

SECURITY GUARD / PATROL / **DETECTIVE AGENCY SUPPLEMENT** (Include Acord Application)

Applicant's Name: Loca		ation Address:	tion Address:		
Mailing Address:		-	 		
Phone:		F:	ax:		
1) Employee Information: (Part time	e are those working l	ess than 30 hour	s per wee	k)	
A. <u>Description</u>	Estimated Total Payroll	# of Full Ti		# of Part Time Employees	
Armed Guards Unarmed Guards Alarm Monitoring Armed Detectives Unarmed Detectives Armed Field Supervisors Unarmed Field Supervisors Clerical & Administrative Other B. Total Anticipated Annual Reco					
2) Is applicant involved in any of the fo					
Airport Security Alarm Installation Alarm Monitoring Apartment Buildings or Grounds Body Guards Bouncers Collections Agencies or Collection Concerts (Rap, Reggae or Rock) Concerts (other) Construction Sites Dogs-With Handlers Dogs-Without Handlers Hotels/Motels Buildings or Grounds Nightclubs or Bars while Open for B Polygraph Operations Retail Stores while Open for Busine Retail Stores while Open for Busine Training School Utilities	Work S Business ess (Armed Guards)	YES		Percent (%)	

(ATTACH EXPLANATION WITH FULL DETAILS FOR ALL "YES" ANSWERS)

3)	Describe specific assignments requiring armed personnel:				
4)	Describe training provided and qualifications required of armed personnel:				
5)	Describe training program for new employees:				
6)	Describe pre-employment screening procedures:				
7)	Are dogs used in Patrol Operations? Yes No If yes, number with handlers: w/out handlers: Type of assignments involving use of Dogs:				
8)	Are independent contractors used?				
	What is the Cost? \$ Number of Individuals				
	Are Independent contractors required to provide certificates of insurance for: General Liability Coverage?				
	The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material acts have been suppressed or misstated.				
C	Completion of this form does not bind coverage or commit the Company to policy issuance.				
	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits nd application or files a claim containing a false or deceptive statement is guilty of insurance fraud.				
Д	Applicant:Producer:				
S	Signature: Signature: Date				