

Pages 1-5 MUST be completed



Note: All Questions Must Be Answered

PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

☐ Email ☐ Word of Mouth ☐ Other:

Current Loss Information - 5 Years **Brownyard Application Must Be Signed and** Excess - Brownyard Application & Auto Loss Runs Submitted by Broker **New Business** GL Policy Number - Renewal Only: Business Type: Renewal Line of Business: **Excess GL Effective Date:** General Liability 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 reg. forms: ACORD 125 and 140) Inland Marine (Attach reg. 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) 3. ☐ Individual ☐ Assoc ☐ Corp ☐ LLC ☐ LLP ☐ Partnership ☐ C-Corp ☐ S-Corp ☐ Sole Proprietor ☐ Joint Venture ☐ Trust □ Non-Profit □ Other: ____ Mailing Address: ___ CITY STATE Physical Address*: _ CITY STATE STRFFT 7IP (*Attach a list if multiple locations) County: ____ __ NAICS/SIC Code: _____ 6. Business Phone: Company Email: _ Website: Federal ID Number/FEIN: _____License Number: ____ 10. Principal: Direct Phone: Mobile: Email: _Title: _____ 11. Audit Contact: Direct Phone: ______Mobile: _____ 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: Date established: 13. Policy proposed effective date: 14. How did you hear about us? ☐ Internet Search ☐ Social Media ☐ Ad in which publication:

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

15. Check limit of General Liability desired: ☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000 ☐ Other: __

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В	ASIC EMPLOYMENT INFORMATION				
16.	Total number of employees:	Full Time:	_ Part Time:	_ Armed: \	Jnarmed:
	Average Length of Employment:				
17.	Employees over age 65:	Full Time:	Part Time:	(N/A in the	e state of CA)
	Describe duties of age 65+ employed	es:			
18.	Employees under age 21:	Full Time:	Part Time:	(N/A in t	he state of CA)
	Describe duties of employees under	age 21:			
19.	Number of Supervisors:	Describe dutie			
	Do they also perform guard duties? Do you use any type of electronic or of tyes, please describe:				
20.	Guard Training: (Please provide the reason Active Shooter Classroom training with file Classroom training with ins Other (describe): *Provide Copy of Active Shooter Plan	ns _ structor _	Firing Range On-the-job to Total numbe	e raining er of annual training h	nours
21.	Pre-Employment Screening: Credit Check	es No es No es No es No	Personal Intervi Physical Prior Employer	—————————————————————————————————————	es No es No es No
22. 23.	, , , , , ,		-	laximum	Average
	b. Unarmed Guards:				
	c. Armed Guards:				
C	PERATIONS INFORMATION				
	Do you anticipate using armed emploare assigned and a description of the	-	No If yes, please prov	vide a listing of clients	s that armed personnel
25	a Do you anticipate using dogs?	/oc D No	o Number of d	oge used with handle	vrc:

25. a. Do you anticipate using dogs? ☐ Yes ☐ No c. Number of dogs used with handlers: _____ 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? \square Yes \square No b. Are changes to these "post orders" documented? $\ \square$ Yes $\ \square$ No

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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		•					
29.	Do you collect, tran	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) \square Yes \square No						
		lvise if you collect, t gerprints, iris scann		acquire or scan it a	and identify the ty	pe of biometric exposure (fac		
30.	Do you have a writt	ten biometric policy	in place that com	plies with the regu	lations of the stat	es you operate in?		
24	-	yes, please provide	· •	to Coord Drivete I	ovootigation og Alg	avan (a. g. ianitavial aaniaaa		
31.	temporary staffing,	•		-	_	arm (e.g., janitorial services, ibe:		
32.	What background	do the principals of	this organization l	nave in the Securit	y Industry:			
33.	Provide the names	of your 10 largest	revenue producino	Clients their loss	tions and a descri	intion of duties		
55.		Provide the names of your 10 largest revenue-producing clients, their locations and a description of duties. 1 6						
	3 8 4 9							
	5 10							
34.	Total # of guard ho							
35.	Total Gross Receip	ts: Guard Services:	·	Private Inves	stigation Services:	·		
		Security Consul	ting Services:	Burg	lar/Fire Alarm Ser	vices:		
Р	RIOR GENERAL LIA	BILITY INFORMATION	ON					
36.	a. Please provide th	e following informat	ion for the prior 5 y	ears, in addition to	currently valued lo	ess runs for the prior 4 years.		
	Policy #							
	Policy Term							
	Insurer							
	Premium							
	Limits of Liability							
	Payroll							
	Hours Billed							
	Tiodis billed							
	Deductible							

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A. OFFICE AND MANAGEMENT

Category	Unarmed	Armed
Clerical		
Executive		

Category Unarmed Armed Sales Supervisory

B. GUARD SERVICES

Category	Unarmed	Armed
		1
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
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

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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 <u>alarm application</u> must be completed if this coverage desired

Category	Unarmed	Armed
Installation		
Monitoring		

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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:

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СОМ	IMERCIAL EXCES	SS APPLICATION (only if applica	ıble)			
1. E	xpiring Excess p	olicy number (ren	ewal only):		Effec	ctive Date:	
2. C	heck limit of liabil	itv desired: 🗖 \$1.0	000.000 🗖 \$2.0	00.000 🗖 \$3.00	00.000 🗖 \$4.000.000	\$5.000.00	00 🗖 Other:
 Check limit of liability desired: □ \$1,000,000 □ \$2,000,000 □ \$3,000,000 □ \$4,000,000 □ \$5,000,000 □ Oth Underlying Insurance (<i>Please provide us with copies of the underlying declarations pages and 4 years of cut</i> 							
		tten through our off			ying decidrations pag	oc ana i yo	are or carronaly variable root
	Туре	Carrier / Policy Number	Effective Date	Expiration Date	Limit	s	Premium
G	General Liability				Per Occurrence		
					Aggregate		
	automobile iability				Combined Single Limit		Total \$
	lability				Bodily Injury		Liability Only:
					Physical Damage		\$ Required if scheduling auto
E	Employers				Each Accident		
L	iability Workers' Comp)				Disease Policy Limit		
('	workers Comp)				Disease Each		
					Employee		
L. V	ehicles:						
_	TYPE		Nι	ımber Owned	Number Non-Owned		Number Leased
_	Private Passenger Light						
		Medium					
	Trucks	Heavy					
		Ex. Heavy					
L	Buses						
otal l	Insurance Value f	or Auto Fleet					
2. U :	se:						
a.	. How are vehicles	s used?					
b.	. Do autos go outs				🖵 Yes	□ No	
c.	. Are any explosive	es, flammables or o	ther dangerous	s cargo hauled?	? □ Yes	□ No	
			_	_	🖵 Yes		
	rivers:						
a.		allowed to use the	ir nersonal veh	icles for husing	ess use? 🗖 Yes	□ No	
			•		re carried? Yes		
b.	•		·				
	c. Are employees allowed to use company vehicles for personal use? ☐ Yes ☐ No						
	 d. Can family members drive company vehicles?						
e.							
f.					Yes		
g.	_	-				-	, how often?
h.	. If MVR is poor,	what corrective ac	tion is taken: _				
i.	Provide a brief	explanation of the di	river selection p	rocess (e.g. age	e, MVR review, proof of	valid driver'	s license, drivers test, etc.)

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Expiring WC policy number (renewal		
Description of clients to whom arme	d guards are assigned and desc	ription of the duties performed:
a	b	
c	d	
e	f	
a. Are autos used in your business?	☐ Yes ☐ No	b. Golf Carts? ☐ Yes ☐ No
If ves, please describe how and whe	ere they are used:	

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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.

Applicable in AL, AR, LA, MD, NM, RI and WY: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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.

Applicable in DC: 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.

Applicable in FL and OK: 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 (of the third degree)*. *Applies in FL Only.

Applicablein KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment of other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, OH and PA: 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.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

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 alternatives. 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
BROKER COMPANY	BROKER NAME	WEBSITE
ADDRESS	CITY	STATE ZIP
TELEPHONE	FAX	EMAIL

BROKERS: To submit complete application, please email PDF to <u>info@brownyard.com</u>. INSUREDS: Please save and share with your insurance agent/broker.