

BROWNYARD GROUP

<input type="checkbox"/> New Business
<input type="checkbox"/> RENEWAL

21 Maple Avenue • Bay Shore, NY 11706 • www.brownyard.com • info@brownyard.com
 Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: (631) 666-5723

NOTE: All Questions Must Be Answered



Security Guard WORKERS' COMPENSATION Application

(Workers' Compensation ACORD Application Must Be Attached)

(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)

1. Named Insured: _____
2. Other Entity/DBA(s): _____
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
3. Assoc Corp Individual Joint Venture LLC LLP LTD Partnership S-Corp Sole Proprietor Trust
 Non-Profit Other: _____
4. Principal: _____ Title: _____
Direct Phone: _____ Email: _____
5. Audit Contact: _____ Title: _____
Direct Phone: _____ Email: _____
6. Mailing Address: _____
NO. STREET CITY STATE ZIP
7. Physical Address: _____
NO. STREET CITY STATE ZIP COUNTY
*(*Attach a list if multiple locations)*
8. Business Phone: _____ Mobile/Home: _____ Fax: _____
9. Company Email: _____ Website: _____
10. Federal ID Number/FEIN: _____ License Number: _____
11. Policy proposed effective date: _____ Date established: _____
12. How did you hear about us? Web surfing Ad in which publication: _____ Other: _____
13. Total number of employees: _____ Full Time: _____ Part Time: _____ Armed: _____ Unarmed: _____
14. Total # of guard hours billed to client(s) annually: _____ Number of Supervisors: _____
Describe duties of Supervisors: _____

15. Employees over age 65: _____ Full Time: _____ Part Time: _____ *(N/A in the state of CA)*
Detailed Description of Duties: _____

16. Employees under age 21: _____ Full Time: _____ Part Time: _____ *(N/A in the state of CA)*
Detailed Description of Duties: _____

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

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

A. OFFICE AND MANAGEMENT

CATEGORY	UNARMED	ARMED
Clerical		
Executive		

CATEGORY	UNARMED	ARMED
Sales		
Supervisory		

B. GUARD SERVICES

CATEGORY	UNARMED	ARMED
Airports*		
Armored Cars		
Auto Dealerships		
Banks/Office Buildings		
Bars/Nightclubs		
Bodyguard		
Bus/Train Terminals		
Cannabis Industry*		
Casinos		
Churches/Temples/ Places of Worship		
Colleges/Universities		
Concerts		
Construction Sites		
Convenience/ Grocery Stores		
Conventions/Trade Shows		
Courier/Escort		
Executive Protection		
Fast Food Establishments		
Golf/Tennis/Yacht Clubs		
Government Contracts*		
Hospitals/Institutions		
Hotels/Motels		
Industrial (Factories, Warehouses, etc.)		

CATEGORY	UNARMED	ARMED
Movies/Theaters		
Museums/Galleries		
Parking Garages		
Patrol Cars		
Restaurants		
RESIDENTIAL*:		
Apartments-Low Income/HUD		
Apartments-Mid/High Income		
Condominiums/Co-op's		
Gated Communities		
RETAIL STORES:		
Inside/Surveillance		
Parking Lots		
Schools - Elementary, High School		
Security Consultation		
Shopping Malls		
Social Services/Clinics		
Special Events		
Sporting Events		
Strike Duty		
Traffic Control		
Trucking Terminals		
Waterfront/Piers/Marinas		
Other (explain):*		

* Please attach scheduled location(s)/list of government contracts.

C. PRIVATE INVESTIGATION

CATEGORY	UNARMED	ARMED
Arson		
Auto Repossessions		
Credit or Pre-Employment		
Domestic		
Drug Testing		
Insurance/Legal		
Lie Detection		

CATEGORY	UNARMED	ARMED
Livescan/Fingerprinting		
Paper and Pencil		
Process Serving		
Shopping Service		
Undercover		
Other (explain):		

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS, LOUISIANA AND 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 fines and 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 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 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 insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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 provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 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 OHIO APPLICANTS: 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 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 with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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 PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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.

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. This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition, statement and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

APPLICANT'S SIGNATURE

TITLE

DATE

APPLICATION MUST BE SUBMITTED BY BROKER

BROKER'S COMPANY

BROKER NAME

WEBSITE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL