

SECURITY GUARD QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "NO," you are not eligible for coverage.

1. Is your agency and all employees licensed if required by state law? Yes No
2. Are all armed employees licensed to carry firearms? Yes No
3. Are background checks conducted on all employees? Yes No

If any of the questions in this section are answered "YES," you are not eligible for coverage.

4. Does more than 30% of your work come from low-income or subsidized housing patrol? Yes No

GENERAL INFORMATION

1. Have you been in business more than one year? Yes No
2. Does the applicant offer any armed security guards? Yes No
3. Are any of the applicant's guards active members of law enforcement? Yes No
4. Do any employees have arrest or detention responsibilities? Yes No
 - a. If "YES," are all of these employees trained and regularly updated on the correct procedures for doing so as well as any applicable laws? Yes No
5. What percent of the applicant's business comes from low-income or subsidized housing security patrol? _____ %
6. Does the applicant provide security service for any concerts or special events? Yes No
7. Does the applicant provide security services for stores with any high value merchandise? Yes No
8. Do any employees carry non-lethal weapons such as mace, pepper spray, nightsticks, or tazers? Yes No
9. The following services are not eligible for coverage:

Armored Car	Money Courier	Body Guards
Escort Services	Bomb Searches	Use of Guard Dogs
Labor Dispute Intermediary	Bouncers	Tactical Services (SWAT)
Traffic Control	ATM Services	Training for governmental agencies

I certify that the applicant does not perform services at any of the facilities listed above:

Yes – I certify this

10. Services offered at the following facility types are not eligible for coverage:

- | | | |
|---------------------------------------|--------------------------|------------------------------------|
| Airports | Chemical Facilities | Banks/Financial Institutions |
| Dams | Power Plants | Governmental Facilities |
| Lakes or Reservoirs | Liquor Stores | Military Bases |
| Taverns | Seaports | Nightclubs or Adult Entertainment |
| Railroad Terminals/Yards | Utilities | Schools (Elementary – High School) |
| Heavy Metal, Rap, or Hip Hop Concerts | | Restaurants (Including Fast Food) |
| UFC Competitions | Events w/ Hostile Crowds | |

I certify that the applicant does not any of the services listed above: **Yes – I certify this**

11. The following services are eligible for coverage:

- | | | |
|-------------------------------|----------------------|--------------------|
| Residential Patrol | Interior Mall Patrol | Parking Lot Patrol |
| Security Instruction/Training | | |

12. Services offered at the following facility types are eligible for coverage:

- | | | |
|-----------|--------------------|--------------------------|
| Churches | Construction Sites | Department Stores |
| Hospitals | Hotels/Motels | Manufacturing Plants |
| Offices | Warehouses | Vocational/Trade Schools |

9. Please describe any services offered or facilities that are not listed above:

EMPLOYEE INFORMATION

	Number Employed	Estimated Annual Payroll
Security Guards – Unarmed & Armed (00127)*		
Security Guards – Armed (CSIC Only -00115)		
Clerical and Administrative Only		
Total Annual Payroll		

*Use class 98751 in the following states: CA, FL, LA, ME, NJ, NC, TX and VT.

For any **Private Investigator** service please complete the **Private Investigator Questionnaire**.



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date