

NORTHERN CALIFORNIA: (209) 472-7042 - (800) 472-7043 SOUTHERN CALIFORNIA: (714) 550-5050 - (800) 660-1125

SAN DIEGO: (800) 660-1125

License #0705050 Security Guards and Related Operations General Liability Application

Applicant's Nar Mailing Addres	me		_	Agent N		
Location						CTIVE DATE: To lard Time at the address of the Applicant.
Applicant is:	☐ Individual ☐ Limited Liabili	☐ Corporation		☐ Partne	rship	Joint Venture
LIMITS OF LIAI	BILITY REQUESTE	D				PREMIUMS
General Aggre	gate		\$ 0			Premises/Operations
Products & Co	mpleted Operations	Aggregate	\$			\$
Personal & Adv	vertising Injury		\$			Products/Completed Operations
Each Occurren	nce		\$			\$
Fire Damage (a	any one fire)		\$			Other
	se (any one person)		\$			\$
Other Coverage	es, Restrictions and					Total
		Deductible	\$			\$
A. How long h	nas applicant been	in business?				
B. Branch offi	ices and locations:					
1						
2						
C. Operations	conducted in the f	ollowing states:				
-	Lic	_	☐ Yes	☐ No	License #	
	Lic		☐ Yes	□ No		
	Lic					
D. Risk contac	ct, title, phone num	ber:				
E. Total numb	per of employees:					

F.	Number of unarmed employees	_ Estimated Payroll	Gross Sales	_
	Number of armed employees	_ Estimated Payroll	Gross Sales	_
	Any armed guards in retail stores? ☐ Yes	☐ No Arrest authority?	Yes No	
G.	Total number of hours billed to clients a	nnually:		_
Н.	Are ALL armed personnel certified for u ☐ Yes ☐ No	ise of firearms by a state ag	ency or a firearms certification school	?
I.	Does applicant have Workers' Compens	ation coverage in force? 🗌 `	Yes □ No	
J.	Does applicant lease employees? \square Yes	s 🗌 No		
ĸ.	Does applicant subcontract work? ☐ Ye	es 🗌 No 💮 If yes, what ty	/pe?	_
	Are certificates of insurance required from a	Il subcontractors? ☐ Yes ☐] No	
	Annual cost of subcontracted work:			_
L.	Are background investigations and chec	ks conducted on new emplo	yees? 🗌 Yes 🔲 No	
	If yes, describe procedures used for pre-em			_
М.	Does the applicant have a training progr	am for employees? 🗌 Yes	☐ No If yes, describe:	_
	Does applicant have a training manual?	Yes No		
N.	Does applicant use a record-keeping log	ı for each job? ☐ Yes ☐ N	lo	
Ο.	Does applicant use dogs? ☐ Yes ☐ N	lo If yes, number with har	ndlers: 97,898	_ witho
P.	List the applicant's ten largest clients. In	dicate type of operation perf	ormed and duties involved:	
	1.			_
	2			_
	3			_
	4			_
	5			_
	6			_
	7			_
	8			_
	9			_
	10			_

Q.	Number of supervisors:		Describe dut	iies:					
	Do they perform investigative or guard duties? Yes No								
	Does the applicant bill hours to the client? Yes No								
R.	Is applicant involved in any	other operati	ons or busin	ess? Yes No If ye	es, describe:				
S.	Does applicant conduct any	-			No				
т.		•	•	bcontractor payroll not cover	ed by other	insurance):			
	Private Investigation	Armed Payroll	Unarmed Payroll	Private Investigation	Armed Payroll	Unarmed Payroll			
Ar	son Investigation			Records check					
Co	mputer fraud			Surveillance—describe:					
Co	rporate—employee dishonesty								
Cr	edit pre-employment screening								
Do	mestic			Undercover operations					
Ins	surance claim investigation			Other—describe:					
Le	gal								
Mi	ssing person								
Pro	ovide annual payroll by listed	operation (in	clude subco	entractor payroll not covered b	y other insi	ırance):			
	Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll			
Aiı	port Security			Housing:					
Ala	arm monitoring:			Apartments—Public housing authorities, Section 8, HUD					
	Burglary/fire			Apartments—middle to					
	Medical Emergency			high income					
Ala	arm Response			Condominiums					

Homeowners associations

Immigration detention centers

Manufacturing/warehousing

Private residences

Motels/hotels

Baggage handling security

Criminal detention centers

Construction sites

Fast food restaurants

Banks

Annual Payroll—Guard Services (continued)

Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll
Offices, hospitals, churches			Schools		
Parking lot security			Special events:		
Restaurants, night clubs, discos, bars			Athletic events—describe type:		
Bouncers			Concerts-describe (rock &:roll,		
Retail Operations:	etail Operations:		hard rock, rap, country, other):		
Clothing					
Department stores			Other—describe:		
Liquor stores					
Shopping centers			Strike work		
Supermarket/			Utility property security		
convenience stores	onvenience stores		Other—describe:		
All other			-		

Miscellaneous Services	Armed Payroll	Unarmed Payroll	Miscellaneous Services	Armed Payroll	Unarmed Payroll
Alarm installation,			Drug testing		
service or repair			Firearms certification school		
Auto repossession			Insurance adjusters		
Bail bond operations			Polygraph work		
Bounty hunters			Process servers		
Bodyguards			Repossession/collection work		
Courier or escort services:			School crossing guards		
Armored car service			Security consulting		
Courier—non-negotiable			Security guard school/		
Courier—negotiable			training for others		
Courier escort			Shopping service		
Funeral escort			Traffic Control		
Dog services:			Other—describe:		
With handler					
Without handler					
Drug surveillance			1		

	for the applicant? (N explain:					
• '	Insurer: Indicate pre	mium and loss	es for the past t	three years. Desci	ribe all losses.	
YEAR	COMPANY	POL.#	PREMIUM	LOSSES PAID	LOSSES RE- SERVED	DESCRIPTION
	cation does not bind thined herein shall be the				ance, but it is agr	eed that the informa-
APPLICA	BLE IN THE STATE C	F NEW YORK:				
surance of formation	on who knowingly and or statement of claim of concerning any fact not a civil penalty not to ex	containing any n naterial thereto,	naterially false in commits a fraud	formation, or conce lulent insurance ac	eals for the purpo t, which is a crim	se of misleading, in ne, and shall also be
FRAUD V	VARNING					
surance comation co	on who knowingly and or statement of claim co oncerning any fact ma criminal and civil pena	ontaining any m terial thereto co	aterially false info	ormation or conceal	s for the purpose	of misleading, infor-
APPLICA	NT'S SIGNATURE			D,	ATE	
AGENT N	JAME			AGENT LICEN	NSE NUMBER _	
NAME AN	ND PHONE NUMBER	OF INDIVIDUAL	. TO CONTACT F	FOR INSPECTION.	/AUDIT	
			IMPORTANT NO	TICE —		
C	As part of our underwricharacter, general reputat	ion, personal cha	racteristics and mo		itten request, addit	

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE