



Swett & Crawford

General Liability Application for Security Guards and Related Operations

Applicant's Name _____

PROPOSED EFFECTIVE DATE:

Mailing Address _____

From _____ To _____

Location _____

Applicant is: Individual Corporation Partnership Joint Venture Other(Specify)

LIMITS OF LIABILITY REQUESTED:

COVERAGE	EACH OCCURRENCE	AGGREGATE
COMBINED SINGLE LIMIT		

1. Indicate coverage desired:

- OWNERS, LANDLORDS, & TENANTS
- MANUFACTURERS & CONTRACTORS
- OWNERS AND CONTRACTORS PROTECTIVE
- PRODUCTS & COMPLETED OPERATIONS
- COMPREHENSIVE GENERAL
- BROAD FORM PROPERTY DAMAGE
- ERRORS AND OMISSIONS
- BROAD FORM PROPERTY DAMAGE
- DEDUCTIBLE \$ _____

GENERAL LIABILITY ENDORSEMENT

2. Describe Operations of Applicant (Show % of gross receipts for each)

- 1. Alarm Installation Yes No
- 2. Alarm Monitoring Yes No
- 3. Auto Repossession Yes No
- 4. BodyGuards Yes No
- 5. Couriers and/or escort services Yes No
- 6. Drug Surveillance Yes No
- 7. Insurance Adjusters Yes No
- 8. Insurance Investigators Yes No
- 9. Night Clubs, Discos, Bars (bouncers) Yes No
- 10. Polygraph Work Yes No
- 11. Private Investigation Yes No
- 12. Private Patrol Operations Yes No
- 13. Process Servers Yes No
- 14. Repossession/Collection Work Yes No
- 15. Retail Store Yes No
- 16. Security for Public Housing Projects Yes No
- 17. Security Guard Training School Yes No
- 18. Shoplifting Surveillance Yes No
- 19. Special Event Security (concerts, fairs, etc.) Yes No
- 20. Strike Work Yes No
- 21. Utility Property Security Yes No
- 22. Other _____
- 23. ATTACH LISTING OF 10 MAJOR CLIENTS

3. How Long Has Applicant Been In Business?

4. Number of Unarmed Employees _____

Number of Unarmed Employees _____ Estimated Payroll _____ Gross Receipts _____

Number of Armed Employees _____ Estimated Payroll _____ Gross Receipts _____

Any armed guards in retail stores? Yes No Arrest Authority? Yes No





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5. Are ALL armed personnel certified for use of firearms by a state agency or a firearms certification school? Yes No

Types of businesses protected by applicant:

Industrial plants	%	Apartment buildings	%	
Office buildings	%	Other	%	Explain _____

6. Does applicant subcontract any work to others? Yes No If so, what type?

Are Certificates of insurance required from all subcontractors? Yes No Submit cost?

7. Number of dogs _____ Attended Unattended Types of assignments involving the use of dogs _____

8. Are background investigations and checks conducted on new employees? If so, describe basis used for pre-employment checks

9. Does the applicant have a training program for employees? _____ If so, describe _____

10. License Number _____

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

11. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?

Yes No

If so, explain: _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL.#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that be information contained herein shall be the basis of the contact 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 containing false information, or conceals for the purpose of misleading information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime.

APPLICANTS SIGNATURE _____ DATE _____

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

