

# General Liability Insurance Application For Security Guard And Detective/Private Investigators



**SierraSpecialty**

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## General Information

1. Name \_\_\_\_\_
2. Physical address \_\_\_\_\_
3. Mailing address \_\_\_\_\_
4. Effective date requested \_\_\_\_\_ Date current coverage expires \_\_\_\_\_
5. Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_
6. Date established \_\_\_\_\_ FEIN # \_\_\_\_\_  
License # \_\_\_\_\_ Website \_\_\_\_\_
7.  Individual       Partnership       Joint Venture       Trust       Limited Liability Company  
 Organization (Other than Partnership, Joint Venture, or Limited Liability Company)
8. Have you ever operated under another name?  Yes  No  
Name of entity \_\_\_\_\_
9. Industry experience \_\_\_\_\_
10. Please list any non-security related operations. \_\_\_\_\_
11. Do you subcontract work to others?  Yes  No
  - a. What operations are subcontracted? \_\_\_\_\_
  - b. What is the payroll for the subcontracted work? \_\_\_\_\_
  - c. Do you require GL or WC certificates from subcontractors?  Yes  No
  - d. Do the subcontractors carry GL limits equal to or greater than the limits requested on this application?  Yes  No
  - e. Are you named as an additional insured on all subcontractor policies?  Yes  No
  - f. If either of the above questions are "No," is your subcontracted payroll included in your total payroll estimate?  Yes  No
12. What does your pre-employment screening process include?  
 Criminal Background       Driving Record       Drug Screen       Fingerprint Check       Polygraph  
 Prior Employment Contacted       Psychological Test       Other \_\_\_\_\_
13. Do you have a new employee training program?  Yes  No  
Please describe \_\_\_\_\_
14. Number of employees \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Armed \_\_\_\_\_ Unarmed \_\_\_\_\_  
Do you employ any off duty police officers?  Yes  No How many? \_\_\_\_\_
15. Please describe your gun control program if employees are armed. \_\_\_\_\_
16. Do your operations involve the use of drones, unmanned aircraft or robots?  Yes  No  
If "Yes," please explain \_\_\_\_\_
17. Do your security officers have power of arrest or detention authority?  Yes  No  
Please describe \_\_\_\_\_

18. Do you sell products?  Yes  No  
 If "Yes," what type of products do you sell? \_\_\_\_\_
19. Do you operate a training school for guards that are not your employees?  Yes  No
20. Do you provide any alarm installation or monitoring service?  Yes  No  
 If "Yes," please also submit the Alarm/Electronic Security application (SGL 201).
21. Do you enter into a standard contract with clients?  Yes  No  
 Percentage under contract \_\_\_\_\_%
- Please attach a copy of your standard contract to this application for review.**

**Coverage & Limits Section**

22. Limits requested  \$1M/\$2M  \$1M/\$3M  \$1M/\$4M  \$1M/\$5M  Other \_\_\_\_\_
23. Deductible requested  \$0  \$1,000  \$2,500  \$5,000
24. Do you require any of the below coverages to fulfill client contract requirements?  
**Please note that some of these coverages may require additional premium.**  
 Additional Insured  Employee Benefits Liability  Hired/Non-owned Auto  
 Per Project Aggregate  Primary Wording  Stop Gap  Waiver of Subrogation  
 Do you have a primary commercial auto policy in force?  Yes  No
25. Do you require excess/umbrella coverage?  Yes  No  
 If "Yes," what limit is needed? \_\_\_\_\_  
**If excess/umbrella coverage is required please complete the excess portion of the application.**

**Security Guard Section**

26. Estimated annual security guard payroll. \$ \_\_\_\_\_
27. Do you use canines?  Yes  No
28. Do you have a written procedure for reporting incidents?  Yes  No
29. Are security officers provided with any of the following equipment for use in their duties?  
 Aerosol chemicals  Yes  No Flashlights  Yes  No Handcuffs  Yes  No  
 Night Stick – PR24 or ASP  Yes  No Night Stick – Standard  Yes  No
30. Do you use mobile equipment such as, but not limited to, golf carts?  Yes  No
31. Please provide percentage breakdown for all security guard and armored car operations below. Some operations may require further explanation.

Operations	% Armed	% Unarmed	Operations	% Armed	% Unarmed
Airports	%	%	Hotels/Motels	%	%
Apartments – Low Income/HUD/Section 8 Housing	%	%	Industrial/Warehouses/ Factories	%	%
Apartments – Mid/High Income Housing	%	%	Liquor Stores	%	%
Armored Cars	%	%	Movie Theaters	%	%
Auto Dealerships	%	%	Museums/Galleries	%	%
Banks	%	%	Parking Garages	%	%
Bars/Nightclubs/Taverns	%	%	Residential – HOA/Condos/Townhomes	%	%
Bodyguard/Executive Protection	%	%	Restaurants	%	%
Cannabis Industry	%	%	Retail Stores – Inside/Surveillance	%	%
Casinos	%	%	Retail Stores – Outside/Parking Lots	%	%
Churches	%	%	Security Consulting	%	%



39. Have any claims been made over the last five (5) years?  Yes  No
40. Do you have any knowledge of incidents that could lead to a claim in the future?  Yes  No  
If "Yes," please explain. \_\_\_\_\_
41. Has your insurance been cancelled, declined or non-renewed in the last three (3) years?  Yes  No  
If "Yes," please explain. \_\_\_\_\_
42. Total number of clients. \_\_\_\_\_
43. Please list your six (6) largest clients:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Operations Information**

Some operations indicated earlier need additional explanation. If you are involved in any of the below listed operations, please provide additional details.

**Airports**

Please provide a list of any airports where you provide services.

\_\_\_\_\_  
\_\_\_\_\_

Do you provide assistance to passengers with disabilities?  Yes  No

Do you provide passenger or personnel screening?  Yes  No

Do you provide baggage screening services?  Yes  No

Do you provide screening of cargo or take custody of any cargo?  Yes  No

**Executive Protection/Bodyguarding**

Do you provide security for any public figures such as celebrities, athletes, entertainers or politicians?  Yes  No

If "Yes," please describe for who and what services are provided. \_\_\_\_\_

**Special Events**

If you provide services at any special events including but not limited to sporting events, concerts, conventions, trade shows, parties and/or weddings, please list the events below.

\_\_\_\_\_  
\_\_\_\_\_

Do you security check the public entering the event?  Yes  No

What is the maximum number of people attending the events where you provide security? \_\_\_\_\_

Are you responsible for crowd control?  Yes  No

**Apartments/Residential**

Please list the name of your apartment complexes including addresses.

Name of Apartment	Address
_____	_____
_____	_____
_____	_____

Is your company involved in providing security services at low income, government owned, HUD or Section 8 housing?  Yes  No

**Schools & Colleges**

Please provide a list of any schools or colleges where you provide security services.

\_\_\_\_\_  
\_\_\_\_\_

- Do you physically check students entering buildings?  Yes  No
- Do you have any work at dormitories or student housing?  Yes  No
- Do security officers working at these locations receive site specific pre-screening and training?  Yes  No

**Restaurants**

Please provide a list of any restaurants where you provide security services.

Name of Restaurant	Address	Hours of Operation
_____	_____	_____
_____	_____	_____

- Do any serve alcohol past 11PM?  Yes  No
- Do any have a dance floor and/or live entertainment?  Yes  No

**Fraud Warnings**

Warning – Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**Alabama** – 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 restitution fines or confinement in prison, or any combination thereof.

**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.

**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 for 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. [DC Code]

**Florida** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky** – 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.

**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 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.

**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 insurance 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 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.

**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 include imprisonment, fines and 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.

Are you or your company aware of any facts, circumstances, incidents, or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? If "Yes," please attach a detailed explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Signature Section**

Notice to applicants: this application must be completed in full as the quote will be based solely on the information provided. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. By signing this application, the signor warrants that to their best knowledge all information given is true and accurate.

\_\_\_\_\_  
Principal, Owner or Officer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Principal, Owner or Officer Printed Name

\_\_\_\_\_  
Date