



GLOBAL INSURANCE SOLUTIONS

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

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www.globalinsolutions.com

SECURITY GUARD WORKERS’ COMPENSATION APPLICATION

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 A.M., Standard Time, at the address above)
4. Phone: _____ Fax: _____ Email: _____
5. Person to contact: _____ Title: _____ License No.: _____
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: _____ Bureau ID Number: _____
9. Total # of employees: _____ (Full Time: _____) (Part Time: _____) (Armed: _____) (Unarmed: _____)
10. Total # of guard hours billed to client(s) annually: _____ Number of Supervisors: _____

Describe duties of Supervisors:

11. Employees over age 65: _____ Full Time: _____ Part Time: _____

Detailed Description of Duties:

12. Employees under age 21: _____ Full Time: _____ Part Time: _____

Detailed Description of Duties:

13. a. Average length of employment _____ b. Are guards licensed in states listed? Yes No
14. a. Do you anticipate using dogs? Yes No
b. Number of dogs used with handlers: _____ c. Without handlers: _____

15. Description of clients to whom armed guards are assigned and description of the duties performed:

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

17. 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:

18. 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

19. Additional Exposures:

a. Independent Contractors _____ Armed _____ Unarmed Do they carry their own insurance? Yes No

b. Operation on dockside or on ships (provide detailed description):

20. a. Are autos used in your business? Yes No b. Golf Carts? Yes No

If yes, please describe how and where they are used:

21. Employee Payscale (hourly)

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

22. LIST ANNUAL PAYROLL SEPARATELY BY STATE 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		
Apartments/Condos		
Armored Cars		
Auto Dealerships		
Banks/Office Buildings		
Bars/Nightclubs/Liquor Stores		
Bodyguard/Executive Protection		
Bus/Train Terminals		
Colleges/Universities		
Concerts		
Construction Sites		
Conventions/Trade Shows		
Courier/Escort		
Fast Food Establishments		
Gated Communities		
Golf/Tennis/Yacht Clubs		
Government Contracts*		
High Schools		
Hospitals		
Hotels/Motels		
Industrial (Factories, Warehouses, etc.)		
Low Income Housing		

CATEGORY	UNARMED	ARMED
Mid/High Income Housing		
Movies/Theaters		
Museums/Galleries		
Parking Garages/Lots/Toll Collectors		
Patrol Cars (describe)		
Rehab Institutions		
Restaurants		
Retail/Grocery Stores		
Security Consultation		
Shopping Malls		
Social Services/Clinics		
Special Events (describe)		
Sporting Events (describe)		
Strike Duty		
Traffic Control		
Trucking Terminals		
Waterfront/Piers/Marinas/Crew Members		
Other (describe): no abbreviations		

* Please attach scheduled location/list of government contracts.

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		

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 knowingly 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			