



NeitClem WHOLESALE INSURANCE BROKERAGE, INC.

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**SECURITY GUARD SERVICE AND ALARM COMPANY
GENERAL LIABILITY APPLICATION**

1. Name of Applicant: _____

2. Street Address: _____

Mailing Address, if different: _____

Additional Locations, if any: _____

3. Name of contact for inspection/audit: _____ Telephone No: () _____

4. Proposed Effective Date: _____

5. Applicant is: ? Individual ? Corporation ? Partnership ? Other _____

6. Applicant Operations: _____% Security Guard _____% Investigative
_____% Armored Car _____% Alarm
_____% Patrol

7. Coverages: _____

8. Limits: \$ _____ Each Occurrence \$ _____ Aggregate

9. Deductible: \$ _____ (including loss adjustment expenses)

10. a) Provide percentage breakdown of guard, armored car, patrol and investigative operations by category:

_____ % Hospitals	_____ % Warehouses	_____ % Shoplifting Surveillance
_____ % Schools	_____ % Manufacturing Plants	_____ % Employee Surveillance
_____ % Churches	_____ % Strike Work	_____ % Process Serving
_____ % Government	_____ % Fast Food	_____ % Polygraph
_____ % Banks	_____ % Liquor Stores	_____ % Consulting
_____ % Office	_____ % Bars	_____ % Repossession/Collection Work
_____ % Airports	_____ % Restaurants/Lounges	_____ % Record Checks
_____ % Body Guard	_____ % Retail Stores	_____ % Credit/Pre-Employment Checks
_____ % Hotels/Motels	_____ % Malls	_____ % Child Search/Missing Person
_____ % Construction Sites	_____ % Car Dealerships	_____ % Insurance Investigation
_____ % Residential Patrol	_____ % Concerts	_____ % Arson Investigation
_____ % Apartments	_____ % Athletic Events	_____ % Alarm Response
_____ % Condominiums	_____ % Courier/Money Escort	_____ % Other (Describe): _____

b) Detail Special Events and Crowd Control work (type of events, clients, duties, etc.): _____

c) Describe fully all retail (stores, supermarkets, etc.) operations (clients, duties, during or after business hours, uniform or plain clothes, etc.): _____

d) Total Guard, Armored Car, Patrol and Investigative Payroll: \$ _____ Gross Sales: \$ _____

e) Number of Guards: _____ Full Time: _____ Part Time: _____
 Number of Investigators: _____ Full Time: _____ Part Time: _____
 Number Armed: _____ Number with Firearms Permits/Licenses: _____
 Where are armed guards stationed? _____

f) Describe hiring practice and pre-employment screening procedures: _____

g) Number of Dogs: _____ Number Attended: _____ How and where are dogs used? _____

h) Does applicant operate a guard training school? _____ If so, supply annual number of students _____

11. Provide information on Alarm Operations

	<u>Payroll</u>	<u>Gross Sales</u>
a) Sales/Distribution	\$ _____	\$ _____
Installation	\$ _____	\$ _____
Service/Repair	\$ _____	\$ _____
Monitoring	\$ _____	\$ _____
Manufacturing	\$ _____	\$ _____

Contract Cost

Independent Contractors \$ _____

b) Alarms are: _____% Fire _____% Medical Alert
 _____% Burglary _____% Temperature Control
 _____% Combination _____% Other (Intercom, CCTV, etc.)
 Describe: _____

c) Customers are: _____% Commercial _____% Residential

d) Total number of Customers: _____ Number Under Contract: _____

e) Does Applicant Provide Monitoring Service? ? YES ? NO
 Does Applicant Provide Answering Service? ? YES ? NO
 Does Applicant Monitor Temperature Control Alarms? ? YES ? NO
 Does Applicant Monitor Any Medical Alert Alarms? ? YES ? NO
 If Applicant does not monitor alarms, who does? _____

Does a contract exist between Applicant and the monitoring company? ? YES ? NO

f) Explain Alarm Response Procedures: _____

12. How long has Applicant owned this business? _____ Number of years experience in this field? _____

13. Describe duties of the owners: _____

14. Has any carrier cancelled or refused to renew? _____
If yes, please explain: _____

15. Claim/Loss History: If none, so state. (Verified loss runs will be required).

Date	Description	Paid Amount	Reserves	Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Describe any additional incidents that have occurred which may result in a claim being made against the applicant. If none, so state: _____

17. Policy Information:

Carrier	Dates	Limits	Premium	Basis	Deductible
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

18. Is applicant involved in any other operation? ? YES ? NO Describe: _____

19. Trade association membership held? _____

THE FOLLOWING MUST BE ATTACHED BEFORE A QUOTE CAN BE PROVIDED:

- 1) Sample copies of each of Applicant's alarm contracts including unmodified written Customer/Subscriber contract form(s) to be insured.
- 2) Copies of all agreements with monitoring companies.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

Applicant Date Producer Date