PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

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

Interested in: ☐ **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: ☐ $100,000 ☐ $300,000 ☐ $500,000 ☐ $1,000,000

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

BASIC EMPLOYMENT INFORMATION

16. Total number of employees: _____ Full Time: _____ Part Time: _____ Investigators: _____ Consultants: _____
17. Regarding your Employees' Pre-Employment Screening:
    - Drug Testing........................❑ Yes ❑ No
    - Fingerprints........................❑ Yes ❑ No
    - Honesty Testing.................❑ Yes ❑ No
    - Personal Interview...................❑ Yes ❑ No
    - Prior Employer..........................❑ Yes ❑ No
    - Psychological Testing...............❑ Yes ❑ No
18. Regarding your Employees' Training: *(please provide the number of hours of training for each category)*
    - Classroom training: ___________________
    - Total number of annual training hours: _______________________
    - On-the-job training: ____________________
    - Other, describe: ____

OPERATIONS INFORMATION

19. Does your firm provide <u>any type of security guard operations</u> *(i.e.: executive protection, standing guards, security patrol, bodyguard work, etc.)*? ☐ Yes ☐ No *If **Yes**, you must **switch** to the **BrownGuard** Liability Application for Private Security Agencies instead of this application*† .
    Indicate percent of operations: __________________ and provide details:
    ____
20. Any other operations *(i.e.: alarm, fugitive recovery, etc.)*: ____
21. 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.): ____
    ____
22. 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.
23. List your (5) largest clients: 1 ____
    2 ____
    3 ____
    4 ____
    5 ____
24. What background do the principals of this organization have in the Investigative/Security Consultation Industry?
    ____
    ____
25. Annual gross receipts: _______________ Payroll: __________________ Sub-contractor expense: _______________
26. Are sub-contractors' Certificates of Insurance on File? ❑ Yes ❑ No
27. Do you enter into a standard contract with your clients? ☐ Yes ☐ No If yes, please provide a copy.

28. Indicate % of operations (A+B+C CATEGORIES MUST TOTAL 100%):

A.) PRIVATE INVESTIGATION

_______% Airport/Port/Utilities
_______% Accident Investigations/Reconstruction
_______% Asset Searchers
_______% Background Investigations
_______% Bank & Accounting Fraud
_______% Biometrics
_______% Child Recovery/Custody
_______% Civil Investigations
_______% Computer Crime
_______% Credit/Pre-employment
_______% Criminal Investigations
_______% Domestic (Matrimonial/Divorce)
_______% Drug/Explosive K-9 Ops
_______% Environmental
_______% Expert Witness
_______% Fire/Arson
_______% Forensic Services
_______% Insurance/Legal
_______% Intellectual Property
_______% Malpractice
_______% Missing Persons/Heirs
_______% Process Serving
_______% Record Retrieval Services
_______% Repossessions
_______% Shopping Services
_______% Skip Tracing/Collections
_______% Special Events
_______% Surveillance/TSCM
_______% Trial Preparation
_______% WC/Fraud Investigations
_______% White Collar Crimes
_______% Other (*explain*):

____
____

B.) SECURITY CONSULTATION

_______% Construction Design
_______% Criminal
_______% Data/Computer Security
_______% Kidnap/Terrorist
_______% Physical Security Audits
_______% Seminars/Lectures
_______% Terrorism
_______% Threat/Vulnerability Assessments
_______% Training
_______% Firearms Training (*this is if you provide these operations -- not regarding your own certification)*:
- _____% Firing Range
- _____% Classroom
- _____% Other *(explain)*:

____
____
____

C.) LIE DETECTION

_______% Paper/Pen & Pencil
_______% Polygraph
_______% Psychological Stress Evaluator
_______% Other *(explain)*:

____
____
____

PRIOR GENERAL LIABILITY INFORMATION

29. a. General Liability insurer and claims history for past five years *(Even if there are no losses, please provide insurer history.)*

Policy #					
Policy Term					
Insurer					
Premium					
Limits of Liability					
Revenue					
Deductible					
Losses					

b. Has any insurer cancelled or non-renewed your General Liability insurance over the past 5 years? ❑ Yes ❑ No

If yes, please explain:

____
____

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: $ *Required if scheduling auto*
				Physical Damage		
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 MVR's checked for all drivers? .... ❑ Yes ❑ No
   g. Are MVR's 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.

Applicable in AL, AR, LA, MD, NM, RI and WV: 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.

Applicable in 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 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

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

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