

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

Security Guards and Related Operations General Liability Application

Applicant's Name _____

Mailing Address _____

Location _____

Web Site Address _____

Agency Name _____

Agent _____

Address _____

E-Mail _____

Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☐ Other (Specify): _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

A. How long has applicant been in business? _____

B. Branch offices and locations:

1. _____
2. _____
3. _____

C. Operations conducted in the following states:

State: _____ Licensed with state?..... ☐ Yes ☐ No License No.: _____
State: _____ Licensed with state?..... ☐ Yes ☐ No License No.: _____
State: _____ Licensed with state?..... ☐ Yes ☐ No License No.: _____

D. Risk contact, title and phone number: _____

E. Total number 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 annually:** _____
- H. Are ALL armed personnel certified for use of firearms by a state agency or a firearms certification school?** ☐ Yes ☐ No
- I. Does applicant have Workers' Compensation coverage in force?** ☐ Yes ☐ No
- J. Does applicant lease employees?** ☐ Yes ☐ No
- K. Does applicant subcontract work?** ☐ Yes ☐ No
If yes, what type? _____
Are certificates of insurance required from all subcontractors? ☐ Yes ☐ No
Annual cost of subcontracted work: _____
- L. Are background investigations and checks conducted on new employees?** ☐ Yes ☐ No
If yes, describe procedures used for pre-employment checks: _____

- M. Does the applicant have a training program for employees?** ☐ Yes ☐ No
If yes, describe: _____

- Does applicant have a training manual? ☐ Yes ☐ No
- N. Does applicant use a record-keeping log for each job?** ☐ Yes ☐ No
- O. Does applicant use stun guns?** ☐ Yes ☐ No
- P. Does applicant use dogs?** ☐ Yes ☐ No
If yes, number with handlers: _____ without handlers: _____
Are dogs used to detect guns, drugs or bombs? ☐ Yes ☐ No
- Q. List the applicant's ten largest clients. Indicate type of operation performed and duties involved:**
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____

R. Number of supervisors: _____ **Describe duties:** _____

Do they perform investigative or guard duties?..... ☐ Yes ☐ No

Does the applicant bill hours to the client?..... ☐ Yes ☐ No

S. Does applicant have other business ventures for which coverage is not requested?..... ☐ Yes ☐ No

If yes, explain and advise where insured: _____

T. Does applicant conduct any operations involving nuclear power plants?..... ☐ Yes ☐ No

U. Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Private Investigation	Armed Payroll	Unarmed Payroll	Private Investigation	Armed Payroll	Unarmed Payroll
Arson Investigation			Records check		
Computer fraud			Surveillance—describe:		
Corporate—employee dishonesty					
Credit pre-employment screening					
Domestic			Undercover operations		
Insurance claim investigation			Other—describe:		
Legal					
Missing person					

Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll
Airport Security			Parking lot security		
Abortion Clinics or Family Planning Centers			Restaurants, night clubs, discos, bars:		
Alarm monitoring:			Bouncers or doormen		
Burglary/fire			Retail Operations:		
Medical Emergency			Clothing		
Alarm Response			Department stores		
Baggage handling security			Liquor stores		
Banks			Shopping centers		
Construction sites			Supermarket/convenience stores		
Criminal detention centers			All other		
Fast food restaurants			Schools and Universities		

Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll
Ground Transportation Terminals			Special events:		
Hospitals			Athletic events—describe type:		
Housing:					
Apartments—Public housing authorities, Section 8, HUD					
Apartments—middle to high income			Concerts—describe (rock & roll, hard rock, rap, country, other):		
Condominiums or Townhouses					
Homeowners associations					
Private residences			Other—describe:		
Immigration detention centers			Sports Stadiums or Arenas		
Manufacturing/warehousing			Strike work		
Movie Theaters			Utility property security		
Motels/hotels			Wharf, Waterfront or Seaport Security		
Offices, churches					
			Other—describe:		

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

V. Does applicant need to add any government entity as additional insured?.....☐ Yes ☐ No

If yes, explain: _____

W. Please attach (A) Any descriptive advertising literature; (B) Copy of Insured's standard performance contract with client; (C) Copies of all agreements in which the Insured has assumed liability.

X. During the past three years has any company ever canceled, declined or refused to renew similar insurance for the applicant? (Not applicable to Missouri applicants.).....☐ Yes ☐ No

If yes, explain: _____

Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ☐ See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"