



SCOTTSDALE INSURANCE COMPANY®

Home Office: One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

Security Guards and Related Operations General Liability Application

Applicant's Name
Mailing Address
Location

Agent Name
Address

PROPOSED EFFECTIVE DATE:
From To
12:01 A.M., Standard Time at the address of the Applicant.

Applicant is: Individual Corporation Partnership Joint Venture
Limited Liability Company Other (Specify):

LIMITS OF LIABILITY REQUESTED

PREMIUMS

Table with 2 columns: LIMITS OF LIABILITY REQUESTED and PREMIUMS. Rows include General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, Each Occurrence, Fire Damage, Medical Expense, and Other Coverages.

A. How long has applicant been in business?

B. Branch offices and locations:

- 1.
2.
3.

C. Operations conducted in the following states:

State Licensed with state? Yes No License #:
State Licensed with state? Yes No License #:
State Licensed with state? Yes No License #:

D. Risk contact, title, phone number:

E. Total number of employees:

F. **Number of unarmed employees** \_\_\_\_\_ Estimated Payroll \_\_\_\_\_ Gross Sales \_\_\_\_\_

**Number of armed employees** \_\_\_\_\_ Estimated Payroll \_\_\_\_\_ Gross Sales \_\_\_\_\_

Any armed guards in retail stores?  Yes  No Arrest authority?  Yes  No

G. **Total number of hours billed to clients annually:** \_\_\_\_\_

H. **Are ALL armed personnel certified for use of firearms by a state agency or a firearms certification school?**  
 Yes  No

I. **Does applicant have Workers' Compensation coverage in force?**  Yes  No

J. **Does applicant lease employees?**  Yes  No

K. **Does applicant subcontract work?**  Yes  No If yes, what type? \_\_\_\_\_

Are certificates of insurance required from all subcontractors?  Yes  No

Annual cost of subcontracted work: \_\_\_\_\_

L. **Are background investigations and checks conducted on new employees?**  Yes  No

If yes, describe procedures used for pre-employment checks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

M. **Does the applicant have a training program for employees?**  Yes  No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does applicant have a training manual?  Yes  No

N. **Does applicant use a record-keeping log for each job?**  Yes  No

O. **Does applicant use dogs?**  Yes  No If yes, number with handlers: \_\_\_\_\_ without handlers: \_\_\_\_\_

P. **List the applicant's ten largest clients. Indicate type of operation performed and duties involved:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

**Q. Number of supervisors:** \_\_\_\_\_ **Describe duties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do they perform investigative or guard duties?     Yes     No

Does the applicant bill hours to the client?     Yes     No

**R. Is applicant involved in any other operations or business?**     Yes     No    If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**S. Does applicant conduct any operations involving nuclear power plants?**     Yes     No

**T. Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):**

Private Investigation	Armed Payroll	Unarmed Payroll	Private Investigation	Armed Payroll	Unarmed Payroll
Arson Investigation			Records check		
Computer fraud			Surveillance—describe:		
Corporate—employee dishonesty					
Credit pre-employment screening					
Domestic			Undercover operations		
Insurance claim investigation			Other—describe:		
Legal					
Missing person					

**Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):**

Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll	
Airport Security			Housing: Apartments—Public housing authorities, Section 8, HUD			
Alarm monitoring: Burglary/fire						Apartments—middle to high income
Medical Emergency						
Alarm Response			Condominiums			
Baggage handling security			Homeowners associations			
Banks			Private residences			
Construction sites			Immigration detention centers			
Criminal detention centers			Manufacturing/warehousing			
Fast food restaurants			Motels/hotels			

**Annual Payroll—Guard Services (continued)**

<b>Guard Services</b>	<b>Armed Payroll</b>	<b>Unarmed Payroll</b>	<b>Guard Services</b>	<b>Armed Payroll</b>	<b>Unarmed Payroll</b>
<b>Offices, hospitals, churches</b>			<b>Schools</b>		
<b>Parking lot security</b>			<b>Special events:</b> Athletic events—describe type:		
<b>Restaurants, night clubs, discos, bars</b>					
Bouncers			Concerts—describe (rock & roll, hard rock, rap, country, other):		
<b>Retail Operations:</b> Clothing					
Department stores			Other—describe:		
Liquor stores					
Shopping centers			<b>Strike work</b>		
Supermarket/ convenience stores			<b>Utility property security</b>		
All other			<b>Other—describe:</b>		

<b>Miscellaneous Services</b>	<b>Armed Payroll</b>	<b>Unarmed Payroll</b>	<b>Miscellaneous Services</b>	<b>Armed Payroll</b>	<b>Unarmed Payroll</b>
<b>Alarm installation, service or repair</b>			<b>Drug testing</b>		
			<b>Firearms certification school</b>		
<b>Auto repossession</b>			<b>Insurance adjusters</b>		
<b>Bail bond operations</b>			<b>Polygraph work</b>		
<b>Bounty hunters</b>			<b>Process servers</b>		
<b>Bodyguards</b>			<b>Repossession/collection work</b>		
<b>Courier or escort services:</b> Armored car service			<b>School crossing guards</b>		
			<b>Security consulting</b>		
Courier—non-negotiable			<b>Security guard school/ training for others</b>		
Courier—negotiable					
Courier escort			<b>Shopping service</b>		
Funeral escort			<b>Traffic Control</b>		
<b>Dog services:</b> With handler			<b>Other—describe:</b>		
				Without handler	
<b>Drug surveillance</b>					

U. Please attach (A) Any descriptive advertising literature; (B) Copy of Insured's standard performance contract with client; (C) Copies of all agreements in which the Insured has assumed liability.

V. During the past three years has any company ever cancelled, declined or refused to renew similar insurance for the applicant? (Not applicable to Missouri applicants.)  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF 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.

FRAUD WARNING

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.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT \_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE