



CRUM & FORSTER®

A FAIRFAX COMPANY

Surplus & Specialty Lines Security

26600 Telegraph Road

Southfield, MI 48033

SEND SUBMISSIONS TO: CFSecurity@cfins.com

www.cfins.com

NEW BUSINESS SECURITY APPLICATION – WORKERS’ COMPENSATION AND AUTO LIABILITY

APPLICANT			
1. Applicant			
2. Street Address			
Mailing Address (if different)			
If any Additional Locations, 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. Contact person for inspection/audit	Name	Telephone	
	Email		
5. Applicant is	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe):		
BUSINESS INFORMATION			
6. Years In Business under this name		Years of experience in this field	
Please describe duties of the Owner(s):			
Is Applicant involved in any other operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:			
Any other states of operations:			
Is the Company a division of a larger corporation or a subsidiary?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has any carrier cancelled or refused to renew Applicant’s business? (Not applicable in Missouri)			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Provide the names of Applicant’s five largest clients and a description of your duties for them:			
(1)			
(2)			
(3)			
(4)			
(5)			

9. Does your company have the following in place:	
A written drug and alcohol policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal background checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A designated safety coordinator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prompt reporting of all employee injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A formal accident review & investigation program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any group transportation involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transitional duty/light duty program in place for injured workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physicals required at time of hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Random drug testing takes place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company sponsored health insurance plans offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Protective Equipment provided to employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regularly scheduled safety and training meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYEE SELECTION AND TRAINING	
10. Pre-employment Screening Procedure (check all applicable):	
<input type="checkbox"/> Prior Employment Check <input type="checkbox"/> Personal Reference <input type="checkbox"/> Psychological Testing <input type="checkbox"/> Background Check <input type="checkbox"/> Drug Screening <input type="checkbox"/> MVR <input type="checkbox"/> Other:	
Training Program Includes (check all applicable):	
<input type="checkbox"/> Written Manual <input type="checkbox"/> Report Writing <input type="checkbox"/> CPR <input type="checkbox"/> On the Job <input type="checkbox"/> Firearms <input type="checkbox"/> Use of Force <input type="checkbox"/> Powers of Arrest <input type="checkbox"/> Other:	
Training – Please describe how field employees are trained (i.e., on-the-job, formal training program):	
Trade Association Membership held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you and all of your employees and/or subcontractors lawfully licensed in the jurisdictions in which you operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
What background do the principals of this organization have in public or private law enforcement/security?:	
Officer Training – If required by the state, how many hours does the Applicant participate in annually?	
<input type="checkbox"/> 8 hrs or less <input type="checkbox"/> 8-15 hrs <input type="checkbox"/> 15-30 hrs <input type="checkbox"/> 30 hrs or more <input type="checkbox"/> training is not required by the state	

PAYROLL AND RECEIPTS

11. 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	\$		
Annual Number of Billed Hours			
Number of Armed Guards		Number of Unarmed Guards	

WORKERS' COMPENSATION

Information Required with Submission: [please attach]

- Acord Worker's 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?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are any employees over the age of 60?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does Applicant use any subcontractors?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
What kind of work is subcontracted?								
What percentage of work is subcontracted?							%	
7. Does Applicant perform work in the following cities:								
New York City	<input type="checkbox"/> Yes <input type="checkbox"/> No		Los Angeles	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Chicago	<input type="checkbox"/> Yes <input type="checkbox"/> No		Washington D.C.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Boston	<input type="checkbox"/> Yes <input type="checkbox"/> No		San Francisco	<input type="checkbox"/> Yes <input type="checkbox"/> No				

COMMERCIAL AUTO**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does Applicant have a formal driver safety training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does Applicant have a written policy prohibiting the use of cell phones while operating company vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does Applicant follow a scheduled vehicle maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does Applicant allow any personal use of company vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
6. Does Applicant allow employees to take vehicles home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
7. Does Applicant allow family members to drive company vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide valid driver info for each family member:	
8. Does Applicant allow employees to use their own vehicles for company purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are there any drivers under the age of 21 or over the age of 70?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
13. Do any employees drive their own vehicle to and from any worksites?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe number of employees, average number of trips per day, and average distance traveled:	
14. Does Applicant verify that employee vehicles are in good working order and regularly maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
15. Does Applicant collect and maintain Certificates of Personal Auto insurance from employees annually?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 time does Applicant's commercial vehicles travel:					
Within 50 miles:		%	Between 50-200 miles:		%
18. Driver Selection Criteria					
Does Applicant order MVRs for each employee pre-hire and annually?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an MVR evaluation program in effect (please attach a copy)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant take disciplinary action for poor drivers?					<input type="checkbox"/> Yes <input type="checkbox"/> No

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*

*** 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.