



**SECURITY GUARDS/DETECTIVE AGENCIES SUPPLEMENTAL APPLICATION
COMMERCIAL GENERAL LIABILITY**

(Complete in addition to the Acord application)

1. NAME OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER (Specify)			
2. PROPOSED POLICY PERIOD _____ TO _____			
3. NUMBER OF YEARS IN THIS BUSINESS? _____		4. NUMBER OF YEARS EXPERIENCE IN THIS FIELD? _____	
5. IS APPLICANT LICENSED AND/OR CERTIFIED ACCORDING TO STATE REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. IS APPLICANT OWNED BY, ASSOCIATED WITH, ENGAGED IN OR INVOLVED WITH ANY OTHER ENTERPRISE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS:			
7. DOES THE APPLICANT USE DOGS AS PART OF THEIR OPERATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO HANDLES THE TRAINING OF DOGS? _____ WHAT TYPES OF DOGS ARE USED? _____ HOW/WHERE ARE THE DOGS USED? _____ NUMBER OF DOGS THAT WORK WITH A GUARD? _____ NUMBER THAT WORK UNATTENDED? _____			
8. PROVIDE THE NAMES OF THE APPLICANT'S FIVE LARGEST CLIENTS AND A DESCRIPTION OF THE SERVICES PROVIDED FOR THEM: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____			
9. <input type="checkbox"/> FULL TIME EMPLOYEES: PAYROLL \$ _____		# ARMED: _____ # UNARMED: _____	
<input type="checkbox"/> PART TIME EMPLOYEES: PAYROLL \$ _____		# ARMED: _____ # UNARMED: _____	
10. <input type="checkbox"/> OFF DUTY POLICE: # _____ ARE OFF DUTY POLICE OFFICERS REQUIRED BY STATE OR LOCAL LAW TO CARRY FIREARMS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
11. ARE ALL ARMED PERSONNEL CERTIFIED FOR USE OF FIREARMS BY STATE AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
12. ARE EMPLOYEES AUTHORIZED AND TRAINED TO CARRY: MACE <input type="checkbox"/> PEPPER SPRAY <input type="checkbox"/> NIGHT STICKS OR BATONS <input type="checkbox"/> STUN GUNS/BATONS OR TASER GUNS <input type="checkbox"/> HANDCUFFS OR OTHER RESTRAINING DEVICES <input type="checkbox"/> ?			
13. DESCRIBE ANY FORMAL TRAINING/EDUCATION REQUIRED OF EMPLOYEES:			
14. PLEASE DESCRIBE PRE-EMPLOYMENT SCREENING PROCEDURES:			
15. DOES THE APPLICANT SUBCONTRACT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT TYPE? _____ ANNUAL COST OF SUBCONTRACTED WORK? _____ ARE CERTIFICATES WITH EQUAL LIMITS REQUIRED FROM ALL SUBCONTRACTORS PRIOR TO COMMENCEMENT OF WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE ALL SUBCONTRACTORS REQUIRED TO NAME THE INSURED AS ADDITIONAL INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
16. DESCRIBE ANY CONSULTING WORK:			
17. TOTAL GROSS RECEIPTS FOR ALL SERVICES \$ _____			

18. REQUEST FOR ADDITIONAL INSURED(S):

NAME	ADDRESS



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19. PLEASE PROVIDE A BREAKDOWN OF OPERATIONS

CATEGORY OF OPERATION	ARMED PAYROLL	UNARMED PAYROLL	CATEGORY OF OPERATION	ARMED PAYROLL	UNARMED PAYROLL
AIRPORT SECURITY			INVESTIGATIONS – DIVORCE		
ALARM MONITORING - MEDICAL			INVESTIGATIONS – INSURANCE		
ALARM MONITORING – SURVEILLANCE (IE SHOPLIFTING)			INVESTIGATIONS – MISSING PERSONS		
ALARM MONITORING – OTHER			LOW INCOME HOUSING PROJECTS		
APARTMENTS			MANUFACTURING PLANTS		
ARMORED CAR/MONEY ESCORT SERVICES			NIGHTCLUBS, DISCOS, BARS		
AUTOMOBILE DEALERS			NUCLEAR POWER FACILITIES		
BAIL BOND OPERATIONS			OFFICES		
BANKS			POLYGRAPH TESTING		
BODY GUARDS – DESCRIBE WHO/WHEN/WHERE BELOW			RAPID TRANSIT/BUS/TRAIN STATIONS		
BOUNCERS			REPOSSESSION/COLLECTIONS		
BOUNTY HUNTERS			RESIDENTIAL PATROL		
CHURCHES			RESTAURANTS		
COLISEUM/INDOOR ARENAS			RETAIL STORES (INTERIOR)		
CONCERTS (DESCRIBE PERFORMERS, LOCATIONS AND DUTIES BELOW. IE: CROWD CONTROL/TRAFFIC CONTROL, ETC)			RETAIL STORES (EXTERIOR)		
CONSTRUCTION SITES			SCHOOLS		
COURIER SERVICES			SHOPPING MALLS		
DRUG SURVEILLANCE			SPORTING EVENTS		
FUNERAL ESCORT SERVICES			STRIKE WORK		
GOVERNMENT FACILITIES			SURVEILLANCE WORK (DESCRIBE BELOW – DETAIL ARREST/DETENTION AUTHORITY)		
HOSPITALS			TRAFFIC CONTROL		
HOTELS/MOTELS			WAREHOUSES		
INSURANCE ADJUSTERS			OTHER (DESCRIBE BELOW):		
INVESTIGATIONS – CRIMINAL			_____		

20. PRODUCER NAME:	22. PRODUCER PHONE NUMBER:
21. PRODUCER CODE:	23. STATE CODE:

COMMENTS: _____

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:
PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.



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<p><u>Applicable in AL, AR, DC, LA, MD, NM, RI and WV</u> Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.</p>	
<p><u>Applicable in CO</u> It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</p>	
<p><u>Applicable in FL</u> Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).</p>	
<p><u>Applicable in KS</u> Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.</p>	
<p><u>Applicable in KY, NY, OH and PA</u> 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.</p>	
<p><u>Applicable in ME, TN, VA and WA</u> It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.</p>	
<p><u>Applicable in NJ</u> Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>	
<p><u>Applicable in OK</u> WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).</p>	
<p><u>Applicable in OR</u> Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.</p>	
<p><u>Applicable in Other States:</u> WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.</p>	
<p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.</p>	
<p>Applicant Name (Name of Company)</p>	<p>Producer's Name</p>



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Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email