

## PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

- Pages 1-5 MUST be completed
- Current Loss Information – 4 Years
- Excess – Brownyard Application & Auto Loss Runs
- **Note: All Questions Must Be Answered**
- **Application Must Be Submitted by Broker**

Business Type:  New Business  Renewal GL Policy Number – Renewal Only:

Line of Business:  General Liability  Excess GL Effective Date:

Workers' Compensation (Please attach required forms: ACORD 125, and 130)

Interested in:  Auto (Please attach required forms: ACORD 125, 127, 129 and 137)

Property (Attach req. forms: ACORD 125 and 140)  Inland Marine (Attach req. forms: ACORD 125, 146, and 148)

1. Insured Company Name: \_\_\_\_\_  
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
2. DBA(s): \_\_\_\_\_  
(List any and all names insured's company is Doing Business As [DBA] & please list additional named insureds on separate sheet for whom this proposed policy will provide coverage)
3.  Individual  Assoc  Corp  LLC  LLP  Partnership  C-Corp  S-Corp  Sole Proprietor  Joint Venture  Trust  
 Non-Profit  Other: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
NO. STREET CITY STATE ZIP
5. Physical Address\*: \_\_\_\_\_  
NO. STREET CITY STATE ZIP  
(\*Attach a list if multiple locations)
6. County: \_\_\_\_\_ NAICS/SIC Code: \_\_\_\_\_
7. Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
8. Company Email: \_\_\_\_\_ Website: \_\_\_\_\_
9. Federal ID Number/FEIN: \_\_\_\_\_ License Number: \_\_\_\_\_
10. Principal: \_\_\_\_\_ Title: \_\_\_\_\_  
Direct Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_
11. Audit Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Direct Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_
12. A. Has the principal(s) of this firm previously operated a similar firm under a different name?  Yes  No  
B. If yes, please provide the former name: \_\_\_\_\_
13. Policy proposed effective date: \_\_\_\_\_ Date established: \_\_\_\_\_
14. How did you hear about us?  Internet Search  Social Media  Ad in which publication: \_\_\_\_\_  
 Email  Word of Mouth  Other: \_\_\_\_\_
15. Check limit of General Liability desired:  \$300,000  \$500,000  \$1,000,000  Other: \_\_\_\_\_

## BASIC EMPLOYMENT INFORMATION

16. Total number of employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Armed: \_\_\_\_\_ Unarmed: \_\_\_\_\_  
 Average Length of Employment: \_\_\_\_\_
17. Employees over age 65: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ (N/A in the state of CA)  
 Describe duties of age 65+ employees:  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Employees under age 21: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ (N/A in the state of CA)  
 Describe duties of employees under age 21:  
 \_\_\_\_\_  
 \_\_\_\_\_
19. Number of Supervisors: \_\_\_\_\_ Describe duties of Supervisors: \_\_\_\_\_  
 \_\_\_\_\_  
 Do they also perform guard duties?  Yes  No Are their hours billed to the client?  Yes  No  
 Do you use any type of electronic or computerized supervision or guard monitoring system?  Yes  No  
 If yes, please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Guard Training: (Please provide the **number of hours** of training for each category)  
 \_\_\_\_\_ Active Shooter \_\_\_\_\_ Firing Range  
 \_\_\_\_\_ Classroom training with films \_\_\_\_\_ On-the-job training  
 \_\_\_\_\_ Classroom training with instructor \_\_\_\_\_ Total number of annual training hours  
 \_\_\_\_\_ Other (describe): \_\_\_\_\_
- \*Provide Copy of Active Shooter Plan/Protocol
21. Pre-Employment Screening:  
 Credit Check.....  Yes  No Honesty Testing.....  Yes  No  
 Driving Record.....  Yes  No Personal Interview.....  Yes  No  
 Drug Testing.....  Yes  No Physical.....  Yes  No  
 Fingerprints.....  Yes  No Prior Employer.....  Yes  No  
 Firearm License Check.....  Yes  No Psychological Testing.....  Yes  No
22. Are any employees trained to perform CPR?  Yes  No How many: \_\_\_\_\_
23. Employee Pay scale (hourly)
- |                    | Minimum | Maximum | Average |
|--------------------|---------|---------|---------|
| a. Supervisors:    | _____   | _____   | _____   |
| b. Unarmed Guards: | _____   | _____   | _____   |
| c. Armed Guards:   | _____   | _____   | _____   |

## OPERATIONS INFORMATION

24. Do you anticipate using armed employees?  Yes  No If yes, please provide a listing of clients that armed personnel are assigned and a description of their duties:  
 \_\_\_\_\_  
 \_\_\_\_\_
25. a. Do you anticipate using dogs?  Yes  No c. Number of dogs used with handlers: \_\_\_\_\_  
 b. Total number of dogs used: \_\_\_\_\_ d. Without handlers: \_\_\_\_\_
26. Do you enter into a standard contract with your clients?  Yes  No If yes, please provide a copy.
27. a. Are specific "post orders" developed for each guard site and approved by the client?  Yes  No  
 b. Are changes to these "post orders" documented?  Yes  No

28. Independent Contractors:  
 Do you use independent contractors?  Yes  No If yes, do they carry their own insurance?  Yes  No  
 Do you enter into a sub-contractor agreement?  Yes  No If yes, please provide a copy.  
 Are the independent contractors retired or off duty law enforcement officers?  Yes  No  
 Are they:  Armed  Unarmed What is their annual cost? \_\_\_\_\_
29. Do you collect, transmit, provide, acquire or scan any biometric data from others? (Biometric data can be defined as retina/iris scans, fingerprint, voiceprint or scan of hand or face geometry)  Yes  No  
 a. If yes, please advise if you collect, transmit, provide, acquire or scan it and identify the type of biometric exposure (facial recognition, fingerprints, iris scanning, etc.):  
 \_\_\_\_\_
30. Do you have a written biometric policy in place that complies with the regulations of the states you operate in?  
 Yes  No If yes, please provide copy.
31. Does the insured provide any services other than Security Guard, Private Investigation or Alarm (e.g., janitorial services, temporary staffing, valet services, training school, etc.)?  Yes  No If yes, please describe:  
 \_\_\_\_\_
32. What background do the principals of this organization have in the Security Industry:  
 \_\_\_\_\_  
 \_\_\_\_\_
33. Provide the names of your 10 largest revenue-producing clients, their locations and a description of duties.  
 1 \_\_\_\_\_ 6 \_\_\_\_\_  
 2 \_\_\_\_\_ 7 \_\_\_\_\_  
 3 \_\_\_\_\_ 8 \_\_\_\_\_  
 4 \_\_\_\_\_ 9 \_\_\_\_\_  
 5 \_\_\_\_\_ 10 \_\_\_\_\_
34. Total # of guard hours billed to client(s) annually: \_\_\_\_\_
35. Total Gross Receipts: Guard Services: \_\_\_\_\_ Private Investigation Services: \_\_\_\_\_  
 Security Consulting Services: \_\_\_\_\_ Burglar/Fire Alarm Services: \_\_\_\_\_

**PRIOR GENERAL LIABILITY INFORMATION**

36. a. Please provide the following information for the prior 5 years, in addition to currently valued loss runs for the prior 4 years.

Policy #					
Policy Term					
Insurer					
Premium					
Limits of Liability					
Payroll					
Hours Billed					
Deductible					
Losses					

- b. Has any insurer cancelled or non-renewed your insurance over the past 5 years?  Yes  No If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**37. LIST ANNUAL PAYROLL SEPARATELY BY CATEGORY (Include independent contractor's 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
Auto Dealerships		
Banks/Office Buildings		
Bodyguard/Executive Protection*		
Cannabis Industry*:		
a) Dispensaries		
b) Transportation		
c) Farms/Grow Facilities		
d) Other (specify):		
Churches/Temples/Places of Worship		
Construction Sites		
Conventions/Trade Shows		
Executive Protection		
Government Contracts*		
Hotels/Motels*		
Industrial (Factories, Warehouses, etc.)		
Security Consultation		
Social Services/Clinics		
Strike Duty		
Traffic Control		
Trucking Terminals		
Utilities (Water, Electrical, Nuclear)		
Waterfront/Piers/Marinas		
Vehicle Patrol (explain):		
Other (explain)*:		
<b>RESIDENTIAL*:</b>		
Apartments - Low Income/HUD Housing		
Apartments - Mid/High Income Housing		
Condominiums/Co-op's		
Gated Communities		
Private Estates		

Category	Unarmed	Armed
<b>RECREATIONAL:</b>		
Bars/Nightclubs		
Casinos		
Fast Food Establishments		
Golf/Tennis/Yacht Clubs		
Movies/Theaters		
Museums/Galleries		
Restaurants		
Specials Events*:		
a) Weddings/Bar Mitzvahs		
b) Concerts		
c) Sporting Events		
d) Other (specify):		
<b>INSTITUTIONS:</b>		
Schools* - Elementary-High Inside/Outside		
Colleges/Universities*:		
a) Dormitory/Residential		
b) Patrol		
Detention/Correctional Facilities/Transport		
Hospitals - Main Lobby and Parking Lot*		
Hospitals - Other than Main Lobbies and Parking Lots*		
Medical Facilities/SS Clinics		
<b>PUBLIC TRANSPORTATION</b>		
Airports*:		
a) Baggage check		
b) Sky Cap Services		
c) Perimeter Patrol		
Bus/Train Terminals		
<b>RETAIL:</b>		
Convenience/Grocery Stores		
Inside/Surveillance		
Parking Garages		
Parking Lots		
Shopping Malls		
Patrol Cars		

\*See supplemental application to attach scheduled locations/lists of clients/properties

**C. TRANSPORTATION SERVICES**

Category	Unarmed	Armed
Armored Cars		
ATM Services		
Courier/Escort		

**D. PRIVATE INVESTIGATION - provide type of work/detail**

Category	Unarmed	Armed
Arson		
Auto Repossessions		
Biometrics		
Credit or Pre- Employment		
Domestic		
Drug Testing		
Insurance/Legal		
Lie Detection		
Livescan/ Fingerprinting		
Paper and Pencil		
Process Serving		
Shopping Service		
Undercover		
Other (explain):		

**E. BURGLAR/FIRE ALARMS - Separate [alarm application](#) must be completed if this coverage desired**

Category	Unarmed	Armed
Installation		
Monitoring		

# SUPPLEMENTAL APPLICATION

*(Please complete this section if you provide services to any of these clients)*

## **AIRPORTS**

Please list the airports being serviced and a description of the services provided and advise if it will include either passenger/baggage screening and or skycap services:

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## **BODYGUARD/EXECUTIVE PROTECTION**

Will these services involve protection of entertainers/athletes or other high-profile individuals?  Yes  No

Please provide a brief description of the services provided to these clients (e.g., estate security, 24 x 7 protection, etc.):

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## **CANNABIS INDUSTRY**

Please provide a listing of these clients serviced and a description of the work provided:

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## **SCHOOLS/COLLEGES/UNIVERSITIES**

Please provide a listing of these clients and a description of the services provided to these clients (e.g., vehicle patrol, security in dormitories, security at special events, etc.):

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## **HOSPITALS**

Please provide a listing of these clients serviced and a description of the services provided (e.g., parking lot patrol, security in the ER, patient restraint services, etc.):

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## **HOTELS/MOTELS**

Please provide a listing of the hotels/motels being serviced and provide a description of the services provided to these clients (e.g. vehicle patrol, security at hotel lounge, student chaperone services, etc.):

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## **RESIDENTIAL**

Please provide a listing of the properties serviced, their locations and a description of the services provided to these clients (vehicle patrol, gate guard, etc.):

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## **SHOPPING MALL/RETAIL**

Please provide a listing of these clients serviced and a description of the work provided:

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## **SPECIAL EVENTS/SPORTING EVENTS**

Please provide a listing of these clients and a description of the services provided to these clients:

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## **OTHER OPERATIONS**

Please provide a listing of these clients and a description of the services provided to these clients:

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**COMMERCIAL EXCESS APPLICATION (only if applicable)**

1. Expiring Excess policy number (renewal only): \_\_\_\_\_ Effective Date: \_\_\_\_\_
2. Check limit of liability desired:  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000  Other: \_\_\_\_\_
3. Underlying Insurance *(Please provide us with copies of the underlying declarations pages and 4 years of currently valued loss runs for policies not written through our office)*

Type	Carrier / Policy Number	Effective Date	Expiration Date	Limits		Premium
General Liability				Per Occurrence		
				Aggregate		
Automobile Liability				Combined Single Limit		Total \$
				Bodily Injury		Liability Only: \$
				Physical Damage		Required if scheduling auto
Employers Liability (Workers' Comp)				Each Accident		
				Disease Policy Limit		
				Disease Each Employee		

**Underlying Auto Information (Required if scheduling auto within excess):**

1. **Vehicles:**

TYPE		Number Owned	Number Non-Owned	Number Leased
Private Passenger				
Trucks	Light			
	Medium			
	Heavy			
	Ex. Heavy			
Buses				

Total Insurance Value for Auto Fleet

2. **Use:**
  - a. How are vehicles used? \_\_\_\_\_
  - b. Do autos go outside the US?.....  Yes  No
  - c. Are any explosives, flammables or other dangerous cargo hauled? .....  Yes  No
  - d. Are passengers carried for a fee? .....  Yes  No
3. **Drivers:**
  - a. Are employees allowed to use their personal vehicles for business use?.....  Yes  No
  - b. If yes, does the insured confirm that minimum limits of personal auto insurance is carried?  Yes  No
  - c. Are employees allowed to use company vehicles for personal use? .....  Yes  No
  - d. Can family members drive company vehicles? .....  Yes  No
  - e. Does the underlying insurance include Hired/Non-Owned Auto? .....  Yes  No
  - f. Are MVRs checked for all drivers?.....  Yes  No
  - g. Are MVRs regularly checked during their employment? .....  Yes  No If so, how often? \_\_\_\_\_
  - h. If MVR is poor, what corrective action is taken: \_\_\_\_\_
  - i. Provide a brief explanation of the driver selection process (e.g. age, MVR review, proof of valid driver's license, drivers test, etc.)  
\_\_\_\_\_  
\_\_\_\_\_





**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

- BROKERS: To submit complete application, please email PDF to [info@brownyard.com](mailto:info@brownyard.com)
- INSUREDS: Please save & share with your insurance agent/broker