



**SECURITY GUARDS/DETECTIVE AGENCIES SUPPLEMENTAL APPLICATION
COMMERCIAL GENERAL LIABILITY**
(Complete in addition to the Acord application)

1. NAME OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER (Specify)			
2. PROPOSED POLICY PERIOD _____ TO _____			
3. NUMBER OF YEARS IN THIS BUSINESS? _____		4. NUMBER OF YEARS EXPERIENCE IN THIS FIELD? _____	
5. IS APPLICANT LICENSED AND/OR CERTIFIED ACCORDING TO STATE REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. IS APPLICANT OWNED BY, ASSOCIATED WITH, ENGAGED IN OR INVOLVED WITH ANY OTHER ENTERPRISE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS: _____			
7. DOES THE APPLICANT USE DOGS AS PART OF THEIR OPERATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO HANDLES THE TRAINING OF DOGS? _____ WHAT TYPES OF DOGS ARE USED? _____ HOW/WHERE ARE THE DOGS USED? _____ NUMBER OF DOGS THAT WORK WITH A GUARD? _____ NUMBER THAT WORK UNATTENDED? _____			
8. PROVIDE THE NAMES OF THE APPLICANT'S FIVE LARGEST CLIENTS AND A DESCRIPTION OF THE SERVICES PROVIDED FOR THEM: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____			
9. <input type="checkbox"/> FULL TIME EMPLOYEES:		PAYROLL \$ _____	# ARMED: _____ # UNARMED: _____
<input type="checkbox"/> PART TIME EMPLOYEES:		PAYROLL \$ _____	# ARMED: _____ # UNARMED: _____
10. <input type="checkbox"/> OFF DUTY POLICE: # _____ ARE OFF DUTY POLICE OFFICERS REQUIRED BY STATE OR LOCAL LAW TO CARRY FIREARMS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
11. ARE ALL ARMED PERSONNEL CERTIFIED FOR USE OF FIREARMS BY STATE AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
12. ARE EMPLOYEES AUTHORIZED AND TRAINED TO CARRY: MACE <input type="checkbox"/> PEPPER SPRAY <input type="checkbox"/> NIGHT STICKS OR BATONS <input type="checkbox"/> STUN GUNS/BATONS OR TASER GUNS <input type="checkbox"/> HANDCUFFS OR OTHER RESTRAINING DEVICES <input type="checkbox"/> ?			
13. DESCRIBE ANY FORMAL TRAINING/EDUCATION REQUIRED OF EMPLOYEES: _____			
14. PLEASE DESCRIBE PRE-EMPLOYMENT SCREENING PROCEDURES: _____			
15. DOES THE APPLICANT SUBCONTRACT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT TYPE? _____ ANNUAL COST OF SUBCONTRACTED WORK? _____ ARE CERTIFICATES WITH EQUAL LIMITS REQUIRED FROM ALL SUBCONTRACTORS PRIOR TO COMMENCEMENT OF WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE ALL SUBCONTRACTORS REQUIRED TO NAME THE INSURED AS ADDITIONAL INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
16. DESCRIBE ANY CONSULTING WORK: _____			
17. TOTAL GROSS RECEIPTS FOR ALL SERVICES \$ _____			

18. REQUEST FOR ADDITIONAL INSURED(S):

NAME	ADDRESS

19. PLEASE PROVIDE A BREAKDOWN OF OPERATIONS

CATEGORY OF OPERATION	ARMED PAYROLL	UNARMED PAYROLL	CATEGORY OF OPERATION	ARMED PAYROLL	UNARMED PAYROLL
AIRPORT SECURITY			INVESTIGATIONS – DIVORCE		
ALARM MONITORING - MEDICAL			INVESTIGATIONS – INSURANCE		
ALARM MONITORING – SURVEILLANCE (IE SHOPLIFTING)			INVESTIGATIONS – MISSING PERSONS		
ALARM MONITORING – OTHER			LOW INCOME HOUSING PROJECTS		
APARTMENTS			MANUFACTURING PLANTS		
ARMORED CAR/MONEY ESCORT SERVICES			NIGHTCLUBS, DISCOS, BARS		
AUTOMOBILE DEALERS			NUCLEAR POWER FACILITIES		
BAIL BOND OPERATIONS			OFFICES		
BANKS			POLYGRAPH TESTING		
BODY GUARDS – DESCRIBE WHO/WHEN/WHERE BELOW			RAPID TRANSIT/BUS/TRAIN STATIONS		
BOUNCERS			REPOSSESSION/COLLECTIONS		
BOUNTY HUNTERS			RESIDENTIAL PATROL		
CHURCHES			RESTAURANTS		
COLISEUM/INDOOR ARENAS			RETAIL STORES (INTERIOR)		
CONCERTS (DESCRIBE PERFORMERS, LOCATIONS AND DUTIES BELOW. IE: CROWD CONTROL/TRAFFIC CONTROL, ETC)			RETAIL STORES (EXTERIOR)		
CONSTRUCTION SITES			SCHOOLS		
COURIER SERVICES			SHOPPING MALLS		
DRUG SURVEILLANCE			SPORTING EVENTS		
FUNERAL ESCORT SERVICES			STRIKE WORK		
GOVERNMENT FACILITIES			SURVEILLANCE WORK (DESCRIBE BELOW – DETAIL ARREST/DETENTION AUTHORITY)		
HOSPITALS			TRAFFIC CONTROL		
HOTELS/MOTELS			WAREHOUSES		
INSURANCE ADJUSTERS			OTHER (DESCRIBE BELOW):		
INVESTIGATIONS – CRIMINAL			_____		

20. PRODUCER NAME:	22. PRODUCER PHONE NUMBER:
21. PRODUCER CODE:	23. STATE CODE:

COMMENTS: _____

SPECIAL NOTE:

THIS FORM IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT
Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage.

Applicant warrants and agrees that the above answers and all attachments are in all respects true and shall be deemed material and are made to induce the Company to issue a policy, that the Company will rely on the same when issuing a policy, and that all pertinent information has been fully disclosed. The applicant understands that submission of this information creates no obligation on the part of the Company to provide insurance either on the basis requested or on any other basis.

DATE

SIGNATURE OF APPLICANT

SIGNATURE OF PRODUCER