SECURITY GUARD/PATROL AND/OR DETECTIVE AGENCY

SUPPLEMENTAL QUESTIONNAIRE

(Complete in Addition to Acord Application)

1.	Name of Applicant:			
2.	Name(s) of Licensee:			
3.	Is applicant involved in any of the fo	llowing?	Yes N	No
	Airport Security Alarm Installation Alarm Monitoring Apartment Buildings or Grounds Body Guards Bouncers Collection Agencies or Collection W Concerts (Rap, Reggae or Rock) Concerts (Other) Construction Sites Dogs-With Handlers Dogs-Without Handlers Hotels/Motels Buildings or Grounds Nightclubs or Bars while Open for B Polygraph Operations Retail Stores while Open for Busines Retail Stores while Open for Busines Training School Utilities (ATTACH EXPLANAT	susiness ss (Armed Guards) ss (Unarmed Guards)	ETAILS FOR ALL "YE	
4.	Employee Information:			
	4) Armed Detectives \$	5) 6) 7) 8) 9)	Unarmed Detectives Armed Field Supervisor Unarmed Field Supervisor Clerical & Administrati Other	sors \$
4.	A. Estimated Total Payroll: 1) Armed Guards \$ 2) Unarmed Guards \$ 3) Alarm Monitoring \$	6) 7) 8) 9)	Armed Field Supervisor Unarmed Field Supervisor Clerical & Administrati	sors \$ve \$

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	C.	Number of Employees:
		1) Full Time Guards 4) Field Supervisors
		2) Part Time Guards 5) Clerical & Administrative
		3) Detectives 6) Armed Personnel
	D.	Describe specific assignments requiring armed personnel:
	E	Describe training provided and qualifications required of armed personnel:
	E.	
5.	Des	scribe training program for new employees:
6.	Des	scribe pre-employment screening procedures:
7.		e Dogs used in Patrol Operations? Yes No If Yes, give number with handlers: without handlers:
	Тур	pe of assignments involving use of Dogs:
8.	Are	e independent contractors used? Yes No
	If s	o, for what activities?
	Wh	nat is the Cost? Number of Individuals
		e independent contractors required to provide certificates of insurance for: neral Liability Coverage?
		icant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have ressed or misstated.
Com	pletic	on of this form does not bind coverage or commit the Company to policy issuance.
		on who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an on or files a claim containing a false or deceptive statement is guilty of insurance fraud.
App	icant	: Producer:
Sign	ature:	:
Date	:	Producer Signature:

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8.	Applicant Ope	erations:	% Security Guard			
			% Armored Car			
			% Patrol			
			% Detective/Inves	tigative		
9.	Pavroll by C	Operation: Please pro	ovide percentage breakdow	n of guard, ar	mored car, patrol, detective	and investigative
		following categories that		or grand, an	, раша, астана	and mires agains
	%	Hospitals		%	Shopping Malls – Interior Pat	rol
	%	Schools		%	Shonning Malls - Parking Lo	t Patrol
	 %	Car Dealerships		%	Bail Bonds	
	 %	Churches		 %	Bounty Hunting Concerts	
		Government Facilities	(Describe Below)	%	Concerts	(Describe Below
	%	Banks	(2000)1100 201011)	%	Athletic Events	(Describe Below
		Office			Armored Car/Courier/Money Traffic Control	Escort
	% %	Airports	(Describe Below)		Traffic Control	Locort
		Body Guard	(Describe Below)		Shoplifting Surveillance	
		Hotels/Motels	(Describe Below)		Employee Surveillance	
		Comptending Cites			Employee Surveillance	
	%	Construction Sites		%	Process Serving Polygraph Administration/Val	!! -! t!
		Residential Patrol	(5	%	Polygraph Administration/val	idation
	%	Apartments	(Describe Below)	%	Consulting Training Schools Repossession/Collection wor	(Describe Below
	%	Condominiums		%	Training Schools	(Describe Below
	/0	Low income mousing i	Projects	%	Repossession/Collection wor	'k
	%	Warehouses		%	Record Checks	
	%	Manufacturing Plants		%	Credit/Pre-employment Chec	ks
	%	Strike Work Fast Food Restaurants		%	Child/Missing Person Search Insurance Investigation	ies
	%	Fast Food Restaurants	6	%	Insurance Investigation	
	%	Restaurants Other Tha	an Fast Food	%	Arson Investigation	
	%	Liquor Stores		%	Alarm Response	
		bars/Lounges		%	Other – Please Describe:	
	%	Retail Stores	(Describe Below)			
		ies – Please describe a			ces, train station):	
3ody	Guard Work -	- Please describe duties	s performed. Celebrities, En	tertainers or Ath	letes? If so, who?	
\nari	ment Work — i	Plassa fully describe du	ties Any subsidized/low inc	ome housing lo	cations? " Yes " No	
	ment Work –	rease runy describe du	iles. Ally subsidized/low life	ome nodsing lo	Sauons: 163 NO	
Retai	I Work – Pleas	e describe types of stor	es, duties performed, and ho	ours that guard(s) are on duty:	
Shopl	ifting Surveillar	nce? " Yes " N	lo If Yes, please fully deta	il arrest/detentic	on responsibilities:	

Con	certs	Please fully describe performer	s and locations, a	as well as du	ties (i.e., crowd contro	ol, traffic control):	
Athle	etic E	Events – Please describe event, lo	ocation and duties	s (i.e., crown	control, traffic control):	
Cons	sultir	ng – Please describe who you are	consulting for an	nd the scope	of consulting services	you are providing:	
Trair	ning :	Schools – Please describe who y	ou are training ar	nd the scope,	purpose of the trainin	g being provided:	
10.	Ra	ting Information:					
	a.	Annual Guard, Armored Car, Pa # of Full-Time Guards: # of Part-Time Guards: Independent Contractors – Cost			\$Full-Time Payroll: Part-Time Payroll:	Receipts: \$ \$ \$	
	b.	Annual Number of Billed Hours:					
	C.	Average Hourly Wage:	Full-Time: Part-Time:	<u></u>	per hour per hour		
	d.	Number of Armed Guards: Where are guards stationed:			Number of Unarmed G		_
	e.	Number of Canines: How and where are canines use	Attender	_	Una or bomb sniffing activ		
	f.	Number of Supervisors: Describe duties performed:			roll: \$		
	g.	Training – Please describe how	guards are traine	ed (i.e., on-the	e-job, formal training p	program):	
11.	Ge	neral Information:					
	a.	How long has Applicant owned t	his business				
	b.	How many years experience doe					
	c.	Please describe duties of the Ov					
	d.	Is Applicant involved in any other	r operations?	·· Yes ··	No If Yes, plea	se describe:	

Claim/Loss History over La	ast Five (5) Years: If none, so	state. (Carrier Loss Run	s Required)	
Date	Description of L		Amount Incurred	Open/Closed
Policy Information: Carrier	Policy Period		Deductible	Premium
Trade / leggeration morned	rship held?			
NOTICE TO NEW YORK A INSURANCE COMPANY OF INFORMATION, OR CONC MATERIAL THERETO, COM by New York insurance regul	ces are required by the Insurar APPLICANTS: ANY PERSO R OTHER PERSON, FILES A EALS FOR THE PURPOSE IMITS A FRAUDULENT INSU ations, but may also be a crim-	N WHO KNOWINGLY AN APPLICATION FOR IN OF MISLEADING, INFORMANCE ACT WHICH IS A e in other states.)	D WITH INTENT TO D SURANCE CONTAININ RMATION CONCERNIN CRIME. (Note: This no	G ANY FALSE IG ANY FACT otice is required
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