SCOTTSDALE INSURANCE COMPANY®
Home Office: One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

Security Guards and Related Operations General Liability Application

Applicant's Name _____

Mailing Address _____

_____

Location _____

_____

Agent Name _____

Address _____

_____

PROPOSED EFFECTIVE DATE:

From _____ **To**_____

12:01 A.M., Standard Time at the address of the Applicant.

Applicant is: ❑ Individual ❑ Corporation ❑ Partnership ❑ Joint Venture

❑ Limited Liability Company ❑ Other (Specify): _____

LIMITS OF LIABILITY REQUESTED		**PREMIUMS**
General Aggregate	$	Premises/Operations
Products & Completed Operations Aggregate	$	$
Personal & Advertising Injury	$	Products/Completed Operations
Each Occurrence	$	$
Fire Damage (any one fire)	$	Other
Medical Expense (any one person)	$	$
Other Coverages, Restrictions and/or Endorsements		Total
Deductible	$	$

A. How long has applicant been in business? _____

B. Branch offices and locations:

1. _____
2. _____
3. _____

C. Operations conducted in the following states:

State_____ Licensed with state? ❑ Yes ❑ No License #: _____

State_____ Licensed with state? ❑ Yes ❑ No License #: _____

State_____ Licensed with state? ❑ Yes ❑ No License #: _____

D. Risk contact, title, phone number: _____

E. Total number of employees:_____

GLS-APP-3s (2-97)

F. Number of unarmed employees_____ Estimated Payroll _____ Gross Sales _____

Number of armed employees _____ Estimated Payroll _____ Gross Sales _____

Any armed guards in retail stores? ❑ Yes ❑ No Arrest authority? ❑ Yes ❑ No

G. Total number of hours billed to clients annually: _____

H. Are ALL armed personnel certified for use of firearms by a state agency or a firearms certification school? ❑ Yes ❑ No

I. Does applicant have Workers' Compensation coverage in force? ❑ Yes ❑ No

J. Does applicant lease employees? ❑ Yes ❑ No

K. Does applicant subcontract work? ❑ Yes ❑ No If yes, what type? _____

Are certificates of insurance required from all subcontractors? ❑ Yes ❑ No

Annual cost of subcontracted work: _____

L. Are background investigations and checks conducted on new employees? ❑ Yes ❑ No

If yes, describe procedures used for pre-employment checks: _____

_____

_____

_____

M. Does the applicant have a training program for employees? ❑ Yes ❑ No If yes, describe: _____

_____

_____

_____

Does applicant have a training manual? ❑ Yes ❑ No

N. Does applicant use a record-keeping log for each job? ❑ Yes ❑ No

O. Does applicant use dogs? ❑ Yes ❑ No If yes, number with handlers: _____ without handlers: _____

P. List the applicant's ten largest clients. Indicate type of operation performed and duties involved:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Q. Number of supervisors: _____ Describe duties:_____

_____

_____

_____

Do they perform investigative or guard duties? ❑ Yes ❑ No

Does the applicant bill hours to the client? ❑ Yes ❑ No

R. Is applicant involved in any other operations or business? ❑ Yes ❑ No If yes, describe: _____

_____

_____

_____

_____

S. Does applicant conduct any operations involving nuclear power plants? ❑ Yes ❑ No

T. Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Private Investigation	Armed Payroll	Unarmed Payroll	Private Investigation	Armed Payroll	Unarmed Payroll
Arson Investigation			**Records check**		
Computer fraud			**Surveillance—describe:**		
Corporate—employee dishonesty					
Credit pre-employment screening					
Domestic			**Undercover operations**		
Insurance claim investigation			**Other—describe:**		
Legal					
Missing person					

Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll
Airport Security			**Housing:**		
Alarm monitoring:			Apartments—Public housing authorities, Section 8, HUD		
Burglary/fire			Apartments—middle to high income		
Medical Emergency					
Alarm Response			Condominiums		
Baggage handling security			Homeowners associations		
Banks			Private residences		
Construction sites			**Immigration detention centers**		
Criminal detention centers			**Manufacturing/warehousing**		
Fast food restaurants			**Motels/hotels**		

Annual Payroll—Guard Services (continued)

Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll
Offices, hospitals, churches			**Schools**		
Parking lot security			**Special events:**		
Restaurants, night clubs, discos, bars			Athletic events—describe type:		
Bouncers			Concerts–describe (rock &:roll, hard rock, rap, country, other):		
Retail Operations:					
Clothing					
Department stores			Other—describe:		
Liquor stores					
Shopping centers			**Strike work**		
Supermarket/ convenience stores			**Utility property security**		
			Other—describe:		
All other					

Miscellaneous Services	Armed Payroll	Unarmed Payroll	Miscellaneous Services	Armed Payroll	Unarmed Payroll
Alarm installation, service or repair			**Drug testing**		
			Firearms certification school		
Auto repossession			**Insurance adjusters**		
Bail bond operations			**Polygraph work**		
Bounty hunters			**Process servers**		
Bodyguards			**Repossession/collection work**		
Courier or escort services:			**School crossing guards**		
Armored car service			**Security consulting**		
Courier—non-negotiable			**Security guard school/ training for others**		
Courier—negotiable					
Courier escort			**Shopping service**		
Funeral escort			**Traffic Control**		
Dog services:			**Other—describe:**		
With handler					
Without handler					
Drug surveillance					

U. Please attach (A) Any descriptive advertising literature; (B) Copy of Insured's standard performance contract with client; (C) Copies of all agreements in which the Insured has assumed liability.

V. During the past three years has any company ever cancelled, declined or refused to renew similar insurance for the applicant? (Not applicable to Missouri applicants.) ❑ Yes ❑ No

If yes, explain: _____

_____

_____

_____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF 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.

FRAUD WARNING

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.

APPLICANT'S SIGNATURE _____ DATE _____

AGENT NAME _____ AGENT LICENSE NUMBER _____

(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE