



Please select Non-Admitted Coverage(s) to be Quoted			
General Liability		Excess Liability	

Send new and renewal submissions
to: submissions@westcongress.com

SECURITY GUARD and PRIVATE INVESTIGATIVE OPERATIONS

Agency Name:
Agent:
Address: _____
E-mail Address:
Phone Number:

Section 1 - Applicant Information

1. a) Applicant (Legal Entity Name): _____ FEIN: _____
 b) Provide all DBAs: _____
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 list any prior / discontinued company names:

3. Web-Site Address: _____
4. Name of contact person for:
 (i) Main Applicant
 Contact: _____
 Tel No.: _____ Email: _____
 (ii) Inspection/Audit: _____
 Tel No.: _____ Email: _____

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

6. Business Information:
 a. Date Legal Entity Established: _____ Years' experience in Security field: _____
 b. Owner Information / Names:
 Owner 1: _____ Ownership%: _____
 Owner 2: _____ Ownership%: _____
 Owner 3: _____ Ownership%: _____
 Owner 4: _____ Ownership%: _____
 Owner 5: _____ Ownership%: _____

c. Please describe duties of the Owner(s) – Advise whether any owners have active guard posts / conduct investigations:

d. Please describe background / experience of the principals of this organization:

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

f. Any other states of operations: _____

g. Is the Company a division of a larger corporation or a subsidiary? Yes No

h. Has any carrier cancelled or non-renewed Applicant's business? (Not applicable in Missouri) Yes No
If Yes, for what reason? _____

i. Has the Applicant had any lapse in prior coverage? Yes No
If Yes, for what reason? _____ Dates of Lapse? _____

j. Are you aware of any incidents, conditions, circumstances, complaints, or suspected matters in the past 5 years which may result in claims against applicant? Yes No

k. What are your incident reporting procedures? _____

l. How long are your records kept? _____

7. Provide the names of Applicant's five largest clients and a description of your duties for them:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

8. Does your company have the following in place:

a. A written drug and alcohol policy?	Yes	No
b. Criminal background checks?	Yes	No
c. A designated safety coordinator?	Yes	No
d. Prompt reporting of all employee injuries?	Yes	No
e. A formal accident review & investigation program?	Yes	No
f. Any group transportation involved?	Yes	No
g. Transitional duty/light duty program in place for injured workers?	Yes	No
h. Physicals required at time of hiring?	Yes	No
i. Random drug testing takes place?	Yes	No
j. Company sponsored health insurance plans offered?	Yes	No
k. Personal Protective Equipment provided to employees?	Yes	No
l. Regularly scheduled safety and training meetings?	Yes	No

9. Employee Selection and Training

a. Pre-employment Screening Procedure (check all applicable):

Prior Employment Check Personal Reference Psychological Testing Background Check
 Drug Screening MVR Prior Employer Contacted
 Polygraph Finger Print Check Other: _____

b. Training Program Includes (check all applicable):

Written Manual Report Writing CPR On the Job
 Firearms Use of force Powers of Arrest Other: _____
 Classroom

c. Training – Please describe how field employees are trained (i.e., on-the-job, formal training program):

d. Any Trade Association Membership(s) held?

e. Please indicate all licenses held by you (with license numbers) and your employees:

f. Officer Training – If required by the state, how many hours does the Applicant participate in annually?

8 hrs or less 8-15 hrs 15-30 hrs 30 hrs or more training is not required by the state

10. a. Staff, Payroll and Revenue

Classification	Total # of Staff	Full Time #	Part Time #	Annual Payroll	Annual Sales
Owners / Executives / Clerical / Sales				\$	\$
Supervisors (Active / Field)				\$	\$
Supervisors (Admin / Monitor only)				\$	\$
Employed Armed Guards				\$	\$
Employed Unarmed Guards				\$	\$
Employed Investigative Staff				\$	\$
Independent Subcontractors (Guard)				\$	\$
Independent Subcontractors (Investigator)				\$	\$
Total				\$	\$

b. Annual Number of Billable Hours:

Armed Guard Hours: _____ Unarmed Guard Hours: _____

Armed Investigator Hours: _____ Unarmed Investigator Hours: _____

Average Length of Employment: _____

11. Security Officer Billing:

Average hourly Guard <u>billing</u> rate:			
Less than \$15/hr	\$15-\$20/hr	\$21-\$30/hr	greater than \$30/hr
Average hourly Guard <u>pay</u> rate:			
Less than \$10/hr	\$10-\$15/hr	\$16-\$20/hr	greater than \$20/hr
Average hourly Supervisor <u>pay</u> rate:			
Less than \$12/hr	\$12-\$20/hr	\$21-\$30/hr	greater than \$30/hr

12. SECURITY GUARD OPERATIONS

Please provide breakdown of operations by following categories that are applicable:

If no Security Guard Operations, check here and move down to 14.

Operations	Armed Payroll	Unarmed Payroll
Airports / Seaports	\$	\$
Alarm response – Describe _____	\$	\$
Armored Car / Courier Services (Other than Marijuana)	\$	\$
Banks	\$	\$
Banquet facilities	\$	\$
Bars, Lounges, Night Clubs, Gentlemen's Clubs	\$	\$
Bodyguarding / Executive Protection - High Profile Individuals (athletes, entertainers, celebrities etc.)	\$	\$
Bodyguarding / Executive Protection – Low Profile	\$	\$
Bus Stations / Train Stations / Mass Transit	\$	\$
Canine – Handler Payroll	\$	\$
Car Dealerships	\$	\$
Casinos	\$	\$
Churches or other Religious Institutions	\$	\$
Construction Sites	\$	\$
Convenience Stores / Liquor Stores	\$	\$
Conventions / Trade Shows	\$	\$
Fast Food Establishments	\$	\$
Golf Tournament / Tennis Tournament	\$	\$
Government Contracts Federal / State/ Municipal buildings - office buildings	\$	\$
Government Contracts – Other – Describe _____	\$	\$
Hospitals – No ER posts	\$	\$
Hospitals – ER posts or patrol	\$	\$
Hotels / Motels	\$	\$
Janitorial	\$	\$
Malls – Outside / Common Areas ONLY	\$	\$
Malls – Loss Prevention / Inside Stores	\$	\$
Manufacturing Plants	\$	\$
Marijuana – Transportation of Cash or Product	\$	\$
Marijuana – Cultivation Sites	\$	\$
Marijuana – Processing Centers or Warehouses	\$	\$
Marijuana – Dispensaries	\$	\$
Military Bases	\$	\$

Operations	Armed Payroll	Unarmed Payroll
Movie Theaters	\$	\$
Museums / Galleries	\$	\$
Office Buildings	\$	\$
Parking Garages / Lots / Facilities	\$	\$
Parks and/or Recreation	\$	\$
Prisoner Transportation	\$	\$
Private Member Country Club	\$	\$
Residential - Home Owners Associations / Condo Associations	\$	\$
Residential - Apartments - middle to high income	\$	\$
Residential - Low Income / Government Owned or Subsidized / Section 8 housing	\$	\$
Resort Community	\$	\$
Restaurants - other than Fast Food or establishments – less than 25% alcohol sales	\$	\$
Restaurants - other than Fast Food or establishments – more than 25% alcohol sales	\$	\$
Retail stores – Inside / Loss Prevention – Grocery Stores	\$	\$
Retail stores – Inside / Loss Prevention – All Other	\$	\$
Retail stores – Outside ONLY	\$	\$
Schools - After hours only (No Students on Campus)	\$	\$
Schools - During operating hours (colleges, universities, high schools, elementary)	\$	\$
Security Consulting – Risk Assessments – Businesses and Corporations	\$	\$
Security Consulting – Risk Assessments - Arenas / Event Venues	\$	\$
Security Consulting – Active Shooter, Workplace Violence etc.	\$	\$
Senior Living Facilities	\$	\$
Shelters or Social Services Temporary Housing	\$	\$
Special Events – Major Events such as sporting events or concerts	\$	\$
Special Events – Minor Events such as weddings or business conferences	\$	\$
Strike work / Employee Termination Escort	\$	\$
Traffic Control – Describe Split: Highway _____% vs. Non-Highway _____%	\$	\$
Training Schools (3 rd party students, not employees)	\$	\$
Trucking Terminals	\$	\$
TV or Movie Set Security (no body guarding)	\$	\$
Urgent Care Facilities	\$	\$
Utility Facilities / Industrial	\$	\$
Warehousing	\$	\$
Other (Describe Below)	\$	\$
TOTAL:	\$	\$
Description of Other:		

Please advise whether any client contracts include authority for Guards to pursue, apprehend, arrest or detain persons suspected of criminal activity: **Yes** **No** **If Yes, describe:**

Airport Work – Please describe duties, all locations, total number of guards at any given time:

Apartment Work – Please provide locations and fully describe duties.

Body Guard Work – Please describe duties performed. List any Celebrities, Entertainers, Athletes or other High Profile:

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

Globally Recognized Buildings – Please describe all locations and duties:

Government Contracts / Facilities – Please describe type of locations:

Hospitals – Please describe all locations and duties. Describe any duties specific to work in the ER:

Hotels/Motels – Please describe all locations and duties:

Retail Work – Please describe types of stores and duties performed:

Any Arrest / Detain Authority?	Yes	No	(If yes, describe)
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Schools – Please describe all locations and duties:

Any interaction with students? **Yes** **No** **(If yes, describe)**

Special Events – Major - Please fully describe performers and locations, as well as duties (i.e., crowd control, traffic control):

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

Utilities – Please describe all locations and duties:

13. Firearms:

a) Are all armed owners & employees properly licensed for firearms with the states in which they carry firearms?

Yes No

b) Copies of licenses kept on file with procedures in place to ensure licenses are current & renewed as required?

Yes No

c) Does the company or employee own the firearms? _____

i. Most common gun or caliber: _____

d) Describe your gun control program: _____

14. Where do your guard services primarily take place? (choose only one):

75% or greater in Metropolitan (inner city)

fixed location (desk or office building)

50%-75% in Metropolitan (inner city)

25%-50% in Metropolitan (inner city)

15. Will your guard services include any type of:

a) health screening Yes No

b) temperature screening Yes No

c) location capacity control Yes No

d) enforcement of social distancing, personal protection equipment or health/temperature screening standards, including controlling client's employees' or public access to location(s) based on such factors? Yes No

If you have answered "Yes" to any of the above questions, please attach a detailed description of the services offered including client names, locations, and provide a copy of the contract in use for these services including the "limitation of liability" and "hold harmless" clauses.

16. Will you provide security services for any march, rally, demonstration, protest or similar gathering? Yes No

17. PRIVATE INVESTIGATION OPERATIONS

If no Private Investigation Operations, check here Section.

and move down to Commercial General Liability

a. Please provide breakdown of operations by following categories that are applicable:

Operations	Armed Payroll	Unarmed Payroll	Operations	Armed Payroll	Unarmed Payroll
Accident Reconstruction	\$	\$	Forensic Accounting Investigation	\$	\$
Accident Reconstruction Investigation	\$	\$	Genealogical Searches	\$	\$
Arson Investigation	\$	\$	Identity Theft Investigations	\$	\$
Arson Reconstruction	\$	\$	Insurance/Legal/Litigation Investigation	\$	\$
Background Checks and/or Screening	\$	\$	Kidnap & Ransom Investigation	\$	\$
Bail Bonding Operations	\$	\$	Matrimonial/Domestic Investigation	\$	\$
Bounty Hunting	\$	\$	Mystery Shopping	\$	\$
Child/Child Custody/ Missing Person Investigation	\$	\$	Polygraph testing/administration	\$	\$
Computer Fraud Investigation	\$	\$	Pre-employment checks	\$	\$
Corporate/ Due Diligence	\$	\$	Process Service	\$	\$
Counterfeit Products	\$	\$	Record Checks	\$	\$
Credit Report	\$	\$	Repossession/ Collection Investigation	\$	\$
Criminal /Fraud Investigation	\$	\$	Security Consulting	\$	\$
Debugging	\$	\$	Security Training (3rd party)	\$	\$
Domestic Violence	\$	\$	Shoplifting Surveillance	\$	\$
Drug Testing	\$	\$	Spousal Investigation	\$	\$
Eavesdropping	\$	\$	Sub-Rosa	\$	\$
Executive Protection (high profile)	\$	\$	Undercover/ Workplace Infiltration	\$	\$
Executive Protection (low profile)	\$	\$	Video Surveillance	\$	\$
Expert Witness Testimony	\$	\$	Other	\$	\$
Description of Other:			TOTAL:	\$	\$

b. Polygraph / Lie Detection Services – please explain any such operations:

c. Does Applicant have a Polygraph Certification through the American Polygraph Association or American Polygraph Services? Yes No

d. Describe practices in place to comply with FCRA regulations: _____

COMMERCIAL GENERAL LIABILITY

Information Required with Submission: [please attach]

- Sample copies of contracts used with clients
- Currently valued Carrier Loss Runs valued within past 60 days [5 years required]
- Owner(s) resume(s) required if Insured has been in business less than 3 full years
- Participant waivers for Training Schools or Polygraph operations

1. Coverage Limits Requested: Each Occurrence \$ _____ Aggregate \$ _____
2. Deductible: \$ _____ Including Loss Adjustment Expense
3. Please list the Applicant's General / Professional Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. (check here if Applicant has no prior coverage)

Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium

4. Number of Canines: _____ Attended _____ Unattended
- How and where are canines used? Please describe breed and any drug or bomb sniffing activities:
- _____
- _____

5. Do any of your officers use tasers in their operations? Yes No
6. Any Golf Carts, All-Terrain Vehicles, Mules, or similar Off-Road Vehicles used in the business? Yes No
- If yes: Please describe type and use: _____
- If yes: Is the Public Transported? Yes No Are they equipped with lights? Yes No
- (If yes: Please attach information on company training and usage policies)

7. Please advise the amount of your clients that are under contract: _____%
8. Does Applicant use any subcontractors? Yes No
- a. What kind of work is subcontracted? _____
- b. Total Projected Annual Sub Costs: _____ % of Total Work Subcontracted: _____
- c. Does Applicant use a written contract with all of your subcontractors? (if yes, **please attach a copy**) Yes No
- d. Does Applicant obtain Certificates of Insurance from all of your subcontractors? Yes No
- e. Are you always added as an additional insured by your subcontractors? If No, give percentage: _____% Yes No
- f. Indicate contractually required minimum limit of liability insurance: _____

9. Additional Coverages Requested:
- | | | | | | |
|---------------------------|----------|---------|------------------------------|------------------------|---------|
| Additional Insured: | Specific | Blanket | Per Project Aggregate: | Specific | Blanket |
| Waiver of Subrogation: | Specific | Blanket | Employee Benefits Liability: | Yes - Retro Date _____ | |
| Primary Non-Contributory: | Specific | Blanket | Stop Gap: States | _____ | |

EXCESS LIABILITY

Information Required with Submission: [please attach]

- Currently valued Carrier Loss Runs valued within past 60 days [5 years required] for all underlying policies
- Copies of full underlying policies

EXCESS LIMIT OF LIABILITY REQUESTED

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

PRIOR CARRIER INFORMATION

CATEGORY	CURRENT TERM	PREVIOUS TERM
CARRIER		
EFF-EXP DATE		
PREMIUM		

LIST PRIMARY POLICIES TO BE CONSIDERED AS UNDERLYING INSURANCE (please indicate if N/A)				
TYPE	CARRIER POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS
AUTOMOBILE LIABILITY				CSL EA. ACC. \$
				BI EA. ACC. \$
				BI EA. PER. \$
				PD EA. ACC. \$
GENERAL LIABILITY				EACH OCCURRENCE \$
				GENERAL AGGR \$
				PROD & COMP OPS AGGREGATE \$
				PERSONAL & ADV INJ \$
				DAMAGE TO RENTED PREMISES \$
EMPLOYERS' LIABILITY				EACH ACCIDENT \$
				DISEASE EACH EMPLOYEE \$
				DISEASE POLICY LIMIT \$

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	200 + MI
PRIVATE							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX HEAVY						
TRUCKS/TRACTORS	HEAVY						
	EX HEAVY						
BUSES							

EXPOSURES – AUTO LIABILITY (If applicable)

- | | | |
|------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are explosives, caustics, flammables or other dangerous cargo hauled? | Yes | No |
| 2. Any units not insured by underlying policies? | Yes | No |
| 3. Are any vehicles leased or rented to others? | Yes | No |
| 4. What is the Coverage Symbol for the Liability coverage under the Business/Commercial Auto policy? | | |
| <hr/> | | |
| 5. Do any employees use their personal vehicles for business purposes/company business? | Yes | No |
| 6. Does Applicant obtain and review driver MVRs before/during the hiring process? | Yes | No |
| 7. Does Applicant regularly check driver MVRs during their employment? | Yes | No |

[Fraud Warning and Signatures on Next Pages]

FRAUD WARNING NOTICE

California: For your protection California law requires the following to appear on this form "Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Arizona: For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 state value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

All other states:

WARNING: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO FOR THE PURPOSE OF MISLEADING SUCH INSURANCE COMPANY OR OTHER PERSON, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A FELONY CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. PENALTIES MAY INCLUDE RESTITUTION, IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

[Signatures on next page]

SIGNATURES

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does acceptance or review of this application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

APPLICANT SIGNATURE:

Applicant Name (Printed) Applicant Title

Applicant Signature* Date

* ELECTRONIC SIGNATURE AND ACCEPTANCE

PRODUCER INFORMATION:

Producer Name (Printed) Producer Signature*

Agency/Brokerage Name License # Date

* ELECTRONIC SIGNATURE AND ACCEPTANCE

* You may sign this form electronically by checking the Electronic Signature and Acceptance box below your signature and then either applying your electronic signature to or typing your name above the signature line on this form. By doing so, you agree that your use of a keypad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third-party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.