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Please select Admitted Coverage(s) to be Quoted		
Auto Liability <input type="checkbox"/>	Property <input type="checkbox"/>	Workers' Comp <input type="checkbox"/>
Inland Marine <input type="checkbox"/>	Crime <input type="checkbox"/>	

Producer: _____

Producer Is: Wholesaler Retailer

Email: _____

Proposed Effective Date: _____

If Renewal, Provide Current Policy No.: _____

SECURITY GUARD, PRIVATE INVESTIGATIVE, ALARM, OR FIRE SUPPRESSION OPERATIONS

GENERAL INFORMATION

1. Applicant: _____

2. Street Address: _____

Mailing Address (if different than above): _____

Additional Locations (if any):

a. _____

b. _____

c. _____

d. If additional space is necessary, please provide additional worksheet.

Please help us keep our records up-to-date. If it is possible that we have your company listed in our files under a different name or address, please write the old name and address here: _____

3. Web-Site Address: _____

4. Name of contact person for inspection/audit: _____ Tele No.: _____ Email: _____

5. Applicant is: Individual Corporation Partnership Other (Describe): _____

6. Business Information:

a. Years in business under this name: _____ Years' experience in this field: _____

b. Please describe duties of the Owner(s): _____

c. Is Applicant involved in any other operations? Yes No If Yes, please describe: _____

d. Any other states of operations: _____

e. Is the Company a division of a larger corporation or a subsidiary? Yes No

f. Has any carrier cancelled or refused to renew Applicant's business? (Not applicable in Missouri) Yes No
If Yes, for what reason? _____

7. Provide the names of Applicant's five largest clients and a description of your duties for them:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

8. Does your company have the following in place:

- a. A written drug and alcohol policy? Yes No
- b. Criminal background checks? Yes No
- c. A designated safety coordinator? Yes No
- d. Prompt reporting of all employee injuries? Yes No
- e. A formal accident review & investigation program? Yes No
- f. Any group transportation involved? Yes No
- g. Transitional duty/light duty program in place for injured workers? Yes No
- h. Physicals required at time of hiring? Yes No
- i. Random drug testing takes place? Yes No
- j. Company sponsored health insurance plans offered? Yes No
- k. Personal Protective Equipment provided to employees? Yes No
- l. Regularly scheduled safety and training meetings? Yes No

9. Employee Selection and Training

a. Pre-employment Screening Procedure (check all applicable):

- Prior Employment Check Personal Reference Psychological Testing Other: _____
 Drug Screening MVR Background Check _____

b. Training Program Includes (check all applicable):

- Written Manual Report Writing CPR On the Job
 Firearms Use of force Powers of Arrest Other: _____

c. Training – Please describe how field employees are trained (i.e., on-the-job, formal training program): _____

d. Trade Association Membership held? _____

e. Are you and all of your employees and/or subcontractors lawfully licensed in the jurisdictions in which you operate? Yes No

If no, please explain: _____

f. What background do the principals of this organization have in public or private law enforcement/security? _____

g. Officer Training – If required by the state, how many hours does the Applicant participate in annually?

- 8 hrs or less 8-15 hrs 15-30 hrs 30 hrs or more training is not required by the state

- 10. a.** Annual Security Armed Guard Operations Payroll: \$ _____ Receipts: \$ _____
Annual Security Unarmed Guard Operations Payroll: \$ _____ Receipts: \$ _____
Annual Investigative Operation Payroll: \$ _____ Receipts: \$ _____
Annual Alarm Operation Payroll: \$ _____ Receipts: \$ _____
Annual Fire Suppression Operation Payroll: \$ _____ Receipts: \$ _____
of Full-Time Field Employees: _____ Full-Time Payroll: \$ _____
of Part-Time Field Employees: _____ Part-Time Payroll: \$ _____
Independent Contractors – Cost: \$ _____
- b.** Annual Number of Billed Hours: _____
- c.** Number of Armed Guards: _____ Number of Unarmed Guards: _____

WORKERS' COMPENSATION

Information Required with Submission: [please attach]

- Acord Workers' Compensation Application
- Currently valued Carrier Loss Runs valued within past 60 days [5 years required]
- Historical exposure and premium information
- Most current experience mod worksheet

1. Number of employees: Total _____ Full-Time _____ Part-Time _____ Temporary _____
2. Are there any installers performing at heights above 20 feet? Yes No
3. Are any employees over the age of 60? Yes No If Yes, how many? _____
Please explain their job responsibilities: _____
4. How many autos are used in your business? _____
5. Does Applicant have an observe and report procedure in place? Yes No
6. Does Applicant use any subcontractors? Yes No
 - a. What kind of work is subcontracted? _____

 - b. What percentage of work is subcontracted? _____
7. Does Applicant perform any work in the following cities:

New York City	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicago	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Boston	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Los Angeles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Washington D.C.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
San Francisco	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMERCIAL AUTOMOBILE

Information Required with Submission: [please attach]

- Acord Automobile Application- including complete driver list and vehicle schedule
- Currently valued Carrier Loss Runs valued within past 60 days [5 years required]
- Current MVRS for all drivers

1. Are employees trained in accident reporting procedures? Yes No
2. Does Applicant have a formal driver safety training program? Yes No
3. Does Applicant have a written policy prohibiting the use of cell phones while operating company vehicles?
 Yes No
4. Does Applicant follow a scheduled vehicle maintenance program? Yes No
5. Does Applicant allow any personal use of company vehicles? Yes No
If Yes, please describe: _____
6. Does Applicant allow employees to take vehicles home? Yes No
If Yes, please describe: _____
7. Does Applicant allow family members to drive company vehicles? Yes No
If Yes, please provide valid driver info for each family member: _____
8. Does Applicant allow employees use their own vehicle for company purposes? Yes No
If Yes, please describe who, how often, and what purpose: _____
9. What is the total cost of hired cars (rental receipts) per year? _____
10. Are 100% of your employees covered under Workers' Compensation? Yes No
11. Are there any drivers under the age of 21 or over the age of 70? Yes No
If Yes, how many drive for business purposes or may commute to and from work sites? _____
12. Do any employees use their own vehicle for company purposes, excluding commute to/from premises?
 Yes No
If Yes, please provide details: _____
13. Do any employees drive their own vehicle to and from any worksites? Yes No
If Yes, please describe number of employees, average number of trips per day, and average distance traveled: _____

14. Does Applicant verify that the employee's vehicles are in good working order and are regularly maintained?
 Yes No
If Yes, please provide details: _____
15. Does Applicant collect and maintain Certificates of Personal Auto insurance from employees annually?
 Yes No
16. What is the minimum limit of auto liability insurance you require your employees who use their personal vehicles for business purposes to carry? _____
17. Approximately what percentage of your time does Applicant's commercial vehicles travel:
Within 50 miles: _____ % Between 50-200 miles: _____ % Over 200 miles: _____ %
18. **Driver Selection Criteria:**
 - a. Does Applicant order MVRs for each employee **pre-hire** and **annually**? Yes No
 - b. Is an MVR evaluation program in effect? (**please attach a copy**) Yes No
 - c. Does Applicant take disciplinary action for poor drivers? Yes No

COMMERCIAL PROPERTY

Information Required with Submission: [please attach]

- Acord Property Application
- Currently valued Carrier Loss Runs valued within past 60 days [5 years required]

1. Is property protected by a central station alarm? Yes No
2. Please describe the private protection on premises during non-business hours: _____
3. Are fire extinguishers located on each floor? Yes No

COMMERCIAL INLAND MARINE

Information Required with Submission: [please attach]

- Acord Inland Marine Application
- Currently valued Carrier Loss Runs valued within past 60 days [5 years required]

1. Is a formal equipment maintenance program in effect? Yes No
2. Is equipment locked or stored in a secure area? Yes No
3. Are employees trained on the use of each piece of equipment? Yes No

COMMERCIAL CRIME

Information Required with Submission: [please attach]

- Currently valued Carrier Loss Runs valued within past 60 days [5 years required]

1. Desired Insuring Agreement(s), Limit(s), Deductible(s)

Insuring Agreement	Limit(s) of Insurance	Deductible(s)
Employee Theft	\$ _____	\$ _____
Forgery or Alteration	\$ _____	\$ _____
Inside the Premises - Theft of Money and Securities	\$ _____	\$ _____
Inside the Premises - Robbery or Safe Burglary of Other Property	\$ _____	\$ _____
Outside the Premises	\$ _____	\$ _____
Computer Fraud	\$ _____	\$ _____
Funds Transfer Fraud	\$ _____	\$ _____
Money Orders and Counterfeit Money	\$ _____	\$ _____
Clients' Property	\$ _____	\$ _____

2. Does Applicant have any contracts or perspective clients requesting this coverage? Yes No
If yes, please provide details: _____
3. Does Applicant perform any courier/ messenger/ armored car services? Yes No
If yes, maximum dollar amount you carry: _____
4. Are supervisors required to perform random jobsite inspections? Yes No
If yes, please explain procedure: _____
5. How often are financial audits performed, and by whom: _____
6. Have all recommendations made by the accountant been adopted? Yes No

7. Are incoming checks stamped "For Deposit Only" immediately upon receipt? Yes No
8. Are all banks accounts reconciled by someone not authorized to deposit, withdraw, or write checks? Yes No
9. How often are bank accounts reconciled? _____
10. Is countersignature of checks required? Yes No
If not, who is authorized to sign checks: _____
11. Are invoices stamped "Paid" when checks are signed? Yes No
12. Is dual authorization required for all wire transfers? Yes No
13. Is the payroll made up by someone other than those who distribute to employees? Yes No
14. Are all who are authorized to hire or fire prohibited from distributing the payroll? Yes No
15. Are changes to the payroll system approved by a higher ranking manager? Yes No
16. Are persons who are authorized to make changes to the payroll system prohibited from making changes to their own status and pay in the system? Yes No
17. Are passwords and access codes changed at regular intervals and when users are terminated? Yes No
18. Indicate any of the following characteristics or exposures that apply to your business operations:
 Precious metals or gemstones Managed asset of others Drugs or medicines
 Warehousing operations Care, custody or control of clients' property Computer chips or electronic components
19. Do your employees have access to cash? Yes No
If yes, please provide: average amount: _____ maximum amount: _____
20. Do your employees conduct their duties on the premises of clients under circumstances that expose them to the clients' valuable property? Yes No
If yes, please explain: _____
21. List the names of Employee Benefit Plans required to be bonded by Title 1 of the Employee Retirement Income Security Act of 1974. _____

FRAUD NOTICE

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 applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA

APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: 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.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

Agency Name

Agency Code

License Number

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.