



## Security Guard / Private Investigator General Liability Application

1. Applicant: \_\_\_\_\_
2. Street Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
Additional Locations (if any):
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. If additional space is necessary, please provide additional worksheet

Please help us keep our records up-to-date. If it is possible that we have your company listed in our files under a different name or address, please write the old name and address here: \_\_\_\_\_

3. Name of contact person for inspection/audit: \_\_\_\_\_ Telephone No.: \_\_\_\_\_
4. Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other(Describe): \_\_\_\_\_
5. Coverages: \_\_\_\_\_
6. Limits \$ \_\_\_\_\_ Each Occurrence \$ \_\_\_\_\_ Aggregate
7. Deductible: \$ \_\_\_\_\_ including Loss Adjustment Expense
8. Applicant Operations:  
\_\_\_\_\_ % Security Guard  
\_\_\_\_\_ % Armored Car  
\_\_\_\_\_ % Patrol  
\_\_\_\_\_ % Detective/Investigative

9. Payroll by Operation:

Operations	Armed Payroll (\$)	Unarmed Payroll (\$)
Airports	_____	_____
Apartments	_____	_____
Alarm Response	_____	_____
Armored Car/Courier/Money Escort	_____	_____
Arson Investigation	_____	_____
Athletic Events	_____	_____
Banks	_____	_____
Bail Bonds	_____	_____
Bars/Lounges	_____	_____
Body Guards	_____	_____
Bounty Hunting	_____	_____
Car Dealerships	_____	_____
Child/Missing Person Searches	_____	_____



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Operations	Armed Payroll (\$)	Unarmed Payroll (\$)
Churches	<hr/>	<hr/>
Concerts	<hr/>	<hr/>
Condominiums	<hr/>	<hr/>
Construction Site	<hr/>	<hr/>
Consulting	<hr/>	<hr/>
Credit/Pre-employment Checks	<hr/>	<hr/>
Employee Surveillance	<hr/>	<hr/>
Fast Food Restaurants	<hr/>	<hr/>
Government Facilities	<hr/>	<hr/>
Hospitals	<hr/>	<hr/>
Hotel/Motel	<hr/>	<hr/>
Insurance Investigation	<hr/>	<hr/>
Liquor Stores	<hr/>	<hr/>
Low Income Housing Projects	<hr/>	<hr/>
Manufacturing Plants	<hr/>	<hr/>
Office	<hr/>	<hr/>
Polygraph Administration/Validation	<hr/>	<hr/>
Process Serving	<hr/>	<hr/>
Record Checks	<hr/>	<hr/>
Repossession/Collection Work	<hr/>	<hr/>
Residential Patrol	<hr/>	<hr/>
Restaurants (other than fast food)	<hr/>	<hr/>
Retail Stores	<hr/>	<hr/>
Schools	<hr/>	<hr/>
Shoplifting Surveillance	<hr/>	<hr/>
Shopping Malls – Interior Patrol	<hr/>	<hr/>
Shopping Malls – Parking Lot Patrol	<hr/>	<hr/>
Strike Work	<hr/>	<hr/>
Traffic Control	<hr/>	<hr/>
Training Schools	<hr/>	<hr/>
Warehouses	<hr/>	<hr/>
Other – Please Describe:	<hr/>	<hr/>
<b>Total</b>	<hr/> <b>\$ 0.00</b> <hr/>	<hr/> <b>\$ 0.00</b> <hr/>



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**Government Facilities** – Please describe all facilities where work is performed (i.e., offices, train station): \_\_\_\_\_

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**Airport Work** – Please describe all operations/duties performed: \_\_\_\_\_

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**Body Guard Work** – Please describe duties performed. Celebrities, Entertainers or Athletes? If so, who? \_\_\_\_\_

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**Apartment Work** – Please fully describe duties. Any subsidized/low income housing locations? ☐ Yes ☐ No

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**Retail Work** – Please describe types of stores, duties performed, and hours that guard(s) are on duty: \_\_\_\_\_

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Shoplifting Surveillance? ☐ Yes ☐ No If Yes, please fully detail arrest/detention responsibilities: \_\_\_\_\_

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**Concerts** – Please fully describe performers and locations, as well as duties (i.e., crowd control, traffic control): \_\_\_\_\_

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**Athletic Events** – Please describe event, location and duties (i.e., crowd control, traffic control): \_\_\_\_\_



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\_\_\_\_\_

\_\_\_\_\_

**Consulting** – Please describe who you are consulting for and the scope of consulting services you are providing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Training Schools** – Please describe who you are training and the scope/purpose of the training being provided: \_\_\_\_\_

### 10. Rating Information:

- a. Annual Guard, Armored Car, Patrol and Investigative Payroll: \$\_\_\_\_\_ Receipts: \$\_\_\_\_\_
- # of Full-Time Guards: \_\_\_\_\_ Full-Time Payroll: \$\_\_\_\_\_
- # of Part-Time Guards: \_\_\_\_\_ Part-Time Payroll: \$\_\_\_\_\_
- Independent Contractors – Cost: \$\_\_\_\_\_
- b. Annual Number of Billed Hours: \_\_\_\_\_
- c. Average Hourly Wage: Full-Time: \$\_\_\_\_\_ per hour
- Part-Time: \$\_\_\_\_\_ per hour
- d. Number of Armed Guards: \_\_\_\_\_ Number of Unarmed Guards: \_\_\_\_\_
- Where are guards stationed? \_\_\_\_\_
- e. Number of Canines: \_\_\_\_\_ Attended \_\_\_\_\_ Unattended \_\_\_\_\_
- How and where are canines used? Please describe any drug or bomb sniffing activities: \_\_\_\_\_
- \_\_\_\_\_
- f. Number of Supervisors: \_\_\_\_\_ Total Payroll: \$\_\_\_\_\_
- Describe duties performed: \_\_\_\_\_
- \_\_\_\_\_
- g. Training – Please describe how guards are trained (i.e., on-the-job, formal training program): \_\_\_\_\_
- \_\_\_\_\_

### 11. General Information:

- a. How long has Applicant owned this business: \_\_\_\_\_
- b. How many years of experience does Applicant have in this field? \_\_\_\_\_
- c. Please describe duties of the Owner(s): \_\_\_\_\_
- d. Is Applicant involved in any other operations? ☐ Yes ☐ No If Yes, please describe: \_\_\_\_\_
- \_\_\_\_\_



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e. Has any carrier cancelled or refused to renew Applicant's business? ☐ Yes ☐ No If Yes, for what reason? \_\_\_\_\_  
\_\_\_\_\_

12. Claim/Loss History over Last Five (5) Years: If none, so state. **(Carrier Loss Runs Required)**

Date	Description of Loss	Amount Incurred	Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Policy Information:

Carrier	Policy Period	Limits of Liability	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Trade Association Membership Held? \_\_\_\_\_



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State Notices: The following notices are required by the Insurance Department of the indicated states.

**WARNING:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for Insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO ARKANSAS 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 ARIZONA APPLICANTS:** For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

**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 claiming with regard to a settlement or award payable for 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 Insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with 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 LOUISIANA 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 MAINE 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 may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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.



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**NOTICE TO 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 civil fines and criminal 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 state value of the claim for each such violation.

**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 willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE 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.

**NOTICE TO VIRGINIA 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.

**NOTICE TO 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.

**NOTICE TO WEST VIRGINIA 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.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY

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Applicant

Date

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Producer

Date



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**NOTICE:**

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NON-ADMITTED" OR "SURPLUS LINES" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINES INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: [www.insurance.ca.gov](http://www.insurance.ca.gov).
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRE THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Date: \_\_\_\_\_

Insured: \_\_\_\_\_

(Effective April 1, 2021)