



SECURITY COMPANY APPLICATION

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

- 1. Name (Applicant): \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. Mailing Address (if different than above): \_\_\_\_\_
4. Additional Locations (If any): A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_
5. Name of contact person for Inspection/audit: \_\_\_\_\_ Phone No. \_\_\_\_\_
6. Applicant is (check one): [ ] Corporation [ ] Individual [ ] Partnership [ ] Other \_\_\_\_\_
7. Coverage: \_\_\_\_\_
8. Limits: \_\_\_\_\_ Each [ ] Occurrence [ ] Aggregate Deductable: \_\_\_\_\_
9. Operations (use percent %): Alarm \_\_\_\_\_ Safety Equipment: \_\_\_\_\_ Other: \_\_\_\_\_
10. How long has Applicant owned this business: \_\_\_\_\_
11. Is Applicant involved in any other operations? [ ] Yes [ ] No If yes, Describe: \_\_\_\_\_
12. Describe the duties of owner: \_\_\_\_\_
13. Provide the names of Applicant's five largest clients and a description of your duties for them: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_
14. Signed contracts with all customers: [ ] Yes [ ] No Percent of customers under standard contracts: \_\_\_\_\_
15. Pre-employment Screening Procedure (check applicable): [ ] Prior Employment Check [ ] Drug Screening [ ] Personal Reference [ ] Psychological Testing [ ] Polygraph [ ] MVR [ ] Background Check [ ] Other \_\_\_\_\_
16. Training Program Consists of (check applicable): [ ] Written Manual [ ] Report Writing [ ] CPR [ ] On the Job [ ] Firearms [ ] Use of Force [ ] Powers of Arrest [ ] Other \_\_\_\_\_
17. Is the Applicant licensed? [ ] Yes [ ] No If yes, fully describe: \_\_\_\_\_





18. Does applicant perform any work at facilities where explosives are handled or stored or at nuclear power plants?  Yes  No  
 If yes, describe: \_\_\_\_\_

19. Does the applicant perform any design work:  Yes  No If yes, fully describe: \_\_\_\_\_  
 \_\_\_\_\_

20. Describe Trade Association Membership held: \_\_\_\_\_

**CLAIM/LOSS HISTORY**

If none, so state. Attach five (5) years currently valued loss runs with the application, if available. Verified loss runs required to bind.

Date	Description	Paid Amount	Reserves	Status (Open/ Closed)

Describe any additional incidents that have occurred that may result in a claim being made against Applicant. If none, so state.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POLICY INFORMATION:**

Carrier	Policy Period	Limits	Premium	Basis	Deductible

Has any carrier cancelled or refused to renew?  Yes  No If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

**ALARM COMPANY OPERATIONS-PROVIDE BREAKDOWN OF APPLICABLE OPERATIONS:**

Client Base	New Construction	Rehab/Retrofit/Service/Repair
Commercial		
Industrial		
Institutional		
Apartments		
Single Family		
Condos		
Tract Housing		
Custom Homes		





**SAFETY EQUIPMENT OPERATIONS-PROVIDE BREAKDOWN OF APPLICABLE OPERATIONS**

	PAYROLL	RECEIPTS
Sales/Distribution		
Service		
Installation		
Manufacturing		
Other		

28. Fully describe "Other" operations: \_\_\_\_\_

29. Systems are: Hand Held extinguishers % \_\_\_\_\_ Personal/Safety First Aid % \_\_\_\_\_ Other % \_\_\_\_\_

Describe other products sold or handled by Applicant (protective clothing, life support, etc):

30. Identify Manufacturers: \_\_\_\_\_

31. Installations at: Factories % \_\_\_\_\_ Restaurant % \_\_\_\_\_ Computer Room % \_\_\_\_\_ Other % \_\_\_\_\_

Describe other: \_\_\_\_\_

32. Customers are: Commercial % \_\_\_\_\_ Residential % \_\_\_\_\_ New Construction % \_\_\_\_\_

33. Customers: Number \_\_\_\_\_ Under Contract \_\_\_\_\_ Annual Contract Cost \$ \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR ALARM OR SAFETY EQUIPMENT OPERATIONS:**

34. Do you use subcontractors?  Yes  No

a. What kind of work is subcontracted? \_\_\_\_\_

b. Do you use written contract will all your subcontractors?  Yes  No If yes, please attach a copy of the contract

c. Do you obtain Certificates of Insurance from all your subcontractors?  Yes  No

d. Are you always added as an additional insured by your subcontractor?  Yes  No

e. Indicate contractually required minimum limit of liability insurance: \_\_\_\_\_

35. Does Applicant install or service safety equipment in nursing homes, medical, correctional or detention facilities:  Yes  No

36. Is Applicant covered under Broad Form Vendors coverage by manufacturer:  Yes  No

37. Does the Applicant install safety equipment in buildings over four (4) stories :  Yes  No

**OTHER OPERATIONS – SECURITY RESPONSE**

38. Does Applicant provide security/patrol response to their customers if and when local Police/Fire/EMT's do not respond:

Yes  No If yes, are the response employees, or are they hired/contracted for this service: \_\_\_\_\_

39. If responders are not employees, does Applicant have a written contract with the security company that provides the responses?



40. If Applicant does have a contract with the security company, is either part holding the other harmless/providing indemnification on:  Yes  No If yes, provide detail:

41. Do any other employees or subcontractors carry firearms:  Yes  No

**Notice to California Insureds**

- 1. The Insurance policy that you are applying to purchase is being issued by an insurer that is not licenses by the state of California. These companies are called "nonadmitted" or "surplus lines" insurers.
- 2. The insurer is not subject to the financial solvency regulation and enforcement which applies to California licensed insurers.
- 3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.
- 4. California maintains a list of eligible surplus lines insurers approved by the insurance commissioner. Ask your agent or broker if they insurer is on that list.
- 5. For additional information about the insurer you should ask questions of your insurance agent, broker, or "surplus lines" broker or contact the California Department of Insurance, at the following toll-free telephone number: 1-800-927-4357
- 6. If you, as the applicant, required that the insurance policy that you have purchased be bound immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker fee charged for this insurance will be returned to you.

**Notice to New York Applicants:** Any person who knowingly and with 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 insurance act which is a crime. (Note: This notice is required by New York Insurance regulations, but may also be a crime in other states.)

**Notice to Tennessee 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 include imprisonment, fines and denial of insurance benefits.

**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 contains any false, incomplete or misleading information is guilty of a felony of the third degree.

The undersigned declares to the best of their knowledge and belief the statements set forth herein are true. The signing of this application does not bind the insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued.

Signed By:

Applicant

Date

Producer

Date

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