicant is: Individual Corporation Partnership Joint Venture LLC Other _____

No Years of Experience years _____
License # _____
Years doing business under current name years _____

Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$	BI/PD per Claim - LAE

Locations of Operations:

- 1.
- 2.
- 3.

Contact name, phone number and title:

Total number of unarmed employees: Estimated Payroll Gross Sales

Total number of armed employees: Estimated Payroll Gross Sales

Total number of employees:

Do any of the armed guards have arrest authority?

Are all armed personnel certified for use of firearms by a state agency or a firearms certification school?

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If operations are done, or intended to be done, please check box in front of operation

Guard Operations	Payroll Armed	Payroll Unarmed	Operations	Payroll Armed	Payroll Unarmed
<input type="checkbox"/> Airport Security			<input type="checkbox"/> Immigration Detention Centers		
<input type="checkbox"/> Alarm Installation: Service or repair			<input type="checkbox"/> Industrial Risks		
<input type="checkbox"/> Alarm monitoring: Burglary/Fire Medical Emergency			<input type="checkbox"/> Insurance Adjusters		
<input type="checkbox"/> Alarm Response			<input type="checkbox"/> Law Enforcement Agencies		
<input type="checkbox"/> Armored Car Service			<input type="checkbox"/> Motels/Hotels		
<input type="checkbox"/> Athletic Events - Describe Type			<input type="checkbox"/> Manufacturing		
<input type="checkbox"/> Auto Repossession			<input type="checkbox"/> Nuclear Power Plants		
<input type="checkbox"/> Baggage Handling Security			<input type="checkbox"/> Offices		
<input type="checkbox"/> Bail Bond Operations			<input type="checkbox"/> Parking Lot Security		
<input type="checkbox"/> Banks			<input type="checkbox"/> Parole Officers		
<input type="checkbox"/> Bodyguards			<input type="checkbox"/> Polygraph Work		
<input type="checkbox"/> Border Patrol			<input type="checkbox"/> Prisons		
<input type="checkbox"/> Bouncers: Restaurants, Night Clubs, Discos, Bars, Teens Centers, Taverns			<input type="checkbox"/> Process Servers		
<input type="checkbox"/> Bounty Hunters			<input type="checkbox"/> Repossession/Collection Work		
<input type="checkbox"/> Churches			<input type="checkbox"/> Retail Operations: Clothing, Department Stores, Liquor Stores, Shopping Centers, Supermarkets, Convenient Stores		
<input type="checkbox"/> Concerts - Describe such as: Rock & Roll, Hard Rock, Rap, Country, Other			<input type="checkbox"/> Schools/Schools Crossing Guards		
<input type="checkbox"/> Construction sites			<input type="checkbox"/> Security Consulting		

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Courier - non negotiable					Security Personnel		
Courier - negotiable							
Courier escort							
Credit Investigators					Security Guard School/Training for others		
Criminal Detention Centers					Shopping Service		
Detective and Personal Investigator Operations					Special Events - Describe Type		
Drug Surveillance					Strike Work		
Drug Testing					Traffic Control		
Fast food Restaurants					Undercover Operations		
Firearms Certification School					Utility Property Security		
Funeral Service - Must have Commercial Auto in place					Warehouses		
Hospitals					Other:		
Apartments--Public housing authorities, Section 8, HUD							
Apartments - Middle to High Income							
Condominium/ Townhouse							
Homeowners Associations							
Private residences							

Please list the 3 largest projects you have completed in the last 3 years

Description of Project	Duration	Cost

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?

Yes No

If yes, please describe. _____

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Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

If yes, please describe. _____

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

Prior Carrier Information

Year	Carrier	Premium

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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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NOTICE TO COLORADO APPLICANTS: 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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

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FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____

Date _

Agents Signature _____

Date _