

Agent Name _____
 and Address _____

 Phone _____ Fax _____

Security Patrol Agency Supplemental Application

General Information

 Proposed Effective Date _____
 Applicant Name (Legal) _____ Applicant Name (DBA) _____
 Web Address _____ Phone _____

 Number of years experience _____
 Number of years the business has been in this location _____
 Number of years the applicant has owned this business _____ Check if New Venture
 Hours of Operation From _____ To _____ Number of days business is open per week _____

 Have you owned another business under a different name or entity? Yes No
 If yes, please explain: _____

 Do you own any other businesses or have any other locations? Yes No
 If yes, please explain: _____

 State(s) of Operation: _____

 Licensed? Yes No License no: _____

Total number of unarmed employees: _____	Estimated payroll: _____	Gross Sales: _____
Total number of armed employees: _____	Estimated payroll: _____	Gross Sales: _____
Total number of employees: _____	Total number of hours billed to clients annually: _____	

 Do any of the armed guards have arrest authority? Yes No

 Are all armed personnel certified for use of firearms by a state agency or a firearms certification school? Yes No

 Does the applicant have Workers Compensation coverage in force? Yes No

 Does the applicant lease employees? Yes No

 Does the applicant sub-contract work? Yes No

 If yes, what type: _____ Annual cost of sub-contracted work: _____

 Are certificates required from all sub-contractors? Yes No

 Are background investigations and checks conducted on new employees? Yes No

 If yes, please describe procedure: _____

 Does the applicant have a training program for employees? Yes No

 If yes, please describe: _____

 Does the applicant have a training manual? Yes No

 Does the applicant use a record keeping log for each job? Yes No

Does the applicant use dogs? Yes No

If yes, number with handlers: _____ without handlers: _____

Number of supervisors: _____ Describe duties: _____

Is the applicant involved in any other operations or businesses: _____

Please list the 5 largest projects you have completed in the last 3 years:

	Description of Project	Cost	Duration
1			
2			
3			
4			
5			

If operations are done, or intended to be done, please check box in front of the operation:

Guard Operations	Payroll Armed	Payroll Unarmed	Guard Operations	Payroll Armed	Payroll Unarmed
<input type="checkbox"/> Airport Security			<input type="checkbox"/> Immigration Detention Centers		
<input type="checkbox"/> Alarm Installation: Service or Repair			<input type="checkbox"/> Industrial Risks		
<input type="checkbox"/> Alarm monitoring: Burglary / Fire Medical Emergency			<input type="checkbox"/> Insurance Adjusters		
<input type="checkbox"/> Alarm Response			<input type="checkbox"/> Law Enforcement Agencies		
<input type="checkbox"/> Armored Car Service			<input type="checkbox"/> Motels / Hotels		
<input type="checkbox"/> Athletic Events Describe: _____			<input type="checkbox"/> Manufacturing		
<input type="checkbox"/> Auto Repossession			<input type="checkbox"/> Nuclear Power Plants		
<input type="checkbox"/> Baggage Handling Security			<input type="checkbox"/> Offices		
<input type="checkbox"/> Bail Bond Operations			<input type="checkbox"/> Parking Lot Security		
<input type="checkbox"/> Banks			<input type="checkbox"/> Parole Officers		
<input type="checkbox"/> Bodyguards			<input type="checkbox"/> Polygraph Work		
<input type="checkbox"/> Border Patrol			<input type="checkbox"/> Prisons		
<input type="checkbox"/> Bouncers: Restaurants, Night Clubs, Discos, Bars, Teen Centers, Taverns			<input type="checkbox"/> Process Servers		
<input type="checkbox"/> Bounty Hunters			<input type="checkbox"/> Repossession / Collection Work		

If operations are done, or intended to be done, please check box in front of the operation:

Guard Operations	Payroll Armed	Payroll Unarmed	Guard Operations	Payroll Armed	Payroll Unarmed
Churches			Retail Operations: Clothing, Department Stores, Liquor Stores, Shopping Centers, Supermarkets, Convenient Stores		
Concerts, describe type: _____			Schools / Schools Crossing Guards		
Construction Sites			Security Consulting		
Courier - non-negotiable Courier - negotiable Courier escort			Security Personnel		
Credit Investigators			Security Guard School / Training for others		
Criminal Detention Centers			Shopping Service		
Detective and Personal Investigator Operations			Special Events, describe: _____		
Drug Surveillance			Strike Work		
Drug Testing			Traffic Control		
Fast Food Restaurants			Undercover Operations		
Fire Arms Certification School			Utility Property Security		
Funeral Service * must have Commercial Auto in place			Warehouses		
Apartments - Public Housing, Section 8, HUD			Apartments - Middle to High Income		
Condominium / Townhouse			Homeowners Associations		
Private residence			Other, describe: _____		
Other, describe: _____			Other, describe: _____		
Other, describe: _____			Other, describe: _____		

FRAUD NOTICE

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.

STATE SPECIFIC PROVISION

Ohio 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.

Pennsylvania 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.

West Virginia 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.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
Signature _____
Date _____

Producer _____
Signature _____
Date _____