

Producer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Excess & Surplus Lines License No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Proposed Effective Date: \_\_\_\_\_  
If Renewal, Provide Current Policy No.: \_\_\_\_\_

### COMBINED GENERAL LIABILITY APPLICATION

1. Applicant: \_\_\_\_\_
2. Street Address: \_\_\_\_\_  
Mailing Address (if different than above): \_\_\_\_\_  
Additional Locations (if any):
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. If additional space is necessary, please provide additional worksheet.
3. Name of contact person for inspection/audit: \_\_\_\_\_ Telephone No.: \_\_\_\_\_
4. Applicant is:  Individual  Corporation  Partnership  Other (Describe): \_\_\_\_\_
5. Coverage: \_\_\_\_\_
6. Limits: \_\_\_\_\_ Each Occurrence/Aggregate Deductible: \_\_\_\_\_
7. Operations (use percent %):  
\_\_\_\_\_ Guard/Patrol \_\_\_\_\_ Investigative \_\_\_\_\_ Safety Equipment  
\_\_\_\_\_ Alarm \_\_\_\_\_ Other: \_\_\_\_\_
8. How long has Applicant owned this business? \_\_\_\_\_
9. How many years experience does Applicant have in this field? \_\_\_\_\_
10. Is Applicant involved in any other operations?  Yes  No If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Describe the duties of owner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Provide the names of Applicant's five largest clients and a description of your duties for them:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Signed contract with all customers?  Yes  No

14. Percent % of customers under standard contract: \_\_\_\_\_

**PLEASE ATTACH COPY OF YOUR STANDARD CUSTOMER CONTRACT OR PURCHASE ORDER.**

15. Pre-employment Screening Procedure (check applicable):

\_\_\_\_ Prior Employment Check      \_\_\_\_ Drug Screening      \_\_\_\_ Personal Reference      \_\_\_\_ Psychological Testing  
\_\_\_\_ Polygraph      \_\_\_\_ MVR      \_\_\_\_ Background Check      \_\_\_\_ Other

Please describe "Other": \_\_\_\_\_

16. Training Program Consists of (check all applicable):

\_\_\_\_ Written Manual      \_\_\_\_ Report Writing      \_\_\_\_ CPR      \_\_\_\_ On The Job  
\_\_\_\_ Firearms      \_\_\_\_ Use of Force      \_\_\_\_ Powers of Arrest      \_\_\_\_ Other

Please describe "Other": \_\_\_\_\_

17. Is the Applicant licensed?  Yes  No    If Yes, please list all licenses: \_\_\_\_\_

\_\_\_\_\_

18. Does Applicant perform any work at facilities where explosives are handled or stored or at nuclear power plants?  Yes  No  
If Yes, describe: \_\_\_\_\_

19. Does Applicant perform any design work?  Yes  No    If Yes, fully describe: \_\_\_\_\_

20. Describe Trade Association Memberships held: \_\_\_\_\_

**Claim/Loss History:** if none, so state. Attach five (5) years currently valued loss runs with application, if available. Verified loss runs required to bind.

Date	Description	Paid Amount	Reserves	Status (Open/Closed)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any additional incidents that have occurred that may result in a claim being made against Applicant. If none, so state:

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

**Policy Information:**

Carrier	Policy Period	Limits	Premium	Basis	Deductible
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has any carrier cancelled or refused to renew?  Yes  No    If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Applicant: \_\_\_\_\_

**SECURITY GUARD, ARMORED CAR, PATROL OPERATIONS – PROVIDE \$ BREAKDOWN OF APPLICABLE OPERATIONS:**

Armed Payroll	Unarmed Payroll		Armed Payroll	Unarmed Payroll	
_____	_____	Airports	_____	_____	Government
_____	_____	Alarm Response	_____	_____	Hospitals
_____	_____	Apartments/Condominiums	_____	_____	Low Income Housing
_____	_____	Armored Car/Couner/\$ Escort	_____	_____	Manufacturing
_____	_____	Banks/Office Buildings	_____	_____	Office
_____	_____	Bars/Restaurants/Liquor Est.	_____	_____	Retail/Malls
_____	_____	Bodyguard	_____	_____	Shoplifting
_____	_____	Car Dealerships	_____	_____	Strike Work
_____	_____	Churches	_____	_____	Surveillance
_____	_____	Concerts/Athletic & Special Events	_____	_____	Traffic Control
_____	_____	Construction Sites	_____	_____	Warehouse
_____	_____	Consulting	_____	_____	Other
_____	_____	Fast Food	_____	_____	

**DETECTIVE AND INVESTIGATIVE OPERATIONS – PROVIDE \$ BREAKDOWN OF APPLICABLE OPERATIONS:**

Armed Payroll	Unarmed Payroll		Armed Payroll	Unarmed Payroll	
_____	_____	Arson Investigation	_____	_____	Missing Persons
_____	_____	Child Search/Missing Persons	_____	_____	Polygraph
_____	_____	Computer	_____	_____	Process Service
_____	_____	Consulting	_____	_____	Record Checks
_____	_____	Credit/Employment Screening	_____	_____	Repo./Collections
_____	_____	Insurance Investigation	_____	_____	Other

**PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR EITHER GUARD, PATROL, DETECTIVE OR INVESTIGATIVE OPERATIONS:**

Describe fully all operations listed as "Other": \_\_\_\_\_

Describe fully all "Retail" (stores, supermarkets, etc.) operations (clients, duties, during or after business hours, uniform or plain clothes, etc.): \_\_\_\_\_

Describe fully all armed operations: \_\_\_\_\_

Describe fully all "Consulting" operations: \_\_\_\_\_

Describe fully all "Airport" operations: \_\_\_\_\_

Total Payroll: \$ \_\_\_\_\_ Total Receipts: \$ \_\_\_\_\_ Billed Hours: \_\_\_\_\_

# of Guards: Full Time: \_\_\_\_\_ Armed \_\_\_\_\_ Unarmed Part Time: \_\_\_\_\_ Armed \_\_\_\_\_ Unarmed

# of Investigators: Full Time: \_\_\_\_\_ Armed \_\_\_\_\_ Unarmed Part Time: \_\_\_\_\_ Armed \_\_\_\_\_ Unarmed

# of Dogs: Unattended: \_\_\_\_\_ Attended: \_\_\_\_\_

Applicant: \_\_\_\_\_

**ALARM COMPANY OPERATIONS – PROVIDE \$ BREAKDOWN OF APPLICABLE OPERATIONS:**

Alarm Payroll	Alarm Receipts		Alarm Payroll	Alarm Receipts	
_____	_____	Sales/Distribution	_____	_____	Manufacturing
_____	_____	Installation	_____	_____	CCTV
_____	_____	Service/Repair	_____	_____	Answering Service
_____	_____	Monitoring	_____	_____	Other

Fully describe "Other" operations: \_\_\_\_\_

Alarms are: \_\_\_\_\_ % Fire \_\_\_\_\_ % Combination \_\_\_\_\_ % Water Flow  
\_\_\_\_\_ % Burglary \_\_\_\_\_ % Medical Alert \_\_\_\_\_ % Temperature Control  
\_\_\_\_\_ % Other (intercom, etc.)

If Applicant does not monitor alarms, who does? \_\_\_\_\_

Written contract with monitoring company?  Yes  No PLEASE ATTACH COPY OF CONTRACT WITH MONITORING COMPANY

Fully describe alarm response procedures: \_\_\_\_\_

**SAFETY EQUIPMENT OPERATIONS – PROVIDE \$ BREAKDOWN OF APPLICABLE OPERATIONS:**

Payroll	Receipts		Payroll	Receipts	
_____	_____	Sales/Distribution	_____	_____	Manufacturing
_____	_____	Service	_____	_____	Other
_____	_____	Installation			

Fully describe "Other" operations: \_\_\_\_\_

Systems are: \_\_\_\_\_ % Wet Sprinklers \_\_\_\_\_ % Dry Chemical \_\_\_\_\_ % Personal/Safety First Aid  
\_\_\_\_\_ % Wet Chemical \_\_\_\_\_ % Hand Held Ext. \_\_\_\_\_ % Other

Identify Manufacturers: \_\_\_\_\_

Installations at: \_\_\_\_\_ % Factories \_\_\_\_\_ % Restaurant \_\_\_\_\_ % Computer Room  
\_\_\_\_\_ % Other Describe "Other": \_\_\_\_\_

Describe other products sold or handled by Applicant (protective clothing, life support, etc.): \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR EITHER ALARM, FIRE SUPPRESSION OR SAFETY EQUIPMENT OPERATIONS:**

Customers are: \_\_\_\_\_ % Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ % New Construction  
Customers: \_\_\_\_\_ Number \_\_\_\_\_ Under Contract \$ \_\_\_\_\_ Annual Contract Cost  
Are independent contractors used?  Yes  No \$ \_\_\_\_\_ Annual Contract Cost  
Does Applicant install or service systems in nursing homes, medical, correctional or detention facilities?  Yes  No  
Is Applicant covered under Broad Form Vendors coverage by manufacturer?  Yes  No  
Does the Applicant install systems in buildings over four (4) stories?  Yes  No

