

**SECURITY GUARD / PATROL / DETECTIVE  
AGENCY SUPPLEMENT**  
(Include Acord Application)

Applicant/Named Insured: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 Website Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

1. Employee Information (**Note:** Part-Time = less than 30 hours of work per week)

Description	Estimated Total Payroll	# Full-Time Employees	# Part-Time Employees
Alarm Monitoring	\$		
Clerical & Administrative	\$		
Detectives	Armed	\$	
	Unarmed	\$	
Field Supervisors	Armed	\$	
	Unarmed	\$	
Guards	Armed	\$	
	Unarmed	\$	
Other:	\$		

2. Total anticipated annual receipts: \$ \_\_\_\_\_

3. Check boxes and indicate percent (%) of operations for all applicable operations below:

Operation	Percent (%)	Operation	Percent (%)
<input type="checkbox"/> Airport Security		<input type="checkbox"/> Dogs (with Handlers)	
<input type="checkbox"/> Alarm Installation		<input type="checkbox"/> Dogs (without Handlers)	
<input type="checkbox"/> Alarm Monitoring		<input type="checkbox"/> Hotels/Motels Buildings or Grounds	
<input type="checkbox"/> Apartment Buildings or Grounds		<input type="checkbox"/> Nightclubs or Bars *	
<input type="checkbox"/> Body Guards		<input type="checkbox"/> Polygraph Operations	
<input type="checkbox"/> Bouncers		<input type="checkbox"/> Retail Stores – Armed Guards *	
<input type="checkbox"/> Collection Agencies or Work		<input type="checkbox"/> Retail Stores – Unarmed Guards *	
<input type="checkbox"/> Concerts (Rap, Reggae, Rock)		<input type="checkbox"/> Training School	
<input type="checkbox"/> Concerts (Other)		<input type="checkbox"/> Utilities	
<input type="checkbox"/> Construction Sites		* During Business Hours	
<b>(ATTACH EXPLANATION WITH FULL DETAILS FOR ALL OPERATIONS SELECTED ABOVE)</b>			

4. Describe specific assignments requiring armed personnel: \_\_\_\_\_  
 \_\_\_\_\_
5. Describe training provided and qualifications required of armed personnel: \_\_\_\_\_  
 \_\_\_\_\_
6. Describe training program for new employees: \_\_\_\_\_  
 \_\_\_\_\_
7. Describe pre-employment screening process: \_\_\_\_\_  
 \_\_\_\_\_

8. Are dogs used in patrol operations?  Yes  No  
 If yes,  
 a. Number with handlers: \_\_\_\_\_  
 b. Number without handlers: \_\_\_\_\_  
 c. Describe type of assignments involving the use of dogs:  
 \_\_\_\_\_
- 
9. Are independent contractors used?  Yes  No  
 If yes,  
 a. For what activities? \_\_\_\_\_  
 \_\_\_\_\_  
 b. Number of individuals: \_\_\_\_\_  
 c. Cost: \$ \_\_\_\_\_  
 d. Are independent contractors required to provide certificates of insurance for:  
 General Liability Coverage?  Workers' Compensation?

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.

**NOTICE TO APPLICANTS (EXCEPT CO & NY):**

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 may be guilty of a crime and may be subject to fines or confinement in prison.

**NOTICE TO COLORADO APPLICANTS:**

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO NEW YORK APPLICANTS:**

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.

\_\_\_\_\_  
 Applicant Name Applicant Signature Date

\_\_\_\_\_  
 Producer Name Producer Signature Date