



Please select Coverages to be Quoted and appropriate Acord applications:		
General Liability <input type="checkbox"/>	Workers Comp <input type="checkbox"/>	Property <input type="checkbox"/>
Excess/Umbrella <input type="checkbox"/>	Auto Liability <input type="checkbox"/>	Inland Marine <input type="checkbox"/>
Employee Dishonesty / Fidelity <input type="checkbox"/>		Cyber <input type="checkbox"/>

**SEND SUBMISSIONS TO:**

[bpsubmission@brownnyardprograms.com](mailto:bpsubmission@brownnyardprograms.com)

Producer: \_\_\_\_\_

Producer Is:  Wholesaler  Retailer

Email: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

If Renewal, Provide Current Policy No.: \_\_\_\_\_

**SECURITY GUARD AND PRIVATE INVESTIGATIVE APPLICATION  
COMMERCIAL GENERAL LIABILITY**

**Application Requirements:**

FULLY COMPLETED APPLICATION:

If additional space is needed, please use your firm's letterhead.

Application must be Dated and Signed by Insured.

LOSS RUNS:

We require five years of recently valued loss runs.

STANDARD CONTRACTS

Please supply copies of all standard contracts.

**Financial Information Requirements:**

a. Profit/Loss Statement; or

b. Page one of Corporate Tax Return.

Note: Our Security and Investigative program is **NON-AUDITABLE**.

Therefore, the carrier requires documentation of the insured's receipts as part of the underwriting process. Our programs are rated on either Annual Sales/Receipts or Payroll. Please supply documentation.

**For Start-Ups:** 1. Fully completed application; 2. Resume of the owner; 3. Pro-forma financial statement or business plan; and 4. Copies of all standard contracts.

1. Applicant (as it should appear on the policy): \_\_\_\_\_

2. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Additional locations (if any):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

If additional space is necessary, please provide on additional page.

**Please help us keep our records up-to-date. If it is possible that we have your company listed in our files under a different name or address, please write the old name and address here:**

3. Web-Site Address: \_\_\_\_\_

4. Contact person for inspection/audit (Name and Title): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Applicant is:  Individual  Corporation  Partnership  Other (Describe): \_\_\_\_\_

6. Business Information:

- a. Years In Business under this name: \_\_\_\_\_ Years experience in this field: \_\_\_\_\_
- b. Is Applicant involved in any other operations? \_\_\_\_\_  Yes  No  
If Yes, please describe: \_\_\_\_\_
- c. Please list names of the Owner(s)/Principals: \_\_\_\_\_
- d. Any other states of operations? \_\_\_\_\_
- e. Is the Company a division of a larger corporation or a subsidiary?  Yes  No  
If yes, please explain: \_\_\_\_\_
- f. FEIN#: \_\_\_\_\_ License #(s) \_\_\_\_\_
- g. Is Applicant a member of any Security, Alarm, Monitoring, or Investigative Industry Associations?  Yes  No  
If Yes, please list: \_\_\_\_\_

7. Provide the names of Applicant's five largest clients and a description of your duties for them:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

8. Does your company have the following in place:

- a. A written drug and alcohol policy?  Yes  No
- c. A designated safety coordinator?  Yes  No
- d. Prompt reporting of all incidents and employee injuries?  Yes  No
- e. A formal accident review & investigation program?  Yes  No
- f. Any group transportation involved?  Yes  No
- g. Transitional duty/light duty program in place for injured workers?  Yes  No
- h. Physicals required at time of hiring?  Yes  No
- j. Company sponsored health insurance plans offered?  Yes  No
- k. Personal Protective Equipment provided to employees?  Yes  No
- l. Regularly scheduled safety and training meetings?  Yes  No

9. Employee Selection and Training (check all applicable):

a. Pre-employment Screening Procedure (check all applicable):

- Prior Employment Check  Personal Reference  Psych Testing  Background Check
- Drug Screening  MVR  Other: \_\_\_\_\_

b. Training Program Includes (check all applicable):

- Written Manual  Report Writing  CPR  On the Job
- Firearms  Use of force  Powers of Arrest  Other: \_\_\_\_\_

c. Training – Please describe how field employees are trained (i.e., on-the-job, formal training program):

\_\_\_\_\_

d. Please indicate all trade memberships held by your company:

\_\_\_\_\_

e. Are you and all of your employees and/or subcontractors lawfully licensed in the jurisdictions in which you operate?  Yes  No

If no, please explain: \_\_\_\_\_

f. What background do the principals of this organization have in public or private law enforcement/security? \_\_\_\_\_

g. Officer Training – If required by the state, how many hours does the Applicant participate in annually?

8 hrs or less  8-15 hrs  15-30 hrs  30 hrs or more  training is not required by the state

10. Employee and Operations Characteristics:

a. Are any of the Applicant's employees armed? (if yes, please answer all questions below)  Yes  No

b. How are they licensed? \_\_\_\_\_

c. What percentage of armed guards are retired or off-duty police? \_\_\_\_\_% military? \_\_\_\_\_%

d. Please provide the names of all clients to whom you assign armed guards (attach separate sheet if necessary): \_\_\_\_\_

e. Do any of your officers use Tasers or batons in their operations?  Yes  No

Please describe type and use: \_\_\_\_\_

11. Does Applicant use any subcontractors/ independent contractors?  Yes  No

a. What kind of work is subcontracted? \_\_\_\_\_

b. Total Projected subcontractor costs:

c. Does Applicant use a written contract with all of your subcontractors? (if yes, please provide)  Yes  No

d. Does Applicant obtain Certificates of Insurance from all of your subcontractors?  Yes  No

e. Are you always added as an additional insured by your subcontractors?  Yes  No

f. Indicate contractually required minimum limit of liability insurance: \_\_\_\_\_

g. Do you use written contracts with all clients? (if yes, please attach)  Yes  No

12. Where do your guard services primarily take place? (choose only one):

fixed location (desk or office building)  75% or greater in Metropolitan (inner city)

50%-75% in Metropolitan (inner city)  25%-50% in Metropolitan (inner city)

13. Do you use canine for your operations?

Number of Canines: \_\_\_\_\_ Attended with Handlers \_\_\_\_\_ Unattended \_\_\_\_\_

a. How and where are canines used? Please describe any drug or bomb sniffing activities:

\_\_\_\_\_

14. Any Golf Carts, All-Terrain Vehicles, Mules, or similar Off-Road Vehicles used in the business?  Yes  No

Please describe type and use: \_\_\_\_\_

15. Number of Employees and Contractors (include yourself) with payroll & revenue:

CLASSIFICATION	Full Time	Part Time	Total # of Employees	Armed	Annual Payroll	Annual Sales
Executive/Clerical/Sales					\$	\$
Supervisors					\$	\$
Security Guards - Independent Contractors					\$	\$
Security Guards - Employees					\$	\$
Investigators- Independent Contractors					\$	\$
Investigators – Employees					\$	\$
Other (describe):					\$	\$
<b>TOTAL</b>					\$	\$

Attach most recent annual financial statement (Our program is Non-Auditable).

a. Hours Billed (include yourself):

	Armed	Unarmed
Annual Number of Billed Hours		
Average Hourly Billing Rate		

b. Hourly Pay Rates

	Armed	Unarmed
Security Guards		
Private Investigators		
Supervisors		

16. **SECURITY OPERATIONS** (Operations must equal 100%):

Operations	Unarmed	Armed	Operations	Unarmed	Armed
Airports/Seaports (no passenger or baggage screening, no tarmac or building access)	%	%	Housing: Low-Income / Government Owned / Subsidized / Section 8 <input type="checkbox"/> Senior and/or Disabled	%	%
Alarm Response	%	%	Malls <input type="checkbox"/> interior <input type="checkbox"/> exterior	%	%
Apartments – middle to high income	%	%	Military Bases	%	%
Armored Car / Courier Services	%	%	Movie Theaters	%	%
Banks	%	%	Museums / Galleries	%	%
Banquet Facilities	%	%	Office Buildings	%	%
Bars, Lounges, Nightclubs	%	%	Parking Garages	%	%
Block Association	%	%	Parks and/or Recreation		
Body Guarding – High Profile Individuals (athletes, entertainers, celebrities)	%	%	Public Transportation (bus terminals, subway or train stations)	%	%
Car Dealerships (after hours)	%	%	Religious Institutions <input type="checkbox"/> without school <input type="checkbox"/> with school	%	%
				%	%
Casinos	%	%	Residential Patrol / HOA / Gated Community	%	%
Churches	%	%	Resort Community	%	%
Condominium / Co-Op Association	%	%	Restaurants (other than fast food) <input type="checkbox"/> without alcohol sales <input type="checkbox"/> with alcohol sales	%	%
				%	%
Construction Sites	%	%	Retail stores (arcades, strip malls, inside or outside patrols)	%	%
Convenience Store <input type="checkbox"/> without alcohol sales <input type="checkbox"/> with alcohol sales	%	%	Schools <input type="checkbox"/> after hours only, no events <input type="checkbox"/> during operating hours	%	%
				%	%
Conventions/Trade Shows	%	%	Security Consultation	%	%
Courthouses	%	%	Shelters	%	%
Executive Protection (low-profile)	%	%	Special Events (concerts, carnivals, circuses, sporting events, racetracks, speedways)	%	%
Fast Food Establishments	%	%	Sports Clubs / Gyms	%	%
Federal / Municipal Buildings	%	%	Strike Work / Employee Termination	%	%
Golf Tournament / Tennis Tournament	%	%	Town Hall Meetings	%	%
Government Contracts / Facilities / Office Buildings	%	%	Traffic Control	%	%
Hospitals / Medical Facilities / Medical Dispensaries / Labs / Abortion Clinics	%	%	Trucking Terminals	%	%
Hotel / Motel <input type="checkbox"/> without bar / lounge <input type="checkbox"/> with bar / lounge	%	%	TV, Movie, Theater Sets (no bodyguard)	%	%
				%	%
Industrial / Manufacturing Plants	%	%	Warehouse / Utility Facilities	%	%
Liquor Stores	%	%	Other - provide description on next page	%	%
			<b>Total (100%):</b>	%	

a. Please give detail on operations where applicable:

**Hospital/ Medical Facilities/ Medical Dispensaries/ Labs/ Abortion Clinics** – Please describe duties, all locations, and total number of guards at any given time: \_\_\_\_\_

**Schools** – Please describe type, duties, all locations, and total number of guards at any given time: \_\_\_\_\_

**Government Contracts/Facilities/Office Buildings**– Please describe duties, all locations, and total number of guards at any given time: \_\_\_\_\_

**Airport, Bus or Train Stations, Mass Transit, and Infrastructure Work** (prominent bridges, tunnels, dams, subways/ train systems) – Please describe duties, all locations, total number of guards at any given: \_\_\_\_\_

**Body Guard Work** – Please describe duties performed. Celebrities, Entertainers or Athletes? If so, who? \_\_\_\_\_

**Housing – Mid-High/Senior/ Low-Income/Govt Owned/Subsidized /Section 8 Work** – Please fully describe duties \_\_\_\_\_

**Retail Work** – Please describe types of stores, duties performed, and hours that guard(s) are on duty: \_\_\_\_\_

**Shoplifting Surveillance?**  Yes  No If Yes, please fully detail arrest/detention responsibilities: \_\_\_\_\_

**Concerts and Special Events** – Please fully describe performers and locations, as well as duties (i.e., crowd control, traffic control): \_\_\_\_\_

**Consulting** – Please describe who you are consulting for and the scope of consulting services you are providing: \_\_\_\_\_

**Training Schools** – Please describe who you are training and the scope/purpose of the training being provided: \_\_\_\_\_

**Globally Recognized Buildings** – Please describe duties, all locations, and total number of guards at any given time: \_\_\_\_\_

**Power, Water, Communications, Refineries**– Please describe duties, all locations, and total number of guards at any given time: \_\_\_\_\_

**Other** – Does the applicant engage in any operations not previously mentioned that may be considered atypical for a guard or investigator, such as maintenance (monitoring temperatures), valet services, janitorial, etc.?  Yes  No  
If yes, please describe: \_\_\_\_\_

17. **PRIVATE INVESTIGATION OPERATIONS** (Operations must equal 100%):

Operations	Percentage	Operations	Percentage
Accident Reconstruction	%	Forensic Accounting Investigation	%
Accident Reconstruction Investigations	%	Genealogical Searches	%
Arson Investigation	%	Identity Theft Investigation	%
Arson Reconstruction	%	Insurance / Legal / Litigation Investigation	%
Background Checks / Screening	%	Kidnap & Ransom Investigation	%
Bail Bonding Operations	%	Matrimonial / Domestic Investigation	%
Bounty Hunting	%	Mystery Shopping	%
Child Custody / Missing Persons	%	Polygraph Testing / Administration	%
Computer Fraud Investigations	%	Pre-employment Checks	%
Corporate / Due Diligence	%	Process Service	%
Counterfeit Products	%	Record Checks	%
Credit Reporting	%	Repossession / Collection Investigation	%
Criminal/Fraud	%	Security Consulting (attach contract)	%
Debugging	%	Shoplifting Surveillance	%
Domestic Violence Investigation	%	Skip Tracing	%
Drug Testing	%	Sub-rosa	%
Eavesdropping	%	Undercover / Workplace Infiltration	%
Employee Surveillance	%	Video Surveillance	%
Expert Witness Testimony	%	Other (provide description)	%
Description of Other:		Total (100%):	%

- a. Does the Applicant conduct Lie Detection services?  Yes  No
- b. Has the Applicant received their Polygraph Certification through the American Polygraph Association or American Polygraph Services?  Yes  No
- c. Does the applicant give individual notifications with background checks in compliance with the Fair Credit Reporting Act?  Yes  No

18. Please list the Applicant's General / Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.  (check if Applicant has no prior coverage)

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible/ Retention	Premium

- a. Has prior insurance ever been cancelled or non-renewed by the carrier?  Yes  No

If yes, please provide details. \_\_\_\_\_

19. Over the past (5) five years, has any professional or general liability claim or suit ever been made against the Applicant or any of its predecessor firms, past or present owners, officers, partners, members, employees or solicitors, or to the knowledge of the Applicant, in behalf of its predecessors in business within the last 5 years?  Yes  No

20. List details of all claims over \$2,500 if any? (If "yes", please complete and attach loss runs)

Date of Loss	Description of Loss	Incurred Loss Amount Incl. Expenses	Status

21. Limits of General Liability Requested:

- \$1,000,000/\$2,000,000     
  \$1,000,000/\$3,000,000     
  \$1,000,000/\$5,000,000  
 \$\_\_\_\_\_ (Other)  
 a. Deductible:  \$2,500   
  \$5,000     
  \$10,000     
  \$25,000   
  \$\_\_\_\_\_ (Other)

22. Limits of Excess Liability Requested:

- \$1,000,000     
  \$3,000,000     
  \$5,000,000     
  \$7,000,000     
  \$9,000,000  
 \$2,000,000     
  \$4,000,000     
  \$6,000,000     
  \$8,000,000     
  \$10,000,000



## FRAUD NOTICE

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – See Additional Fraud Notices for these States Below).

### ADDITIONAL FRAUD NOTICES

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** 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 ARIZONA APPLICANTS:** For your protection Arizona law requires the following statement to appear on this form. “Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”

**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 DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 NEW JERSEY APPLICANTS:** 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 MEXICO APPLICANTS:** 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 civil fines and criminal penalties.

**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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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 OREGON APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Applicant Signature\*

\_\_\_\_\_  
Date

\* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

**PRODUCER INFORMATION:**

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Producer Signature\*

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
License Number

\* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

\* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.