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Security Industry General Liability (E&O) Application Section 1-General Information

Insured's Name (Including dba's): _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Physical Address: _____

City: _____ St: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ Cell: _____ Fax: _____

Email Address: _____

Effective Date Desired: _____

Individual Partnership Corporation Other

FEIN: _____ License Number: _____

How long in the Security business? _____ How long under this name? _____

Has the applicant operated under any other name? Yes No

If "yes", please identify: _____

Application Classification:

____ % Security Service ____ % Investigations ____ % Consulting ____ % Alarm Service and Monitoring

Limit of Liability Desired

Each Occurrence: _____ Aggregate: _____

In regards to your clients, do you assume any duties not related to security?

Yes No

If "yes", please explain below



Please provide a list of your (5) five largest clients, along with a description of services:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Are the majority of your clients under contract? Yes No

If yes, how many include hold harmless clauses? _____

Is workers' compensation coverage currently in force? Yes No

If "no" please explain: _____

Section II – Operations

Name of Owner(s), Partner(s) and Shareholder(s), their percentage of ownership and background in this industry:

Will the principals perform guard/investigative operations? Yes No

Please describe duties of supervisors:

Average number of officers per supervisor: _____

Employee training consists of:

- Written Manual Report Writing Powers of Arrest On the Job
 Firearms CPR Other

Pre-Employment screening procedures for employees (check all that apply):

- Driving Record (MVR) Psychological Test Drug Screen
 Fingerprint Check Personal References Other _____

Number of hours billed to client(s) annually: Unarmed Armed

Number of officers: Full Time Part Time Unarmed Armed



Do you use any golf carts for patrol? Yes No
 If yes, are they equipped with lights? Yes No
 Will the public be transported? Yes No
 Are driving records checked? Yes No
 Do you anticipate using dogs? *Must be leashed not to extend 6 ft. Yes No
 Number of dogs used with handlers: _____ Number of dogs without handlers: _____
 Do any of your officers use tasers in their operations? Yes No
 Any operations performing security services where jewelry, money, securities or furs are present?
 Yes No
 Of what professional associations are you a member? _____

Section III – Projected Annual Payroll (Not Including Owners and Clerical Staff)

***Your liability insurance carrier defines Independent Contractors as workers who carry their own license and their own liability insurance. All other employees who are 1099 or W2 are considered “on the payroll” and their salaries should be included on the table below.

Based on the above definition, do you have any independent contractors? Yes No

If “yes”, please give their total salaries: _____

| Guard Services | Unarmed Payroll | Armed Payroll |
|----------------------------------|----------------------|----------------------|
| Airports (non-public) ** | <input type="text"/> | <input type="text"/> |
| Airports (public) ** | <input type="text"/> | <input type="text"/> |
| Armored Car | <input type="text"/> | <input type="text"/> |
| Banks | <input type="text"/> | <input type="text"/> |
| Bounty Hunting/Bail Enforcement | <input type="text"/> | <input type="text"/> |
| Car Dealerships | <input type="text"/> | <input type="text"/> |
| Churches | <input type="text"/> | <input type="text"/> |
| Construction or Demolition Sites | <input type="text"/> | <input type="text"/> |
| Convention/Trade Shows | <input type="text"/> | <input type="text"/> |
| Criminal Detention Centers** | <input type="text"/> | <input type="text"/> |
| Executive Protection | <input type="text"/> | <input type="text"/> |
| Fast Food Establishments | <input type="text"/> | <input type="text"/> |
| Federal Government Contracts | <input type="text"/> | <input type="text"/> |
| Gated Communities/Retirement | <input type="text"/> | <input type="text"/> |
| Government-Owned Housing** | <input type="text"/> | <input type="text"/> |
| Hotels/Motels | <input type="text"/> | <input type="text"/> |



| | | |
|---|------------------------|----------------------|
| Industrial (Factories, Warehouses, etc.) | | |
| Institutions (Hospitals, Clinics) | | |
| Liquor Establishments (Bars, Taverns, Etc.) | | |
| Local & State Contracts | | |
| Middle/High Income Housing** | | |
| Museums/Galleries | | |
| Office Buildings | | |
| Patrol Cars | | |
| Restaurants | | |
| Retail Stores (Parking Lots, Outside Perimeter)** | | |
| Retail Stores *Inside, Shoplifting, Door Duty)** | | |
| Schools | | |
| Special Events (Sports, Concerts, Etc)** | | |
| Strike Duty | | |
| Traffic Control | | |
| Transport/Courier Operations | | |
| Trucking Terminals | | |
| Waterfront/Piers/Marinas | | |
| Other** | | |
| Private Investigations | Unarmed Payroll | Armed Payroll |
| Executive Protection/Bodyguard Service** | | |
| Insurance, Legal, Credit, Pre-Employment | | |
| Lie Detection, Polygraph | | |
| Process Server | | |
| Security Consultant** | | |
| Total | | |

**Please refer to Section IV for a further explanation of operations

Average Hourly Wage: Full Time Part Time
 Annual Corporate Revenue: Full Time
 Alarm Operations: Estimated Revenue

Section IV – Description of Operations

**Please provide complete details of the following operations, if applicable.

Airport Work- Please describe all operations/duties performed:



Apartment Work- Please describe duties. If any government-owned, please provide list of addresses:

Criminal Detention Centers- Please describe all operations/duties performed:

Retail Work- Please describe types of stores, duties, and hours that guard(s) are on duty:

Special Events- Please describe events, locations and duties:

Bodyguard Work- Please describe duties. Any athletes, celebrities or entertainers? Yes No

Security Consulting- Please describe consulting clients and scope of services provided:

Other- Please describe all operations/duties performed:

Section V – Current Insurance Information

Current Carrier: _____

Inception Date: _____ Expiration Date: _____

Premium: _____ Deductible: _____

Limit of Liability: _____

Occurrence Form? Yes No



Has any company cancelled or declined to renew liability insurance?

Yes No

If "yes", please explain below

Do you require staff to report all unusual incidents to management?

Yes No

Have there been any claims or lawsuits in the past 5 years?

Yes No

If "yes", please explain below

*****PLEASE ATTACH FIVE YEARS OF COMPANY LOSS RUNS*****

Do you have any knowledge of any incidents which may give rise to a future claim?

Yes No

If "yes", please explain below

NOTICE TO APPLICANTS: This application must be completed in full as the quote will be based solely on the information provided. Any persons who knowingly and with the 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 act, which is a crime. Be aware of the laws in the states where you operate with regard to the use of firearms and weapons. By signing below, you are verifying that you 1) are aware of, understand and comply with the laws of the states in which you operate and 2) are aware that any claim you submit where an illegal device was used by you, your employee, or a subcontractor doing work for you may be denied.

Applicant Name: _____

Applicant Title: _____

Date: _____

Signature: _____