

**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 following?	Yes	No	
Airport Security	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Alarm Installation	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Alarm Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Apartment Buildings or Grounds	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Body Guards	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Bouncers	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Collection Agencies or Collection Work	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Concerts (Rap, Reggae or Rock)	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Concerts (Other)	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Construction Sites	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Dogs-With Handlers	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Dogs-Without Handlers	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Hotels/Motels Buildings or Grounds	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Nightclubs or Bars while Open for Business	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Polygraph Operations	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Retail Stores while Open for Business (Armed Guards)	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Retail Stores while Open for Business (Unarmed Guards)	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Training School	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	_____ %

**(ATTACH EXPLANATION WITH FULL DETAILS FOR ALL "YES" ANSWERS)**

4. Employee Information:

A. Estimated Total Payroll:

- |                     |          |                              |          |
|---------------------|----------|------------------------------|----------|
| 1) Armed Guards     | \$ _____ | 5) Unarmed Detectives        | \$ _____ |
| 2) Unarmed Guards   | \$ _____ | 6) Armed Field Supervisors   | \$ _____ |
| 3) Alarm Monitoring | \$ _____ | 7) Unarmed Field Supervisors | \$ _____ |
| 4) Armed Detectives | \$ _____ | 8) Clerical & Administrative | \$ _____ |
|                     |          | 9) Other                     | \$ _____ |

B. Total Anticipated Annual Receipts \$ \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

5. Describe training program for new employees: \_\_\_\_\_  
\_\_\_\_\_

6. Describe pre-employment screening procedures: \_\_\_\_\_  
\_\_\_\_\_

7. Are Dogs used in Patrol Operations?  Yes  No If Yes, give number with handlers: \_\_\_\_\_  
without handlers: \_\_\_\_\_

Type of assignments involving use of Dogs: \_\_\_\_\_  
\_\_\_\_\_

8. Are independent contractors used?  Yes  No

If so, for what activities? \_\_\_\_\_

What is the Cost? \$ \_\_\_\_\_ Number of Individuals \_\_\_\_\_

Are independent contractors required to provide certificates of insurance for:

General Liability Coverage?  Yes  No Worker Compensation?  Yes  No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**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.**

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

8. Applicant Operations: \_\_\_\_\_ % Security Guard  
 \_\_\_\_\_ % Armored Car  
 \_\_\_\_\_ % Patrol  
 \_\_\_\_\_ % Detective/Investigative

9. **Payroll by Operation:** Please provide percentage breakdown of guard, armored car, patrol, detective and investigative operations by following categories that are applicable.

- |   |  |
|---|--|
| _____ % Hospitals                                     | _____ % Shopping Malls – Interior Patrol         |
| _____ % Schools                                       | _____ % Shopping Malls – Parking Lot Patrol      |
| _____ % Car Dealerships                               | _____ % Bail Bonds                               |
| _____ % Churches                                      | _____ % Bounty Hunting                           |
| _____ % Government Facilities <b>(Describe Below)</b> | _____ % Concerts <b>(Describe Below)</b>         |
| _____ % Banks   | _____ % Athletic Events <b>(Describe Below)</b>  |
| _____ % Office  | _____ % Armored Car/Courier/Money Escort         |
| _____ % Airports <b>(Describe Below)</b>              | _____ % Traffic Control                          |
| _____ % Body Guard <b>(Describe Below)</b>            | _____ % Shoplifting Surveillance                 |
| _____ % Hotels/Motels                                 | _____ % Employee Surveillance                    |
| _____ % Construction Sites                            | _____ % Process Serving                          |
| _____ % Residential Patrol                            | _____ % Polygraph Administration/Validation      |
| _____ % Apartments <b>(Describe Below)</b>            | _____ % Consulting <b>(Describe Below)</b>       |
| _____ % Condominiums                                  | _____ % Training Schools <b>(Describe Below)</b> |
| _____ % Low Income Housing Projects                   | _____ % Repossession/Collection work             |
| _____ % Warehouses                                    | _____ % Record Checks                            |
| _____ % Manufacturing Plants                          | _____ % Credit/Pre-employment Checks             |
| _____ % Strike Work                                   | _____ % Child/Missing Person Searches            |
| _____ % Fast Food Restaurants                         | _____ % Insurance Investigation                  |
| _____ % Restaurants Other Than Fast Food              | _____ % Arson Investigation                      |
| _____ % Liquor Stores                                 | _____ % Alarm Response                           |
| _____ % Bars/Lounges                                  | _____ % Other – Please Describe: _____           |
| _____ % Retail Stores <b>(Describe Below)</b>         |  |

**Government Facilities** – Please describe all facilities where work is performed (i.e., offices, train station): \_\_\_\_\_

\_\_\_\_\_

**Airport Work** – Please describe all operations/duties performed: \_\_\_\_\_

\_\_\_\_\_

**Body Guard Work** – Please describe duties performed. Celebrities, Entertainers or Athletes? If so, who? \_\_\_\_\_

\_\_\_\_\_

**Apartment Work** – Please fully describe duties. Any subsidized/low income housing locations?    Yes    No

\_\_\_\_\_

**Retail Work** – Please describe types of stores, duties performed, and hours that guard(s) are on duty: \_\_\_\_\_

\_\_\_\_\_

Shoplifting Surveillance?    Yes    No    If Yes, please fully detail arrest/detention responsibilities: \_\_\_\_\_

\_\_\_\_\_

**Concerts** – Please fully describe performers and locations, as well as duties (i.e., crowd control, traffic control): \_\_\_\_\_

\_\_\_\_\_

**Athletic Events** – Please describe event, location and duties (i.e., crowd control, traffic control): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

10. Rating Information:

a. Annual Guard, Armored Car, Patrol and Investigative Payroll: \$ \_\_\_\_\_ Receipts: \$ \_\_\_\_\_

# of Full-Time Guards: \_\_\_\_\_ Full-Time Payroll: \$ \_\_\_\_\_

# of Part-Time Guards: \_\_\_\_\_ Part-Time Payroll: \$ \_\_\_\_\_

Independent Contractors – Cost: \$ \_\_\_\_\_

b. Annual Number of Billed Hours: \_\_\_\_\_

c. Average Hourly Wage: Full-Time: \$ \_\_\_\_\_ per hour

Part-Time: \$ \_\_\_\_\_ per hour

d. Number of Armed Guards: \_\_\_\_\_ Number of Unarmed Guards: \_\_\_\_\_

Where are guards stationed: \_\_\_\_\_

\_\_\_\_\_

e. Number of Canines: \_\_\_\_\_ Attended \_\_\_\_\_ Unattended

How and where are canines used? Please describe any drug or bomb sniffing activities: \_\_\_\_\_

\_\_\_\_\_

f. Number of Supervisors: \_\_\_\_\_ Total Payroll: \$ \_\_\_\_\_

Describe duties performed: \_\_\_\_\_

\_\_\_\_\_

g. Training – Please describe how guards are trained (i.e., on-the-job, formal training program): \_\_\_\_\_

\_\_\_\_\_

11. General Information:

a. How long has Applicant owned this business: \_\_\_\_\_

b. How many years experience does Applicant have in this field? \_\_\_\_\_

c. Please describe duties of the Owner(s): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

