

# Security and Patrol Agency Questionnaire

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Website: \_\_\_\_\_

**GENERAL INFORMATION**

- |  |                 |                          |    |
|--|-----------------|--------------------------|----|
| 1. What year did the business begin?   |                 |                          |    |
| 2. Is your security agency licensed? (Select N/A if not required)  | N/A             | Yes                      | No |
| 3. Are your employees licensed? (Select N/A if not required)   | N/A             | Yes                      | No |
| 4. Do you offer any armed security guard services?   |                 | Yes                      | No |
| a. If yes, are all armed employees licensed to carry firearms?   |                 | Yes                      | No |
| 5. Do you use guard dogs?  |                 | Yes                      | No |
| 6. Are background checks conducted on all employees?   |                 | Yes                      | No |
| 7. Do you have a standard client contract that is used with all clients? (please attach)   |                 | Yes                      | No |
| 8. Are any of your employees active law enforcement members?   |                 | Yes                      | No |
| 9. Do any employees have arrest or detention responsibilities?   |                 | Yes                      | No |
| a. If yes, are all of these employees trained and regularly updated on the correct procedures for doing so and on any applicable laws? |                 | Yes                      | No |
| 10. Do any employees carry non-lethal weapons? (check all that apply)  |                 | Yes                      | No |
| Mace                      Pepper Spray                      Tasers                      Nightsticks                                    |                 |                          |    |
| Other: _____   |                 |                          |    |
| 11. Please complete the payroll information  | Number Employed | Estimated Annual Payroll |    |
| Security Guards – Unarmed Only   | _____           | _____                    |    |
| Security Guards – Armed Only   | _____           | _____                    |    |
| <b>Security Guards Total</b>   | _____           | _____                    |    |
| Clerical and Administrative Only   | _____           | _____                    |    |

**GUARD SERVICES INFORMATION**

- |  |  |     |    |
|--|--|-----|----|
| 1. Do you provide any of the following services?   |  |     |    |
| Alarm Monitoring                      Armored Car                      ATM Services  |  |     |    |
| Body Guards                      Bomb Searches                      Bouncers   |  |     |    |
| Escort Services                      Executive Protection                      Labor Dispute Intermediary                  |  |     |    |
| Money Courier                      Neighborhood Watch Programs                      Strike Work                            |  |     |    |
| Tactical Services (SWAT)                      Traffic Control/Flaggers                      Security Training for others   |  |     |    |
| 2. Do you provide services at any of the following facilities?   |  | Yes | No |
| Airports                      Banks/Financial Institutions                      Chemical Facilities                        |  |     |    |
| Concerts                      Dams                      Dormitories/Student Housing  |  |     |    |
| Hospital/Health Care Facility                      Events with hostile crowds                      Governmental Facilities |  |     |    |
| Military Base                      Lakes or Reservoirs                      Liquor Stores                                  |  |     |    |
| Railroad Terminal/Yard                      Nightclubs or Adult Entertainment                      Power Plants            |  |     |    |
| Seaports                      Restaurants (including Fast Food)                      Schools/Colleges/Universities         |  |     |    |
| Utilities                      Taverns                      UFC/MMA Competitions   |  |     |    |

3. Do provided Security Consultation services? Yes      No
4. Please check all facility types where services are provided.
- |                               | Armed? |    |                           | Armed? |    |
|-------------------------------|--------|----|---------------------------|--------|----|
| Amusement Centers             | Yes    | No | Office Buildings          | Yes    | No |
| Auto Dealerships              | Yes    | No | Outdoor Retail Yards      | Yes    | No |
| Bus Terminals                 | Yes    | No | Parking Lot/Garage Patrol | Yes    | No |
| Casinos                       | Yes    | No | Pharmacies                | Yes    | No |
| Churches/Places of Worship    | Yes    | No | Special Events            | Yes    | No |
| Construction/Demolition Sites | Yes    | No | Sporting Events           | Yes    | No |
| Convenience Stores            | Yes    | No | Retail Stores             | Yes    | No |
| Convention/Trade Shows        | Yes    | No | Residential               | Yes    | No |
| Golf/Tennis/Country Clubs     | Yes    | No | Warehouses                | Yes    | No |
| Hotel/Motel                   | Yes    | No | Other:                    | Yes    | No |
| Industrial                    | Yes    | No |                           |        |    |
| Mall Patrol (inside)          | Yes    | No | Other:                    | Yes    | No |
| Movie Theaters                | Yes    | No |                           |        |    |
5. What percentage of your work for is subsidized or low income housing? N/A      \_\_\_\_\_
6. Special Event and Sporting Event work – Please describe duties performed and locations. N/A
7. Retail Stores – Please describe duties, types of stores and hours that guards are on duty. N/A

### IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

---

Applicant Signature Title Date

---

Producer Signature Date