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P.O. Box 4439 Sandy, UT 84091
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SECURITY GUARDS

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): _____

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: _____

Broker's Name: _____ Broker's Phone: _____

Broker'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

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

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	\$	\$	\$

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

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

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

If yes, please explain: _____

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="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

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

3. Business Activities: Please answer all questions applicable to your operations.

1. Is this service a franchised company? Yes No

2. Is the general public allowed on premises (if applicable)? Yes No

3. 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: _____

4. Do company "runners" have security codes and/or keys to service client's residences and businesses? Yes No
5. Are crowd control services offered? Yes No
If yes, what procedures are followed for crowd control? _____
6. What type(s) of instruction/literature is given to clients regarding service operations? _____
7. Do all guards carry weapons? Yes No
If yes, explain: _____
8. What equipment do guards carry (nightsticks, flashlights, etc.)? _____
9. Are guards instructed to observe rather than intervene? Yes No
10. How quickly are fire stations/police stations notified of serious incidents? _____
11. Are records kept of personal and/or property injury? Yes No
12. Are guards bilingual, or is there at least one person employed and on call at all times who is? Yes No
13. Explain the training required for each guard. Include descriptions of refresher course training, and of training required for use of weapons. _____
14. Describe pre-employment screening process: _____
15. What services are offered besides private guard, commercial guard and area patrols? _____
16. Is mandatory drug testing of guards required? Yes No
17. Are retail guards instructed on proper procedures when handling suspected shoplifters? Yes No
18. Is 24-hour service provided? Yes No
19. What type of property or people does your service typically guard? _____

20. 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	\$	\$

SERVICE	ARMED PAYROLL	UNARMED PAYROLL
Drug testing	\$	\$
Other: _____	\$	\$
Other: _____	\$	\$
TOTAL:	\$	\$

21. Total annual billings? \$ _____

22. 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:	\$	\$

23. Number of guards currently employed: _____

24. What types measures are taken to prevent employees from tampering with data? _____

25. Are guards spot-checked by supervisors? Yes No

If yes, describe procedure: _____

26. Are potential employee's backgrounds checked thoroughly before hiring? Yes No

If yes, describe procedure: _____

27. Are employees bonded (fidelity)? Yes No

28. How is possible employee fidelity controlled or monitored? _____

29. What are the Applicant's hours of operation? _____

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

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

31. Does Applicant subcontract work? Yes No

If yes,

a. Do you require certification and evidence of liability insurance from sub-contractors? Yes No

b. Do you require evidence of Workers Compensation insurance from sub-contractors? Yes No

c. Gross annual receipts from work sub-contracted out: \$ _____

d. Explain type of work you sub-contracted out: _____

4. Property Information

1. Describe the location of the building, including those structures or properties which are next to or in the general vicinity of the guard station. _____

2. How many years has this company been under current ownership? _____
3. Describe current owner's background/knowledge of the security and guard industry: _____

4. Is this building owned or leased by the Applicant? Owned Leased
5. What is the actual cash value of the building? \$ _____
6. What is the value of the personal property (contents)? \$ _____
7. What is the re-sale value of stock inventory? \$ _____
8. Is your inside property and equipment owned or leased? Owned Leased
Attach an equipment schedule to questionnaire.
9. What is the construction type of the building? _____
10. Square Footage? _____ Sq. Ft.
11. Number of stories? _____
12. What year was the building built? _____
13. Is there a sprinkler system? _____ Yes No
If yes, note last flow test date: _____
14. Are fire extinguishers readily available and properly maintained? _____ Yes No
15. What is the Applicant's smoking/no smoking policy? _____

16. Are smoke detectors visible and operational? _____ Yes No
17. What time of heating source is being used (i.e. gas, electric)? _____
18. Is there an elevator present? _____ Yes No
19. Are glass panels clearly marked or etched for visibility? _____ Yes No
Are any glass panels currently damaged? _____ Yes No
20. When was the last time the roof was inspected or repaired? _____
21. Is there a parking lot? _____ Yes No
If yes, does the Applicant own the lot? _____ Yes No
22. Is any equipment stored in a below ground level area? _____ Yes No
23. Where are cleaning chemicals and flammable materials stored? _____

24. Where are storage areas located, and are they cool and well-ventilated? _____

25. Does Applicant have monitoring equipment that is current and up-to-date with new technology? _____ Yes No
If yes, describe: _____
26. Is all electronic equipment on surge protection devices? _____ Yes No

27. What unique fixtures, furniture or other property exists that may require special consideration? _____

28. Does Applicant store arms and ammunition on premises? Yes No

If yes, describe security measures: _____

29. What is the maximum amount of money kept on the Applicant's premises at any one time? \$ _____

30. Does Applicant have an alarm system in place in the event of a fire or robbery? Yes No

31. Is video surveillance utilized? Yes No

If so, where? _____

5. Inland Marine

1. Is/are outside sign(s) firmly anchored, and away from the normal traffic path? Yes No

2. What is/are approximate value(s) of sign(s)? _____

3. Where are copies of client's invoices, receipts, ID numbers, work orders and other valuable documents kept? _____

4. If Applicant utilizes computer equipment for inventory, accounts receivable, business management, etc., are backup copies of important records kept, off premises? Yes No

5. Does Applicant hold property of others? Yes No

If so, what is the maximum value held? _____

6. Business Auto

1. Are vehicles owned or leased by the Applicant? Yes No

2. Are vehicles used strictly for business purposes? Yes No

If no, explain: _____

3. Are vehicles equipped with alarm systems? Yes No

Two-way radios? Yes No

4. What is the Applicant's radius of operations? Yes No

5. Where are vehicles parked/garaged when not in use? _____

6. Are MVRs required for all drivers? Yes No

7. Are vehicles inspected and serviced frequently? Yes No

Are records available? Yes No

8. Are personal vehicles used for patrol? Yes No

9. Do guards or patrol officers follow a specific route each shift? Yes No

10. What is the Applicant's policy on high-speed chases? _____

7. 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.

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.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name