

11. Total number of hours billed to clients annually: _____

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

13. Does applicant have Workers' Compensation coverage in force? Yes No

14. Does applicant lease employees? Yes No

15. Does applicant subcontract work? Yes No

If yes, what type? _____

Are certificates of insurance required from all subcontractors? Yes No

Annual cost of subcontracted work: _____

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

If yes, describe procedures used for pre-employment checks: _____

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

If yes, describe: _____

18. Does applicant have a training manual? Yes No

19. Does applicant use a record-keeping log for each job? Yes No

20. Does applicant use dogs? Yes No

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

21. List the applicant's ten largest clients. Indicate type of operation performed and duties involved:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

22. Number of supervisors: _____

Describe duties: _____

Do they perform investigative or guard duties? Yes No

Does the applicant bill hours to the client? Yes No

23. Is applicant involved in any other operations or business? Yes No

If yes, describe: _____

24. Does applicant conduct any operations involving nuclear power plants? Yes No

25. Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Private Investigation	Armed Payroll	Unarmed Payroll	Private Investigation	Armed Payroll	Unarmed Payroll
Arson Investigation			Legal		
Computer fraud			Missing person		
Corporate—employee dishonesty			Records check		
			Surveillance—describe:		
Credit pre-employment screening			Undercover operations		
			Other—describe:		
Domestic					
Insurance claim investigation					

26. Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll
Airport Security			Parking lot security		
Alarm monitoring: Burglary/fire Medical Emergency			Restaurants, night clubs, discos, bars		
			Bouncers		
			Retail Operations:		
Alarm Response			Clothing		
Baggage handling security			Department stores		
Banks			Liquor stores		
Construction sites			Shopping centers		
Criminal detention centers			Supermarket/ convenience stores		
Fast food restaurants			All other		
Housing: Apartments—Public housing authorities, Section 8, HUD Apartments—middle to high income Condominiums Homeowners associations Private residences			Schools		
			Special events: Athletic events—describe type:		
			Concerts—describe (rock & roll, hard rock, rap, country, other):		
			Other—describe:		
			Strike work		
Immigration detention centers			Utility property security		
Manufacturing/warehousing			Other—describe:		
Motels/hotels					
Offices, hospitals, churches					

27. Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Miscellaneous Services	Armed Payroll	Unarmed Payroll	Miscellaneous Services	Armed Payroll	Unarmed Payroll
Alarm installation, service or repair			Drug surveillance		
			Drug testing		
Auto repossession			Firearms certification school		
Bail bond operations			Insurance adjusters		
Bounty hunters			Polygraph work		
Bodyguards			Process servers		
Courier or escort services: Armored car service Courier—non-negotiable Courier—negotiable Courier escort Funeral escort			Repossession/collection work		
			School crossing guards		
			Security consulting		
			Security guard school/ training for others		
			Shopping service		
			Traffic Control		
Dog services: With handler Without handler			Other—describe:		

28. Please attach

- a. Any descriptive advertising literature
- b. Copy of Insured's standard performance contract with client
- c. Copies of all agreements in which the Insured has assumed liability.

29. During the past three years has any company ever cancelled, declined or refused to renew similar insurance for the applicant? (Not applicable to Missouri applicants.)

Yes No

If yes, explain: _____

30. Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PD	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK: 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.

FRAUD WARNING: 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.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

**Please fax or email completed application to:
Steven Wasykiw
(619) 593-2008 • Steven@CIDInsurance.com**