

CoverX

The Coverage Experts

Producer: _____

Producer Is: Wholesaler Retailer

Address: _____

Telephone: _____

Fax: _____

Email: _____

Proposed Effective Date: _____

If Renewal, Provide Current Policy No.: _____

Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:

SL License State: _____

SL License No.: _____

SL License Expiration Date: _____

SL Licensee Name: _____

Affiliation with Producer (e.g., Owner, Executive Officer, Employee): _____

SL Licensee Agency Name (if Entity License): _____

**SECURITY GUARD, ARMORED CAR, PATROL, DETECTIVE OR INVESTIGATIVE
GENERAL LIABILITY APPLICATION**

1. Applicant: _____

2. Street Address: _____

Mailing Address (if different than above): _____

Additional Locations (if any):

a. _____

b. _____

c. _____

d. If additional space is necessary, please provide additional worksheet.

Please help us keep our records up-to-date. If it is possible that we have your company listed in our files under a different name or address, please write the old name and address here: _____

3. Name of contact person for inspection/audit: _____ Telephone No.: _____

4. Applicant is: Individual Corporation Partnership Other (Describe): _____

5. Coverages: _____

6. Limits: \$ _____ Each Occurrence \$ _____ Aggregate

7. Deductible: \$ _____ Including Loss Adjustment Expense

8. Applicant Operations: _____ % Security Guard
 _____ % Armored Car
 _____ % Patrol
 _____ % Detective/Investigative

9. **Payroll by Operation:** Please provide percentage breakdown of guard, armored car, patrol, detective and investigative operations by following categories that are applicable.

- | | |
|---|--|
| _____ % Hospitals | _____ % Shopping Malls – Interior Patrol |
| _____ % Schools | _____ % Shopping Malls – Parking Lot Patrol |
| _____ % Car Dealerships | _____ % Bail Bonds |
| _____ % Churches | _____ % Bounty Hunting |
| _____ % Government Facilities (Describe Below) | _____ % Concerts (Describe Below) |
| _____ % Banks | _____ % Athletic Events (Describe Below) |
| _____ % Office | _____ % Armored Car/Courier/Money Escort |
| _____ % Airports (Describe Below) | _____ % Traffic Control |
| _____ % Body Guard (Describe Below) | _____ % Shoplifting Surveillance |
| _____ % Hotels/Motels | _____ % Employee Surveillance |
| _____ % Construction Sites | _____ % Process Serving |
| _____ % Residential Patrol | _____ % Polygraph Administration/Validation |
| _____ % Apartments (Describe Below) | _____ % Consulting (Describe Below) |
| _____ % Condominiums | _____ % Training Schools (Describe Below) |
| _____ % Low Income Housing Projects | _____ % Repossession/Collection work |
| _____ % Warehouses | _____ % Record Checks |
| _____ % Manufacturing Plants | _____ % Credit/Pre-employment Checks |
| _____ % Strike Work | _____ % Child/Missing Person Searches |
| _____ % Fast Food Restaurants | _____ % Insurance Investigation |
| _____ % Restaurants Other Than Fast Food | _____ % Arson Investigation |
| _____ % Liquor Stores | _____ % Alarm Response |
| _____ % Bars/Lounges | _____ % Other – Please Describe: _____ |
| _____ % Retail Stores (Describe Below) | _____ |

Government Facilities – Please describe all facilities where work is performed (i.e., offices, train station): _____

Airport Work – Please describe all operations/duties performed: _____

Body Guard Work – Please describe duties performed. Celebrities, Entertainers or Athletes? If so, who? _____

Apartment Work – Please fully describe duties. Any subsidized/low income housing locations? Yes No

Retail Work – Please describe types of stores, duties performed, and hours that guard(s) are on duty: _____

Shoplifting Surveillance? Yes No If Yes, please fully detail arrest/detention responsibilities: _____

Concerts – Please fully describe performers and locations, as well as duties (i.e., crowd control, traffic control): _____

Athletic Events – Please describe event, location and duties (i.e., crowd control, traffic control): _____

Consulting – Please describe who you are consulting for and the scope of consulting services you are providing: _____

Training Schools – Please describe who you are training and the scope/purpose of the training being provided: _____

10. Rating Information:

a. Annual Guard, Armored Car, Patrol and Investigative Payroll: \$ _____ Receipts: \$ _____

of Full-Time Guards: _____ Full-Time Payroll: \$ _____

of Part-Time Guards: _____ Part-Time Payroll: \$ _____

Independent Contractors – Cost: \$ _____

b. Annual Number of Billed Hours: _____

c. Average Hourly Wage: Full-Time: \$ _____ per hour

Part-Time: \$ _____ per hour

d. Number of Armed Guards: _____ Number of Unarmed Guards: _____

Where are guards stationed: _____

e. Number of Canines: _____ Attended _____ Unattended

How and where are canines used? Please describe any drug or bomb sniffing activities: _____

f. Number of Supervisors: _____ Total Payroll: \$ _____

Describe duties performed: _____

g. Training – Please describe how guards are trained (i.e., on-the-job, formal training program): _____

11. General Information:

a. How long has Applicant owned this business: _____

b. How many years experience does Applicant have in this field? _____

c. Please describe duties of the Owner(s): _____

d. Is Applicant involved in any other operations? Yes No If Yes, please describe: _____

e. Has any carrier cancelled or refused to renew Applicant's business? Yes No If Yes, for what reason? _____

12. Claim/Loss History over Last Five (5) Years: If none, so state. **(Carrier Loss Runs Required)**

| Date | Description of Loss | Amount Incurred | Open/Closed |
|-------|---------------------|-----------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

13. Policy Information:

| Carrier | Policy Period | Limits of Liability | Deductible | Premium |
|---------|---------------|---------------------|------------|---------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

14. Trade Association Membership held? _____

State Notices: The following notices are required by the Insurance Department of the indicated states.

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 CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR 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

CONTINUED

NOTICE

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NON-ADMITTED” 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 LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: WWW.INSURANCE.CA.GOV.**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” 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.**

Date: _____

Insured: _____