

## Security Guard Program Application

**APPLICANT INFORMATION**

PROPOSED EFF DATE	PROPOSED EXP DATE	DATE BUSINESS STARTED	WEBSITE
NAMED INSURED(S)		MAILING ADDRESS	PHYSICAL ADDRESS
TELEPHONE NUMBER		CONTACT NAME	CONTACT EMAIL
STATE(S) WHERE YOU HAVE OPERATIONS:			LICENSE NUMBER
OWNERSHIP			
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER: _____			

**GENERAL INFORMATION**

EXPLAIN ALL "YES" Responses	Y / N
1. IS THERE A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> OTHER (Describe):	
2. ANY POLICY OR COVERAGE CANCELED OR NON-RENEWED DURING THE PRIOR FIVE YEARS? (Not applicable for Missouri accounts or residents)	
3. ANY LAPSE OF INSURANCE WITHIN THE PRIOR FIVE YEARS?	
4. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS?	
5. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER INSURANCE?	
6. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, TAX LIEN, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE YEARS?	
7. DO YOU EMPLOY ANYONE UNDER THE AGE OF 20?	
8. DO YOU MAKE ANY GUARANTEES REGARDING THE QUALITY OF YOUR PRODUCTS OR SERVICE?	

**REMARKS (FOR QUESTIONS 1-10 ABOVE)**

**CLIENT ENGAGEMENTS**

9.	WHAT PERCENT OF YOUR CLIENTS ARE ENGAGED VIA A WRITTEN CONTRACT? <input type="checkbox"/> 100% <input type="checkbox"/> 90-99% <input type="checkbox"/> 75-89% <input type="checkbox"/> Less than 75%																																																																																														
10.	IF YOU ENGAGE CLIENTS VIA A WRITTEN CLIENT, WHAT PERCENT OF THOSE CONTRACTS DESCRIBE THE POST ORDERS OR SCOPE OF YOUR SECURITY GUARD DUTIES? <input type="checkbox"/> 100% <input type="checkbox"/> 90-99% <input type="checkbox"/> 75-89% <input type="checkbox"/> Less than 75%																																																																																														
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Casinos or Gambling Establishments     
  Jails, Prisons, or Detention Centers     
  Traffic Control

If any of the exposures above exist, provide information on the type of activity and the scope of your services:

18. DO YOU USE SUBCONTRACTORS?

Yes      If yes, describe the subcontracted operations: \_\_\_\_\_  
 No      Annual Subcontracted Cost: \_\_\_\_\_

Describe your subcontractor practices:

a. Do you have a written agreement in place with all subcontractors?  Yes  No

b. Do you collect a Certificate of Insurance for all subcontractors and keep it for at least seven years?  Yes  No

c. Do you require that all subcontractors carry General Liability limits of insurance equal to yours?  Yes  No

d. Do you require that all subcontractors carry Auto Liability limits of insurance equal to yours?  Yes  No

e. Do you require that all subcontractors include you as an additional insured on their policies?  Yes  No

**EMPLOYEES**

19. PROVIDE INFORMATION ON YOUR EMPLOYEES (PROSPECTIVE YEAR)

Employee Type	# of Employees		Annual Payroll	Average Hourly Pay
	Full Time	Part Time		
Licensed Armed Guards				
Licensed Unarmed Guards				
Unlicensed Armed Guards				
Unlicensed Unarmed Guards				
Guard Supervisors				
Non-Guard Consultants				
Non-Guard Administrative				
Non-Guard Investigators				
Salespersons				
Other:				

20. IN THE PAST TWELVE MONTHS, HOW MANY OF THE FOLLOWING HAVE YOU HAD?

New Hires	_____	Voluntary Terminations	_____
Involuntary Terminations	_____	Layoffs or Downsizing	_____

21. WHAT TYPE OF TRAINING PROGRAMS DO YOU PROVIDE TO YOUR GUARDS? (Check all that apply)

<input type="checkbox"/> None <input type="checkbox"/> Written Manual <input type="checkbox"/> Power of Arrest <input type="checkbox"/> Safe Driving <input type="checkbox"/> Report Writing <input type="checkbox"/> Limits on Force	<input type="checkbox"/> Firearms <input type="checkbox"/> CPR / First Aid <input type="checkbox"/> De-escalation <input type="checkbox"/> Theft Prevention <input type="checkbox"/> On the Job Training <input type="checkbox"/> Other: _____
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22. WHICH PRE-EMPLOYMENT BACKGROUND CHECKS DO YOU RUN? (Check all that apply)

<input type="checkbox"/> None <input type="checkbox"/> Drug Screening <input type="checkbox"/> Fingerprint Check <input type="checkbox"/> Driving Record <input type="checkbox"/> Credit Check <input type="checkbox"/> Security Guard License Check with State	<input type="checkbox"/> Social Security Number e-Verify <input type="checkbox"/> Check Personal References <input type="checkbox"/> Prior Employers Contacted <input type="checkbox"/> Criminal Background Check (10-Years Back or More) <input type="checkbox"/> Criminal Background Check (Number of Years Checked: _____) <input type="checkbox"/> Other: _____
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If you run background checks, will you hire employees with criminal histories? If so, describe the types of criminal histories which would not disqualify an applicant.

If you employ armed guards, do you verify that they are properly licensed with the state to carry firearms?  Yes  No  N/A

**FINANCIAL INFORMATION**

23. FOR THE PROSPECTIVE TERM, PROVIDE A BREAKDOWN OF REVENUE GENERATED IN EACH CATEGORY BELOW.

Security Guard Services	\$ _____	Consulting for Non-Guard Clients	\$ _____
Alarm System or Security Monitoring	\$ _____	Goods or Products	\$ _____
Private/Background Investigations	\$ _____	Other:	\$ _____
<b>TOTAL REVENUE FROM ALL SOURCES</b>		<b>\$ _____</b>	
<b>TOTAL PAYROLL</b>		<b>\$ _____</b>	
<b>TOTAL EMPLOYEE COUNT</b>		<b>\$ _____</b>	

24. PROVIDE INFORMATION ON YOUR HISTORICAL REVENUE, PAYROLL, AND EMPLOYEE COUNTS

Term	Gross Sales	Total Payroll	Employee Count	Premium
20____				
20____				
20____				
20____				

25. PROVIDE THE INFORMATION REQUESTED BELOW FOR YOUR FIVE LARGEST CLIENTS.				
#	Client Name	Facility Type	Payroll	Gross Sales
1				
2				
3				
4				
5				

26. DO YOU PROVIDE SERVICES TO CLIENTS IN ANY OF THE COUNTIES BELOW? (Check all that apply)

<input type="checkbox"/>	Clark County, NV	<input type="checkbox"/>	Los Angeles County, CA	<input type="checkbox"/>	State of Florida
<input type="checkbox"/>	Cook County, IL	<input type="checkbox"/>	Maricopa County, AZ	<input type="checkbox"/>	State of Georgia
<input type="checkbox"/>	Harris County, TX	<input type="checkbox"/>	Philadelphia County, PA	<input type="checkbox"/>	State of Louisiana
<input type="checkbox"/>	Kings County, NY	<input type="checkbox"/>	Wayne County, MI	<input type="checkbox"/>	State of Washington

If any work is performed in these counties, provide information on the type of activity, the scope of your services, and % of total payroll associated:

## HIRED & NON-OWNED AUTO LIABILITY

Complete this section only if you require coverage for Hired & Non-Owned Auto Liability

27.	DO YOU HAVE ANY OWNED OR LEASED AUTOS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	DO YOUR EMPLOYEES DRIVE AUTOS THAT YOU DO NOT OWN TO AND FROM WORK SITES, TO OR AT CLIENT LOCATIONS, OR FOR ANY OTHER BUSINESS-RELATED REASON? If yes, how many employees drive autos you do not own on your behalf? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	DO YOU OBTAIN MOTOR VEHICLE REPORTS (MVRs) FOR ALL EMPLOYEES DRIVING ON YOUR BEHALF? If yes, select the box below which most closely describes the frequency at which you review MVRs (check all that apply): <input type="checkbox"/> At Hiring <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Continuous ("Pull Program")	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	If you obtain MVRs, which of the following would cause you to disallow an employee from driving on your behalf, (Check all that apply) <input type="checkbox"/> One Moving Violation in Past 5 Years <input type="checkbox"/> Two Moving Violations in Past 5 Years <input type="checkbox"/> Three or More Moving Violations in Past 5 Years <input type="checkbox"/> Intoxicated Driving (DUI/DWI) <input type="checkbox"/> Other: <input type="checkbox"/> One At-Fault Accident in Past 5 Years <input type="checkbox"/> Two At-Fault Accidents in Past 5 Years <input type="checkbox"/> Three At-Fault Accidents in Past 5 Years <input type="checkbox"/> Inactive of Suspended License	
31.	WHAT IS YOUR ANNUAL COST OF HIRED AUTOS?	

The operations described herein are conducted by RSG Specialty, LLC, a Delaware limited liability company based in Illinois. In California: RSG Specialty Insurance Services, LLC (License #0G97516). ©2022 Ryan Specialty, LLC

### GENERAL REMARKS SECTION:

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## FRAUD WARNINGS

**GENERAL:** 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.

**The fraud warnings listed below are applicable in the following states: AL, AZ, AR, CA, CO, DC, FL, ID, KY, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, TN, VT, VA, WA or WV. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your claim.**

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**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.

**ARKANSAS:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

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

**COLORADO:** 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.

**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.

**FLORIDA:** 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.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**LOUISIANA:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE:** 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, or a denial of insurance benefits.

**MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW JERSEY** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** 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 IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**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 stated 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.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**PENNSYLVANIA:** 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 act, which is a crime and subjects such person to criminal and civil penalties.

**RHODE ISLAND:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WASHINGTON:** 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, or denial of insurance benefits.

**WEST VIRGINIA:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

**SIGNATURE**

APPLICANT'S SIGNATURE	DATE
PRINTED NAME	TITLE