

PROTECTION SECURITY PROGRAM APPLICATION

Applicant: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Description of Operations or Services: _____

List Name of all Owners/Principals/Shareholders: _____

Website: _____ Years in Business: _____

Are you a Member of an association: Yes No If yes, list here: _____

Years' Prev. Experience: _____ License #: _____ Any infractions/breaches: Yes No

REVENUE INFORMATION: Please fill in actual and estimated receipts for all operations below:

Nature of Work	Actual Revenues for expiring 12 months	Est. Annual Revenue - next 12 months
Concierge Services		
Patrol Services - Office, Condo, Apartments, Parking Lots		
Patrol Services - Retail Stores, Malls, etc.		
Patrol Services - Warehousing, Manufacturing, and other industrial settings		
By-law Enforcement/Parking Enforcement		
Crowd Control Services Excluding Bouncer Services		
Armed Guard Services (firearms)/Cash/Valuable Escorts (armed)		
Private Investigators & Security Consultants		
Alarm Services/Install/Monitoring - RESIDENTIAL (burglary & fire)		
Alarm Services/Install/Monitoring - COMMERCIAL (burglary & fire)		
Alarm Services/Install/Monitoring - MEDICAL (burglary & fire)		
Alarm Services/Install/Monitoring - AGRICULTURAL/MANUFACTURING (burglary & fire)		
Alarm Service/Install/Monitoring - CRITICAL (ie. temperature, water levels, etc.)		
Fire Suppression Systems Service & Install		
Fire Suppression Systems Service & Install on mobile equipment		
Sprinkler Service & Install		
Locksmiths		

Nature of Work	Actual Revenues for expiring 12 months	Est. Annual Revenue - next 12 months
Electrical Wiring and Data/Telephone Cabling Work		
Home Automation (garage door openers, intercom, etc.)		
Fire Extinguisher Equipment Sales and Servicing		
CCTV (closed circuit)		
Access Control, Distribution		
Other:		
Total	\$	\$

Do you provide any services at any bars, night clubs or any liquor licensed venues: Yes No

Do you have any contract where there is a forcible eviction exposure: Yes No

If yes to either of the above questions, please describe, in detail, what exactly the duties of the guards are as stated under (each of) this (these) contract (or contracts): _____

Describe services and amount (\$) provided by sub-contractors: _____

Do you request Proof of Insurance from sub-contractors: Yes No If yes, minimum limit required: \$ _____

Total # of Employees: Full Time _____ Part Time _____

Do you sell any products or services outside Canada: Yes No

Do you operate vehicles for business not owned or leased in the company name: Yes No

Do you provide design services for a fee: Yes No Explain: _____

How long do you retain customer records: _____

Please provide a list of your five largest clients in the last 5 years:

Client Name	Type of Business or Operation	Total Contract Value

Please provide the following details for all liability claims in the past 5 years:

Date of Claim	Insurer	Amount of Damages	Closed/Open Status	Description of Loss

Check box if no losses or claims: No losses

Has any insurer declined, cancelled or non-renewed any similar insurance in the past 5 years: Yes No

If yes, please provide the insurer and explain: _____

Is the applicant new business to the Broker: Yes No

Total number of guards in your employ: Full Time _____ Part Time _____ Maximum _____ Average _____

Describe in detail the minimum training requirements, or certification, hiring requirements in place: _____

Does your pre-hiring process include a criminal background check? Yes No

Do you have a formal training & procedures manual? Yes No Is there a "use of force" procedure: Yes No

Does firm and employees carry appropriate licenses: Yes No

FIREARMS

Do guards carry firearms: Yes No If yes, what percentage of total revenues: _____%

Describe the training and company policy regarding firearms: _____

List of clients or contracts where armed guards are used:

Client Name	Type of Business

GUARD DOGS

Do you use guard dogs Yes No If yes, what percentage of total revenues: _____%

Total number of dogs: _____ Handlers: _____ Are dogs owned: Yes No

If no, are dogs rented with handlers: Yes No

Who is responsible for training and handling instruction: _____

Minimum training requirements or certification: _____

List of clients or contracts where dogs are used:

Client Name	Type of Business

Do you provide security for any of the following:

- Concerts or sporting events Yes No
- Strikes or labour unrest Yes No
- Entertainment facilities, bars or night clubs Yes No
- VIP protection Yes No
- Critical security areas such as power plants, dams, airports or cruise ships Yes No

Are guards required to patrol customer's properties Yes No

If yes, do you use any of the following methods to supervise guard patrols:

 Watchclock service Electronic guard tour monitoring Guard's tour supervisory service

PRIVATE INVESTIGATIONS & SECURITY CONSULTING

Do you provide any of the following services:

- Retail store or airport security investigations Yes No
- Bailiff Yes No
- Forensics Yes No
- Paralegal Yes No
- Process Serving Yes No If yes, details: _____

Do any of your investigators carry firearms? Yes No Appropriate Permits in place? Yes No

Does your pre-hiring process include a criminal background check Yes No

PLEASE ATTACH RESUMES OF ALL INVESTIGATORS AND PRINCIPALS

CGL LIMITS REQUIRED

Limits Required: \$ _____ Deductible Required: \$ _____ Target Premium: \$ _____

E&O LIMITS

Limits Required: \$ _____ Deductible Required: \$ _____ Target Premium: \$ _____

PREVIOUS INSURANCE HISTORY

Current Insurer:	Expiry Date:	Policy Number:
Current Limit: \$	Current Deductible: \$	Current/Expiry Policy Prem: \$

Do you require a quote for Employee Dishonesty Coverage? Yes No Please complete supplemental application

Do you require a quote for Property Coverage? Yes No Please complete supplemental application

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicants Signature: _____ Position: _____

Please Print Name: _____ Date: _____

PROPERTY & CRIME SUPPLEMENTAL CAN BE FOUND AT THE BOTTOM OF THIS APPLICATION

PROTECTION SECURITY PROGRAM APPLICATION

PROPERTY & CRIME SUPPLEMENTAL FORM - only complete if a quote for these coverage's is required

Property Underwriting Information

Select the Construction Class, which best describes your building:

Fire Resistive	(Walls, floors, roof and supports of solid masonry)
Masonry, Non-Combustible	(Walls of masonry; floors and roof of masonry or engineered non-combustible materials, supported by protected steel)
Non-Combustible	(Walls, floors and roof of engineered non-combustible materials, supported by unprotected steel)
Masonry (including Mill)	(Walls or greater than 4" thick masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected metal)
Masonry Veneer	(Walls of less than 4" thick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material)
Frame	(Walls, floors and roof of combustible or susceptible materials, supported by wood or other combustible susceptible material)

Fire Department: Paid F/T _____ Paid P/T _____ Volunteer: _____ None _____

Distance to Fire Hall _____ Km

Select the distance between your building and the nearest Municipal Fire Hydrant:

Within 500 feet Between 500 and 1000 feet Over 1000 feet

Insured's Occupancy: _____ Other Occupancies: _____ Year built: _____

Updates (indicate year): Building _____ Electrical _____ Roof _____

Plumbing _____ Indicate Plumbing Type: _____ Hot Water Tank Age: _____

Adjacent Exposures: _____

Height of building: _____ Heating Type: _____ General Housekeeping: _____

Total Building Sqft: _____ Applicant's Sqft: _____ Building Sprinklered Yes No If yes, what percentage? _____ %

Burglary Alarm System: Monitored Local None Is the monitoring company ULC Approved? Yes No

Does your building have a ULC Automatic Fire Extinguishing system (if applicable)? Yes No

Has the system been independently tested within the past 12 months (if applicable)? Yes No

Crime Underwriting Information (if applicable)

How many employees do you have on payroll? _____ How many of those employees would routinely handle money? _____

Do they have a safe on premises? Yes No If yes, is it ULC approved and what class _____

Do you make daily deposits to the bank? Yes No

Internal Controls

Are bank accounts reconciled monthly? Yes No

Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No If no, please explain: _____

Is a countersignature of all cheques required? Yes No Above what amount? _____

Will endorsement of cheques on Employers behalf be limited to endorsement for deposit to the credit of the employer only? Yes No

Do invoices of other supporting records accompany all cheques to be signed? Yes No

Are all invoices/supporting records stamped "PAID" when cheques are signed? Yes No

Are your systems designed so that no one employee can control a transaction from beginning to end (e.g. approve an invoice, request and sign a cheque)? Yes No

Do you store negotiable securities on your premises? Yes No

Are securities subject to the joint control of two or more employees? Yes No

How frequently is an inventory of merchandise conducted? _____ By whom? _____

Is there a personal supervision of the business activities on a daily basis by Owner, Partner or Director? Yes No

Coverage Requirements (per location)

Property & Business Interruption Coverages	Amount of Insurance
Building	
Equipment (Including Tenants Improvements)	
Stock	
Business Interruption (Profits, Gross Earnings) Please circle	
Tool Floater	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Installation Floater	
Other	

Crime Coverages	Amount of Insurance
Inside and Outside Robbery	
Broad Form Money & Securities	
Other:	

Optional Coverages

Select any of the following optional coverages you require:

- Sewer Back-up
- Replacement Cost
- Property Extension End't
- Flood
- Stated Amount Co-Insurance
- Comprehensive Property Extension End't
- Earthquake
- By-Laws

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided

Applicants Signature: _____ Position: _____

Please Print Name: _____ Date: _____