

PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

- Pages 1-5 MUST be completed
- Current Loss Information – 5 Years
- Excess – Brownyard Application & Auto Loss Runs
- **Note: All Questions Must Be Answered**
- **Brownyard Application Must Be Signed and 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)

- Insured Company Name: _____
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
- 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)
- ☐ Individual ☐ Assoc ☐ Corp ☐ LLC ☐ LLP ☐ Partnership ☐ C-Corp ☐ S-Corp ☐ Sole Proprietor ☐ Joint Venture ☐ Trust
☐ Non-Profit ☐ Other: _____
- Mailing Address: _____
NO. STREET CITY STATE ZIP
- Physical Address*: _____
NO. STREET CITY STATE ZIP
(*Attach a list if multiple locations)
- County: _____ NAICS/SIC Code: _____
- Business Phone: _____ Fax: _____
- Company Email: _____ Website: _____
- Federal ID Number/FEIN: _____ License Number: _____
- Principal: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
- Audit Contact: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
- 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: _____
- Policy proposed effective date: _____ Date established: _____
- How did you hear about us? ☐ Internet Search ☐ Social Media ☐ Ad in which publication: _____
☐ Email ☐ Word of Mouth ☐ Other: _____
- 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		

B. GUARD SERVICES

Category	Unarmed	Armed
Auto Dealerships		
Banks/Office Buildings		
Bodyguard*		
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)*:		
RESIDENTIAL*:		
Apartments – Low Income/HUD Housing		
Apartments – Mid/High Income Housing		
Condominiums/Co-op's		
Gated Communities		
Private Estates		

Category	Unarmed	Armed
Sales		
Supervisory		

Category	Unarmed	Armed
RECREATIONAL:		
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):		
INSTITUTIONS:		
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		
PUBLIC TRANSPORTATION		
Airports*:		
a) Baggage check		
b) Sky Cap Services		
c) Perimeter Patrol		
Bus/Train Terminals		
RETAIL:		
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:

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.):

CANNABIS INDUSTRY

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

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.):

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.):

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.):

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.):

SHOPPING MALL/RETAIL

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

SPECIAL EVENTS/SPORTING EVENTS

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

OTHER OPERATIONS

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

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		\$
Employers Liability (Workers' Comp)				Each Accident		Required if scheduling auto
				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 are 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 yes, 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.)

WORKERS COMPENSATION (only if applicable)

1. Expiring WC policy number (renewal only): _____ Effective Date: _____

2. Description of clients to whom armed guards are assigned and description of the duties performed:

a. _____ b. _____

c. _____ d. _____

e. _____ f. _____

3. a. Are autos used in your business? ☐ Yes ☐ No

b. Golf Carts? ☐ Yes ☐ No

If yes, please describe how and where they are used: _____
