



THE GUARDIAN (SECURITY SERVICES) SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Currently valued insurance company loss runs for the current policy period plus three prior years – **MANDATORY**
- Copy of contracts and service agreements - **MANDATORY**
- Latest annual audited financial statements – **MANDATORY** (accounts w/\$50,000+ in GL/PL premium)

GENERAL INFORMATION

Name Insured: _____

Address: _____

Telephone: _____

Web site: _____ FEIN: _____

Date established: _____ License Number: _____

Policy proposed effective dates: _____ to _____

The following operations are not eligible for this program: Private Detection Agencies, Bail Agents, Repossession Services, Process Servers, and Fire Suppression Contractors.

1. In regard to the Applicant's clients, does the Applicant assume any duties not related to security, i.e. janitorial, maintenance, housekeeping, etc. Yes No
If yes, describe:

2. Provide the names of the (5) largest revenue producing clients, and a description of your duties.
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

3. Are the majority of the Applicant's clients under contract? Yes No
If yes, how many include a hold harmless clause in favor of the client: _____
Please include sample copies of your standard contracts and agreements.

4. Does Applicant sub-contract work? Yes No

If yes, does the Applicant require certificates and/or proof of Errors & Omissions and Commercial General Liability insurance with limits equal to or greater than your own?

5. Is the Applicant named as an additional insured on the sub-contractor's policy? Yes No

6. What background do the principals of this organization have in the security industry? **(please include resumes)**

7. Will the principals perform security operations? Yes No
8. Number of supervisors: _____
Describe the duties of the supervisors: _____
9. Annual employee turnover rate: _____%
10. Does the Applicant presently carry Workers' Compensation coverage? Yes No
If yes, carrier: _____ Policy effective dates: _____
If no, please explain: _____
11. Training program consists of:
 Written manual On-the-job CPR Films Firearms
 Report writing Powers of arrest Classroom Other: _____
Describe the Applicant's training program(s): _____
12. Pre-employment screening procedures (check all that apply):
 Polygraph Prior employment contacted Criminal background
 Drug screening Fingerprint check Driving record
 Psychological test Personal references Other: _____
Describe the Applicant's pre-employment screening procedures: _____

SECURITY GUARD SERVICE / PATROL N/A

1.	Total number of guards	Unarmed	Armed	Supervisors
	Full Time			
	Part Time			

2. Total number of guard hours billed to client(s) annually: Unarmed: _____ Armed: _____
3. Average number of guards per supervisor: _____
4. Does the Applicant use any equipment or golf carts for patrol? Yes No
If yes, how many? _____
5. Will the Applicant provide transportation services for the public? Yes No
If yes, are driving records checked on drivers? Yes No
6. Does the Applicant anticipate using dogs? Yes No
(Must be leashed not to exceed 6 feet)
If yes, number of dogs used with: Handlers? _____ Without handlers? _____
For what purpose will the dogs be used: Bombs Drugs Airports Other: _____
7. Are all armed employees licensed by the state to carry firearms? Yes No
If yes, how often will they have to be re-certified? _____

PAYROLL

1.

Employee pay scale (hourly)	Minimum	Maximum	Average
Supervisors	\$	\$	\$
Unarmed guards	\$	\$	\$
Armed guards	\$	\$	\$

2. Please provide total payroll and billable hours for the past five (5) years:

	Year:	Year:	Year:	Year:	Year:
Total payroll	\$	\$	\$	\$	\$
Total billable hours					

3.

LIST ANNUAL PAYROLL SEPARATELY BY CATEGORY	ARMED PAYROLL	UNARMED PAYROLL
SUPERVISORY GUARD SERVICES		
• Airports (describe operations):	\$	\$
• Banks or other financial institutions	\$	\$
• Colleges / Universities	\$	\$
• Concerts	\$	\$
• Construction or demolition sites	\$	\$
• Conventions	\$	\$
• Escort service / Body guard service	\$	\$
• Fast food restaurants	\$	\$
• Government contracts (office building, courts, military base)	\$	\$
• Hospitals	\$	\$
• Hotels / Motels	\$	\$
• Housing / Residential – Mid / High income	\$	\$
• Housing / Residential – Low income / HUD	\$	\$
• Industrial (warehouse, factories)	\$	\$
• Liquor establishments (bars, restaurants, other: _____)	\$	\$
• Malls / Theaters / Arcade	\$	\$
• Museums / Galleries	\$	\$
• Office buildings	\$	\$
• Patrol cars (alarm response, patrol, other: _____)	\$	\$
• Religious Organization _____)	\$	\$
• Retail (parking lots, outside patrol, other: _____)	\$	\$
• Retail (shoplifting, surveillance, inside, other: _____)	\$	\$
• Schools – K-12	\$	\$
• Special Events (describe: _____)	\$	\$
• Sporting Events	\$	\$
• Strike work	\$	\$
• Traffic control	\$	\$
• Utilities (water, electrical, nuclear)	\$	\$
• Other – (describe: _____)	\$	\$
TRANSPORTATION SERVICES		
• Armored car	\$	\$
• ATM services	\$	\$
• Courier (describe commodity transported): _____	\$	\$
• Other – (describe: _____)	\$	\$
OTHER		
• Clerical	\$	\$
• Outside Sales	\$	\$
• Other – (describe: _____)	\$	\$
TOTAL:	\$	\$

1. Estimated annual:

a.	Payroll	\$
b.	Sales	\$
c.	Cost of sub-contractors	\$

2. Operations of the Applicant (show payroll and sales for each)	Payroll	Sales
• Burglar alarms – residential	\$	\$
• Burglar alarms – commercial	\$	\$
• Fire alarms – residential	\$	\$
• Fire alarms – commercial	\$	\$
• Fire Suppression Systems	\$	\$
• CCTV	\$	\$
• Access Control	\$	\$
• Alarm Monitoring Operations	\$	\$
• Medical Alert Systems/Nurse Call Systems	\$	\$
• Medical Alert/Nurse Call Monitoring	\$	\$
• Clerical	\$	\$
• Sales Personnel	\$	\$
• Other(specify):	\$	\$

3. Does the Applicant have other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured:

4. Does the Applicant do any manufacturing? Yes No

4a. Does the Applicant sell anything under their own label? Yes No
If the answer to either question is yes, explain:

5. Does the Applicant sell any items other than items which are installed by the Applicant? If yes, provide a listing of products sold: Yes No

Sales amount for these products: \$ _____

6. Does the Applicant do design work for others? Yes No
 If yes, percent of operation: _____%

7. Does the Applicant design systems without performing installation? Yes No
 If yes, percent of operation: _____%

8. Does the Applicant install alarms or phones in vehicles, mobile equipment, watercraft, or aircraft? Yes No
 If yes, explain:

9. Does the Applicant install alarms in hospitals, nursing homes, transportation facilities, detention or correctional facilities? Yes No
 If yes, provide details and sales amount:

10. Does the Applicant install or monitor alarms at chemical, fertilizer or petrochemical facilities? Yes No

11. Does the Applicant install or monitor metal, chemical, or explosive detection devices at transportation facilities, federal buildings or post office mailroom? Yes No

12. Does the Applicant monitor for home incarceration or pre-trial release? Yes No

13. Does the Applicant have Workers' Compensation coverage in force? Yes No

14. Does the Applicant lease employees? Yes No

15. Does the Applicant sub-contract work to others? Yes No
 If yes, what type of work:

Are certificates of insurance obtained from ALL sub-contractors with limits equal to or greater than your own? Yes No

16. **Please attach:**
- a. Any descriptive or advertising literature / brochure
 - b. Copy of usual performance contract with client
 - c. Any hold harmless agreements executed in favor of the client

17. Does the Applicant limit liability to a stated dollar amount (liquidated damages) on their standard alarm contract with their client? Yes No

If yes: What is the maximum limit allowed: \$ _____
 What percent of contracts waive the liquidated damages clause: _____ %

AUTOMOBILE N/A

A. Owned automobiles: Please complete an ACORD application.

1. Does the Applicant have a formal driving policy in place with MVR standards? Yes No
 If yes:

a. Is driving policy communicated in writing to all employees? Yes No

b. Is a signed acknowledgement form kept on file? Yes No
 If yes, provide a copy of signed acknowledgement.

c. Do driving standards include the following:

i. No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter? Yes No

ii. No more than 2 moving violations within past 3 years? Yes No

iii. No more than 1 at fault accident within past 3 years? Yes No

2. How often does the Applicant check MVR reports? _____

3. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? Yes No

4. Describe any ongoing training provided to drivers:

5. Does the Applicant have GPS tracking capability? Yes No
 If yes, please check off the fleet telematics being utilized:
 Plug in Hard wired Mobile Phone Other: _____
6. What percentage of the Applicant's fleet is provided with these telematics devices? _____%
7. Are vehicles used in a patrol capacity? Yes No

B. Non-Owned Automobile N/A

1. Number of employees using their own vehicles on company business: _____
 a. For what purpose? (example: local errands, security patrol) _____
2. Does the Applicant require the employee to carry personal automobile Insurance? Yes No
3. Are certificates of insurance obtained from the employees' automobile insurers? Yes No
4. Who verifies coverage, limits and carrier, and that there is no lapse of an employee's personal automobile policy during the term of the Insured's commercial automobile policy? _____
5. Are any driver training programs provided to the employees? Yes No

C. Hired Automobile (leased, hired, rented or borrowed, not from employees) N/A

1. How many vehicles are hired or borrowed each year: _____
2. For what purpose? _____
3. Average length of time vehicles are hired or borrowed: _____
4. Annual cost incurred for all hired and borrowed vehicles: \$ _____
5. Who provides primary liability and physical damage insurance? _____
6. In which state(s) does the risk hire or borrow vehicles? _____

C. Garagekeepers N/A

1. Does the Insured offer valet parking service, own a garage or parking lot where a fee is charged or offer automobile repair or maintenance services to others? Yes No
 a. If yes, please provide details on:
 i. Training of employees: _____
 iii. Number of parking attendants: _____
 iv. Security in place at site (for example, surveillance cameras, security patrol officers): _____
 v. Maximum value stored in one place at any given time: \$ _____
 vi. Limits and deductible desired: \$ _____

COMPLEMENTARY GENERAL LIABILITY COVERAGE N/A

1. Is coverage desired for damage to property in your Care, Custody or Control? Yes No
 If yes:
Limit Options: \$25,000 \$50,000 \$100,000 \$500,000
 Other: \$ _____
Deductible Options: \$1,000 \$2,500 \$5,000 \$10,000
 Other: \$ _____
2. Is coverage desired for Third Party Theft? Yes No
 If yes:
Limit Options: \$25,000 \$50,000 \$100,000 \$500,000
 Other: \$ _____
Deductible Options: \$1,000 \$2,500 \$5,000 \$10,000
 Other: \$ _____
3. Is coverage desired for Lock and Key Replacement coverage? Yes No
 If yes:
Limit Options: \$25,000 \$50,000 \$100,000 \$500,000
 Other: \$ _____
Deductible Options: \$1,000 \$2,500 \$5,000 \$10,000
 Other: \$ _____

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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.

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APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: 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.

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NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant: _____

Address of Applicant: _____

City: _____ State: _____ Zip: _____

Website: www: _____

Nature of Operations: _____

1. Annual sales or revenue: \$ _____

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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NAME (PLEASE PRINT/TYPE)

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DATE

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PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

Allen Financial Insurance Group
12424 N 32nd St #101 Phoenix, AZ 85032
www.EQGroup.com 602-992-1570 FAX 602-992-8327
Email: ballen@eqgroup.com

ADDRESS (STREET, CITY, STATE, ZIP)