



# GLOBAL INSURANCE SOLUTIONS

*“Providing Insurance Coverage for Government Contractors Working Around the World”*

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## COMMERCIAL GENERAL LIABILITY APPLICATION FOR PRIVATE SECURITY AGENCIES

1. NAME: \_\_\_\_\_  
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)

2. ADDRESS: \_\_\_\_\_  
NO. STREET CITY COUNTY STATE ZIP

3. Policy proposed effective date \_\_\_\_\_ to \_\_\_\_\_ (12:01 AM Standard Time at the address above)

4. Check limit of liability desired:  \$300,000  \$500,000  \$1,000,000  Excess (Umbrella needs ACORD application)

5. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

6. How did you hear about us?  Web surfing  Ad in which publication: \_\_\_\_\_  Other: \_\_\_\_\_

7. Date established: \_\_\_\_\_  Corporation  Partnership  Individual  Other: \_\_\_\_\_

8. Federal ID Number: \_\_\_\_\_ License Number: \_\_\_\_\_

9. Branch (Number and Location): \_\_\_\_\_

10. Person to contact: \_\_\_\_\_ Title: \_\_\_\_\_

11. Total number of employees: \_\_\_\_\_ (Full Time: \_\_\_\_\_) (Part Time: \_\_\_\_\_) (Armed: \_\_\_\_\_) (Unarmed: \_\_\_\_\_)

12. Total # of guard hours billed to client(s) annually: \_\_\_\_\_

13. Employees over age 65: \_\_\_\_\_ Employees under age 21: \_\_\_\_\_ Average Length of Employment: \_\_\_\_\_

14. Do you anticipate using armed employees?  Yes  No If YES, please provide a listing of clients that armed personnel are assigned and a description of their duties:

15. Are any employees trained to perform CPR?  Yes  No How many? \_\_\_\_\_

16. a. Do you anticipate using dogs?  Yes  No c. Number of dogs used with handlers: \_\_\_\_\_

b. Total number of dogs used: \_\_\_\_\_ d. Without handlers: \_\_\_\_\_

17. Do you enter into a standard contract with your clients?  Yes  No If yes, please provide a copy.

18. a. Are specific “post orders” developed for each guard site and approved by the client?  Yes  No

b. Are changes to these “post orders” documented?  Yes  No

19. What background do the principals of this organization have in the Security Industry?

20. Number of Supervisors: \_\_\_\_\_ Describe duties of Supervisors:

Do they also perform guard duties?  Yes  No Are their hours billed to the client?  Yes  No

21. Do you use any type of electronic or computerized supervision or guard monitoring system?  Yes  No  
If yes, please describe:

22. Provide the names of your 10 largest revenue-producing clients, their locations and a description of duties.

1		6	
2		7	
3		8	
4		9	
5		10	

23. Guard Training: *(Please provide the number of hours of training for each category)*

_____ Total number of annual training hours	_____ On-the-job training
_____ Classroom training with films	_____ Classroom training with instructor
_____ Firing Range	_____ Other, Describe:

24. Pre-Employment Screening:

Fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Testing <input type="checkbox"/> Yes <input type="checkbox"/> No
Honesty Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	Psychological Testing <input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Employer <input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Interview <input type="checkbox"/> Yes <input type="checkbox"/> No
Driving Record <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical <input type="checkbox"/> Yes <input type="checkbox"/> No
Firearm License Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Check <input type="checkbox"/> Yes <input type="checkbox"/> No

25. Additional Exposures:

a. Independent Contractors  Armed  Unarmed Do they carry their own insurance?  Yes  No  
b. Operation on dockside or on ships (provide description):

- c. Other operations (provide description):

26. Are autos used in your business?  Yes  No If yes, please describe how they are used:

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27. a. Is any mobile equipment (security carts, golf carts, trams, etc.) used?  Yes  No If yes, describe type, number and manner of use. \_\_\_\_\_

- b. Are passengers transported?  Yes  No

28. a. General liability insurer and claims history for past 4 years. *(Even if there are no losses, please provide insurer history.)*

Company	Policy No.	Policy Dates	Limits of Liability	Deductible	Premium	No. of Claims	Loss Reserve Amount

- b. Are you aware of any circumstances other than those above which might give rise to a claim under this policy?  
 Yes  No If yes, please attach details.

- c. Name of present Insurance Company: \_\_\_\_\_ Expires on: \_\_\_\_\_

29. Employee Payscale (hourly)

	Minimum	Maximum	Average
a. Supervisors			
b. Unarmed Guards			
c. Armed Guards			

30. LIST ANNUAL PAYROLL SEPARATELY BY CATEGORY (Include independent contractors payroll not covered by other insurance)

**A. OFFICE AND MANAGEMENT**

CATEGORY	UNARMED	ARMED
Executive		
Supervisory		

CATEGORY	UNARMED	ARMED
Sales		
Clerical		

**B. GUARD SERVICES**

CATEGORY	UNARMED	ARMED
Airports (describe operations):		
Condominiums/ Homeowner Associations		
Armored Cars		
Auto Dealerships		
Banks/Office Buildings		
Bars/Nightclubs		
Bodyguard		
Bus/Train Terminals		
Casinos		
Colleges/Universities		
Concerts		
Construction Sites		
Convenience/Grocery Stores		
Conventions/Trade Shows		
Courier/Escort		
Executive Protection		
Fast Food Establishments		
Gated Communities		
Golf/Tennis/Yacht Clubs		
Government Contracts		
Hospitals/Institutions		
Hotels/Motels		

CATEGORY	UNARMED	ARMED
Industrial (Factories, Warehouses, etc.)		
Housing - Low Income/HUD		
Housing - Mid/High Income		
Movies/Theaters		
Museums/Galleries		
Parking Garages		
Patrol Cars		
Restaurants		
Retail Stores		
Schools - Elementary, High School (describe):		
Security Consultation		
Shopping Malls		
Social Services/Clinics		
Special Events (describe):		
Sporting Events		
Strike Duty		
Traffic Control		
Trucking Terminals		
Waterfront/Piers/Marinas		
Other (describe):		

**C. PRIVATE INVESTIGATION**

CATEGORY	UNARMED	ARMED
Credit or Pre-Employment		
Domestic		
Auto repossessions		
Lie Detection		
Paper and Pencil		

CATEGORY	UNARMED	ARMED
Insurance/Legal		
Undercover		
Shopping Service		
Psychological Stress Evaluator		
Drug Testing		

**D. BURGLAR/FIRE ALARMS - Separate alarm application must be completed if this coverage desired.**

CATEGORY	UNARMED	ARMED
Installation		

CATEGORY	UNARMED	ARMED
Monitoring		

NOTICE TO APPLICANTS EXCEPT: AR, CO, FL, KY, OH, OK, PA, NJ & NY:

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 may be guilty of insurance fraud.

NOTICE TO ARKANSAS APPLICANTS ONLY:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO ONLY:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA ONLY:

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY AND PENNSYLVANIA ONLY:

Any person who knowing and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject the person to criminal and civil penalties.

NOTICE TO OHIO ONLY:

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.

NOTICE TO OKLAHOMA ONLY:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO NEW JERSEY ONLY:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK ONLY:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.

APPLICANT'S SIGNATURE	TITLE	DATE		
BROKER'S NAME	ADDRESS	CITY	STATE	ZIP
TELEPHONE	FAX	EMAIL		