

**SECURITY GUARD/PATROL AND/OR DETECTIVE AGENCY  
 SUPPLEMENTAL QUESTIONNAIRE  
 (Complete in Addition to Acord Application)**

1. Name of Applicant: \_\_\_\_\_

2. Name(s) of Licensee: \_\_\_\_\_

3. Is applicant involved in any of the following?	Yes	No	_____ %
Airport Security	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Alarm Installation	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Alarm Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Apartment Buildings or Grounds	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Body Guards	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Bouncers	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Collection Agencies or Collection Work	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Concerts (Rap, Reggae or Rock)	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Concerts (Other)	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Construction Sites	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Dogs-With Handlers	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Dogs-Without Handlers	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Hotels/Motels Buildings or Grounds	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Nightclubs or Bars while Open for Business	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Polygraph Operations	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Retail Stores while Open for Business (Armed Guards)	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Retail Stores while Open for Business (Unarmed Guards)	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Training School	<input type="checkbox"/>	<input type="checkbox"/>	_____ %
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	_____ %

**(ATTACH EXPLANATION WITH FULL DETAILS FOR ALL "YES" ANSWERS)**

4. Employee Information:

A. Estimated Total Payroll:

- |                     |          |                              |          |
|---------------------|----------|------------------------------|----------|
| 1) Armed Guards     | \$ _____ | 5) Unarmed Detectives        | \$ _____ |
| 2) Unarmed Guards   | \$ _____ | 6) Armed Field Supervisors   | \$ _____ |
| 3) Alarm Monitoring | \$ _____ | 7) Unarmed Field Supervisors | \$ _____ |
| 4) Armed Detectives | \$ _____ | 8) Clerical & Administrative | \$ _____ |
|                     |          | 9) Other                     | \$ _____ |

B. Total Anticipated Annual Receipts \$ \_\_\_\_\_

C. Number of Employees:

- |                           |                                    |
|---------------------------|------------------------------------|
| 1) Full Time Guards _____ | 4) Field Supervisors _____         |
| 2) Part Time Guards _____ | 5) Clerical & Administrative _____ |
| 3) Detectives _____       | 6) Armed Personnel _____           |

D. Describe specific assignments requiring armed personnel: \_\_\_\_\_  
\_\_\_\_\_

E. Describe training provided and qualifications required of armed personnel: \_\_\_\_\_  
\_\_\_\_\_

5. Describe training program for new employees: \_\_\_\_\_  
\_\_\_\_\_

6. Describe pre-employment screening procedures: \_\_\_\_\_  
\_\_\_\_\_

7. Are Dogs used in Patrol Operations?  Yes  No If Yes, give number with handlers: \_\_\_\_\_  
without handlers: \_\_\_\_\_  
Type of assignments involving use of Dogs: \_\_\_\_\_  
\_\_\_\_\_

8. Are independent contractors used?  Yes  No  
If so, for what activities? \_\_\_\_\_

What is the Cost? \$ \_\_\_\_\_ Number of Individuals \_\_\_\_\_

Are independent contractors required to provide certificates of insurance for:  
General Liability Coverage?  Yes  No Worker Compensation?  Yes  No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**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.**

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

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_