

APPLICANT INFORMATION

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Contact us at: programs@ryansg.com

# **Security Guard Program Application**

PROF	POSED EFF DATE	PROPOSED EXP DAT	E	DATE BUSINES	SS STAR	TED			WEBSITE	WEBSITE		
NAM	NAMED INSURED(S)			MAILING ADDRESS			PHYSICAL AI	CAL ADDRESS				
TELEPHONE NUMBER CONTACT NAME								CONTACT EI	TACT EMAIL			
STAT	E(S) WHERE YOU HA	VE OPERATIONS:							LICENSE NU	MBER		
OWN	IERSHIP											
	SOLE PROPRIETOR	ER:			- -							
GENER	AL INFORMATION											
	AIN ALL "YES" Respo	nses										Y/N
1.	IS THERE A FORMA	L SAFETY PROGRAM II	N OPERA	ATION?								
	SAFETY MANU	AL SAFETY PC	SITION	По	THER (	Describe):						
2.	ANY POLICY OR CO	VERAGE CANCELED OI	R NON-F	RENEWED DUF	RING TH	E PRIOR FIVE YEAR	RS? (Not	арр	olicable for Misso	ouri accounts or	residents)	
3.		JRANCE WITHIN THE F										
4.		OR CLAIMS RELATING										
5.		FIVE YEARS (TEN IN RI) R ANY OTHER ARSON-								OF THE CRIME	OF FRAUD,	
6.	HAS APPLICANT HA	D A FORECLOSURE, RI	EPOSSES	SSION, TAX LIE	N, BAN	KRUPTCY OR FILED	FOR BA	NK	RUPTCY DURING	THE LAST FIVE	YEARS?	
7.	DO YOU EMPLOY A	NYONE UNDER THE A	GE OF 2	0?								
8.		GUARANTEES REGAR	DING T	HE QUALITY O	F YOUR	PRODUCTS OR SEI	RVICE?					
REMA	RKS (FOR QUESTIONS	5 1-10 ABOVE)										
CLIENT	ENGAGEMENTS											
9.		YOUR CLIENTS ARE EI	NGAGED	O VIA A WRITT	EN CON	<del></del>		_				
	100%	90-99%				75-89%			Less than 75%			
10.		ENTS VIA A WRITTEN	CLIENT,	WHAT PERCE	NT OF T	HOSE CONTRACTS	DESCRIB	BE T	HE POST ORDER	S OR SCOPE OF	YOUR SECURI	ΓY GUARD
	DUTIES?	00.000/				75.000/		_	L			
11.	100%	90-99% OU WILL PROVIDE SER	N/ICEC T	O INITHE NEV	T 12 N/C	75-89%	TIE DAVO	_	Less than 75%	I DDOVIDING SE	CLIDITY CEDVIC	CEC TO
11.		USINESS OR LOCATION			I 12 IVIC	JNTHS, PROVIDE I	HE PAYK	KULI	L DEKIVED FROIV	PROVIDING SE	CURITY SERVIC	ES 10
	1112 1 0 220 111110 21	03111233 011 20 07 11101	Armed		ned					Armed	Unarmed	
			Payroll							Payroll	Payroll	
	☐ Airports (TSA, Ba	ggage/Passenger	,	,		☐ Hotels				•	•	
	Screening)					☐ Housing/Resi	dential (L	Low	/ Income/HUD)			-
	☐ Arenas or Stadiu	ms				☐ Housing/Resi	dential (N	Mic	I/High Income)			-
	☐ Armored Cars					☐ Industrial (Wa			-			•
	☐ ATM Services					☐ Inside Retail (						
	☐ Banks or other F	inancial				Other:	•	0,	)			-
	Institutions					☐ Jails, Prisons,	Detentio	on (	Centers			_
	☐ Bars, Taverns, Ni	ghtclubs				☐ Malls, Theate	rs, Arcad	des				_
	☐ Bodyguard Celebrity				☐ Marijuana Related Security					_		
	☐ Carnivals, Fairs, Flea Markets,  Circuses					(Dispensaries, Growers)						
☐ Casinos or Gambling establishments					☐ Motels					_		
					□ Nuclear Facilities					-		
and Film Festivals, Political Rallies					Office Buildings					_		
Construction or Demolition Sites					☐ Outside Retail (Parking Lots, Patrol,  Other:  Other:							
	☐ Convention Cent					□ Restaurants			)			
	☐ Convention cent						her Educ	rati	nn -			-
Describe commodity transported:					☐ Schools – Higher Education						-	

	☐ Executive Protection/Bodyguard		☐ Shelters (Homeless, Domestic Violence)					
	Non-celebrity		☐ Traffic Control/Strike Work					
	☐ Fast Food Restaurants							
	Gentlemen's or Strip Clubs		Bus, etc.)					
	Government Contracts (Offices,		☐ Utilities					
	Courts, Military Base)		Other:					
	Grocery Stores		Other:					
	☐ Healthcare (Hospital other than main lobby, clinics, treatment facilities)  ———————————————————————————————————		Other:		<del></del>			
	☐ Hospitals (main lobby and parking		Other:					
	lot only)		☐ TOTAL PAYROLL		<del></del>			
12.	FOR THE CLIENTS YOU WILL PROVIDE SERVICES TO IN THE	NEXT 12 MO	I ONTHS. PROVIDE THE PAYROLL DERIVED FROM	PROVIDING PRIVA	TE INVESTIGATIVE			
	SERVICES TO THE FOLLOWING BUSINESS OR LOCATION TY							
	Armed L	Jnarmed		Armed U	narmed			
	Payroll I	Payroll		Payroll	Payroll			
	☐ Auto Repossession		☐ Narcotics Surveillance					
	☐ Bounty Hunter		☐ Polygraph		<del></del>			
	☐ Computer Fraud		☐ Process Serving					
	☐ Criminal		☐ Psychological Stress Evaluator					
	☐ Divorce/Domestic		☐ Other:					
	☐ General Background Checks / Pre-		☐ Other:					
	Employment Screening							
42	☐ Missing Persons		☐ TOTAL PAYROLL					
13.	WHICH TYPES OF SERVICES DO YOU OFFER? (Check all tha		Canadia a*	Alama Insta	11/6			
	Security Services Investigations	i	Consulting*	Alarm Insta	II/Service/Monitor**			
	Other*:							
	other.							
	*Provide details in General Remarks Section.							
	** Complete Alarm Installers Supplemental Application							
14.	DO YOU ASSUME ANY DUTIES NOT RELATED TO SECURITY	Υ?						
		nitorial / Hou						
	□ No (check all that apply): □ Inv	entory Audit	s 🗆 Firefighting					
	Cu	stomer Servi	ce					
4.5	DO YOU EVED LIKE DOCK AS A DART OF OUR OPERATIONS							
15.	DO YOU EVER USE DOGS AS A PART OF OUR OPERATIONS  Yes. # If yes, check  Exp		☐ Airport, Train, Subway Security					
	☐ Yes, # If yes, check ☐ Exp☐ No all that apply: ☐ Dru		Other:					
	□ NO an ener appri). □ Dia	183	- Other.					
1.0	FOR THE CHENTS VOLUMEN PROVIDE SERVICES TO INTUIT	NEVT 12 NA	ONTHE DEPOSITACE FOR FACILI	DOCT ODDED TVDE				
16.	FOR THE CLIENTS YOU WILL PROVIDE SERVICES TO IN THE THE TOTAL MUST EQUAL 100%.	: NEXT 12 IVIC	JNTHS, PROVIDE THE PERCENTAGE FOR EACH	POST ORDER TYPE.				
	PASSIVE				Percentage %			
	Engagements may include any of the activities, below but	the respons	e to unwanted activity is solely confined to <b>Ob</b>	serve and Report.	1 creentage 70			
	Patrolling/Monitoring							
	Checking IDs							
	<ul> <li>Control Access and Egress</li> </ul>							
	Ticketing Taking/Checking							
	<ul> <li>Screening (without physical contact with person</li> </ul>	ons or their p	roperty)					
	Other [Describe]:							
	HYBRID PASSIVE		attended to the design of the late of the		Percentage %			
	Engagements may include any of the activities listed in th activity is solely confined to <b>Observe and Report</b> .	e passive sec	ction or listed immediately below, but the respo	onse to unwanted				
	Screening (pat-downs, bag searches, etc.)							
	Other [Describe]:							
	ACTIVE				Percentage %			
	Engagements include an expectation that in response to u	unwanted ac	tivity your personnel could (Check all that app	ly):				
	☐ Physically engage to deter or prevent unwanted	d activity						
	☐ Physically engage with persons at the direction of your client							
	☐ Arrest or detain persons							
	☐ Remove or evict persons from a premises							
	□ Physically block access or egress							
	☐ Firefighting or providing medical assistance							
	$\ \square$ Take some action other than observe and report	rt						
	☐ Other [Describe]:							
17.	DO YOU PROVIDE SERVICES TO CLIENTS AT ANY OF THE LO							
	Arenas or Stadiums			.2 Schools				
	Bars, Taverns, or Nightclubs	_	· —	clear Facilities				
	Carnivals, Fairs, Circuses, or Flea Markets	(JOVeri	nment or Low-Income Housing Spo	orting Events				

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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?								
10.	☐ Yes	If ves	describe th	e					
			d operations						
		Subcon	tracted Cos	t:					
	Describe your subcontractor practic	~ec.							
	a. Do you have a written ag		nt in place w	ith all subcontr	actors?	'□ Yes □ No			
	b. Do you collect a Certifica	-	-				ren years? □ Yes □	No	
	c. Do you require that all s	ubcontra	actors carry	General Liabilit	y limits	of insurance equal to	yours? ☐ Yes ☐ No		
	d. Do you require that all s	ubcontra	actors carry	Auto Liability li	mits of	insurance equal to yo	urs? 🗆 Yes 🗆 No		
	e. Do you require that all s	ubcontra	actors includ	de you as an ad	ditional	insured on their polic	ies? □ Yes □ No		
EMPLO	OVEEC								
19.	PROVIDE INFORMATION ON YOUR	EMPLOY	EES (PROSP	ECTIVE YEAR)					
	Employee Type			ployees	A	Annual Payroll		Averag	ge Hourly Pay
		Fu	ıll 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			<u> </u>					
	Other:								
20.	IN THE PAST TWELVE MONTHS, HO	W MAN'	Y OF THE FO	LLOWING HAV	E YOU H	HAD?			
	New Hire	es				Voluntary Ter			
	Involuntary Termination					Layoffs or D	ownsizing		
21.	WHAT TYPE OF TRAINING PROGRAMS DO YOU PROVIDE TO YOUR GUARDS? (Check all that apply)  ☐ None ☐ Firearms								
	☐ Written Manual					☐ CPR / First Aid			
	☐ Power of Arrest					☐ De-escalation			
	☐ Safe Driving					☐ Theft Prevention	ı		
	Report Writing					☐ On the Job Train	ing		
	☐ Limits on Force					☐ Other:			
22.	WHICH PRE-EMPLOYMENT BACKGR	SULIND	THECKS DO Y	VOLUBILING (Che	ck all th	nat annly)			
	□ None	100110	STECKS DO	roo norr. (ene	ck an ti	☐ Social Security N	lumber e-Verify		
	☐ Drug Screening					☐ Check Personal I	•		
	☐ Fingerprint Check					☐ Prior Employers			
	☐ Driving Record						ound Check (10-Years E		
	<ul> <li>□ Credit Check</li> <li>□ Security Guard License Check with State</li> <li>□ Other:</li> </ul>					Спескеа:)			
	If you run background checks, will y			with criminal hi	stories		oes of criminal historie	s which	would not disqualify an
	applicant.		, ,			,			
	Maria annula a constituta de la constitución de la		alama a la c			hahaaaa			NI/A
EIN A N	If you employ armed guards, do you CIAL INFORMATION	u verity t	that they are	e properly licen	sea wit	n the state to carry fire	earms? 🗆 Yes 🗀 N	10 🗆	N/A
23.	FOR THE PROSPECTIVE TERM, PROV	/IDE A B	REAKDOWN	I OF REVENUE (	SENERA	TED IN EACH CATEGO	RY BELOW.		
	Security Guard Serv		\$		-=		Non-Guard Clients \$	;	
	Alarm System or Security Monitoring \$ Goods or Products \$								
	Private/Background Investigat	ions :	\$			TOTAL DEVENUE ED	Other: \$		
						TOTAL REVENUE FR	OM ALL SOURCES\$ TOTAL PAYROLL \$		
						TOTAL F	MPLOYEE COUNT \$		
24.	PROVIDE INFORMATION ON YOUR	HISTORI	CAL REVENU	JE, PAYROLL, AI	ND EMF		<del>-</del>		
	Term		<b>Gross Sales</b>			Payroll	Employee Count		Premium
	20								
	20 <u> </u>	<del> </del> -							
	20								

		20						
25.	PR	OVIDE THE INFORMATION REQUESTED	BELOW FOR YOUR F	IVE LARGI	EST CLIENTS.			
	#	Client Name	Facili	ity Type		Pay	roll	Gross Sales
	1							
	2							
Ī	3							
	4							
	5							
26.	DO	YOU PROVIDE SERVICES TO CLIENTS IN	ANY OF THE COUNT	TIES BELO	W? (Check all that apply)	'		•
		Clark County, NV		Los Ange	eles County, CA		State of Florida	
		Cook County, IL		Maricop	a County, AZ		State of Georgia	
		Harris County, TX		Philadel	ohia County, PA		State of Louisiana	a
		Kings County, NY		Wayne C	County, MI		State of Washing	ton
	If a	ny work is performed in these counties	, provide information	n on the t	ype of activity, the scope of	your service	s, and % of total pa	ayroll 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?					□ 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 no	ot own on your be	half?			
29.	DO YOU OBTAIN MOTOR VEHICLE REPORTS (MVRs) F	OR ALL EMPLOYE	S DRIVING ON YOUR	R BEHALF?	☐ Yes	□ No
	If yes, select the box below which most closely des	scribes the freque	ncy at which you rev	riew MVRs (check all that apply):		
	☐ At Hiring ☐ Monthly	☐ Quarterly	□ Annual	☐ Continuous ("Pull Program")		
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)					
	☐ One Moving Violation in Past 5 Years	İ	☐ One At-Fault Acc	ident in Past 5 Years		
	☐ Two Moving Violations in Past 5 Years	İ	☐ Two At-Fault Acc	idents in Past 5 Years		
	☐ Three or More Moving Violations in Past	5 Years	☐ Three At-Fault A			
	☐ Intoxicated Driving (DUI/DWI)		☐ Inactive of Suspe	ended License		
	☐ Other:					
31.	WHAT IS YOUR ANNUAL COST OF HIRED AUTOS?	•				

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## **GENERAL REMARKS SECTION:**

#### 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

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