



PHILADELPHIA
INSURANCE COMPANIES

Richard A. Hawthorne II

25283 Cabot Road, Suite 224
Laguna Hills, CA 92653
Phone (949) 580-1969
Fax (949) 580-1963
Toll Free (877) 818-7742



THE GUARDIAN (SECURITY SERVICES) SUPPLEMENTAL APPLICATION

Name Insured: _____

Address: _____

Telephone: _____

Web site: _____ FEIN: _____

Date established: _____ License No: _____

Policy proposed effective dates: _____ to _____

GENERAL INFORMATION

**The following operations are not eligible for this program:
Private Detection Agencies, Bail Agents, Repossession Services, Process Servers, and
Fire Suppression Contractors**

1. In regard to the Applicant's clients, does the Applicant assume any duties not related to security, i.e. janitorial, maintenance, housekeeping, etc. Yes No
If yes, describe:

2. Provide the names of the (5) largest revenue producing clients, and a description of your duties.

1. _____
2. _____
3. _____
4. _____
5. _____

3. Are the majority of the Applicant's clients under contract? Yes No
If yes, how many include a hold harmless clause in favor of the client: _____
Please include sample copies of your standard contracts and agreements.

4. Does Applicant sub-contract work? Yes No

If yes, does the Applicant require certificates and/or proof of Errors & Omissions and Commercial General Liability insurance with limits equal to or greater than your own? Yes No

5. Is the Applicant named as an additional insured on the sub-contractor's policy? Yes No

1. What background do the principals of this organization have in the security industry?
(please include resumes) _____

2. Will the principals perform guard operations? Yes No

3. Number of supervisors: _____
Describe the duties of the supervisors: _____

4. Average number of guards per supervisor: _____

5. Annual guard turnover rate: _____ %

6. Training program consists of:
 Written manual On-the-job CPR Films Firearms
 Report writing Powers of arrest Classroom Other: _____

Describe the Applicant's training program: _____

7. Pre-employment screening procedures (check all that apply):
 Polygraph Prior employment contacted Criminal background
 Drug screening Fingerprint check Driving record
 Psychological test Personal references Other: _____

Describe the Applicant's pre-employment screening procedures: _____

8. Total number of guard hours billed to client(s) annually: Unarmed: _____ Armed: _____

Total number of guards:	Unarmed	Armed	Supervisors
Full Time			
Part Time			

10. Does the Applicant use any equipment or golf carts for patrol? Yes No
If yes, how many? _____

11. Will the Applicant provide transportation services for the public? Yes No
If yes, are driving records checked on drivers? Yes No

12. Does the Applicant anticipate using dogs? Yes No
(Must be leashed not to exceed 6 feet)
If yes, number of dogs used with: Handlers? _____ Without handlers? _____
For what purpose will the dogs be used? Bombs Drugs Airports Other: _____

13. Are all armed employees licensed by the state to carry firearms? Yes No
If yes, how often will they have to be re-certified? _____

PAYROLL

Employee pay scale (hourly)	Minimum	Maximum	Average
Supervisors	\$	\$	\$
Unarmed guards	\$	\$	\$
Armed guards	\$	\$	\$

2. Please provide total payroll and billable hours for the past five (5) years:

	Year:	Year:	Year:	Year:	Year:
Total payroll	\$	\$	\$	\$	\$
Total billable hours					

3. List annual payroll separately by category:	ARMED PAYROLL	UNARMED PAYROLL
SUPERVISORY GUARD SERVICES		
• Airports (describe operations):	\$	\$
• Banks or other financial institutions	\$	\$
• Colleges / Universities	\$	\$
• Concerts	\$	\$
• Construction or demolition sites	\$	\$
• Conventions	\$	\$
• Escort service / Body guard service	\$	\$
• Fast food restaurants	\$	\$
• Government contracts (office building, courts, military base)	\$	\$
• Hospitals	\$	\$
• Hotels / Motels	\$	\$
• Housing / Residential – Mid / High income	\$	\$
• Housing / Residential – Low income / HUD	\$	\$
• Industrial (warehouse, factories)	\$	\$
Liquor establishments (bars, restaurants, other:)	\$	\$
• Malls / Theaters / Arcade	\$	\$
• Museums / Galleries	\$	\$
• Office buildings	\$	\$
Patrol cars (alarm response, patrol, other:)	\$	\$
Retail (parking lots, outside patrol, other:)	\$	\$
Retail (shoplifting, surveillance, inside, other:)	\$	\$
Schools – K-12	\$	\$
Special events (describe:)	\$	\$
• Sporting Events	\$	\$
• Strike work	\$	\$
• Traffic control	\$	\$
• Utilities (water, electrical, nuclear)	\$	\$
• Other – (describe:)	\$	\$
TRANSPORTATION SERVICES		
• Armored car	\$	\$
• ATM services	\$	\$
• Courier (describe commodity transported:)	\$	\$
• Other – (describe:)	\$	\$
OTHER		
• Clerical	\$	\$
• Outside Sales	\$	\$
• Other – (describe:)	\$	\$
TOTAL	\$	\$

1. Estimated annual:
- a. Payroll: \$ _____
 - b. Sales: \$ _____
 - c. Cost of sub-contractors: \$ _____

2.

Operations of the Applicant (show sales and payroll for each)	Payroll	Sales
• Burglar alarms – residential	\$ _____	\$ _____
• Burglar alarms – commercial	\$ _____	\$ _____
• Fire alarms – residential	\$ _____	\$ _____
• Fire alarms – commercial	\$ _____	\$ _____
• Fire Suppression Systems	\$ _____	\$ _____
• Alarm monitoring operations (if any medical alarm monitoring, shows separate sales)	\$ _____	\$ _____
• Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons Describe:	\$ _____	\$ _____
• Other(specify):	\$ _____	\$ _____

3. Does Applicant have other business ventures for which coverage is not requested? If yes, explain and advise where insured: Yes No

4. Does Applicant do any manufacturing? Yes No

- 4a. Does Applicant sell anything under their own label? Yes No
If the answer to either question is yes, explain:

5. Does the Applicant sell any items other than items which are installed by the Applicant? If yes, provide a listing of products sold: Yes No

Sales amount for these products: \$ _____

6. Does the Applicant do design work for others? Yes No
 If yes, percent of operation: _____%

7. Does the Applicant design systems without performing installation? Yes No
 If yes, percent of operation: _____%

8. Does the Applicant install alarms or phones in vehicles, mobile equipment, watercraft, or aircraft? Yes No
If yes, explain: _____

9. Does the Applicant install alarms in hospitals, nursing homes, transportation facilities, detention or correctional facilities? Yes No
If yes, provide details and sales amount: _____

10. Does the Applicant install or monitor alarms at chemical, fertilizer or petrochemical facilities? Yes No

11. Does the Applicant install or monitor metal, chemical, or explosive detection devices at transportation facilities, federal buildings or post office mailroom? Yes No

12. Does the Applicant monitor for home incarceration or pre-trial release? Yes No

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

14. Does the Applicant lease employees? Yes No

15. Does the Applicant have a training program? Yes No
If yes, describe: _____

16. Does the Applicant sub-contract work to others? Yes No
If yes, what type of work? _____

Are certificates of insurance obtained from ALL sub-contractors with limits equal to or greater than your own? Yes No

17. **Please attach:**
a. Any descriptive or advertising literature / brochure
b. Copy of usual performance contract with client
c. Any hold harmless agreements executed in favor of the client

18. Does the Applicant limit liability to a stated dollar amount (liquidated damages) on their standard alarm contract with their client? Yes No

If yes: What is the maximum limit allowed? \$ _____

What percent of contracts waive the liquidated damages clause? _____ %

COMMERCIAL AUTOMOBILE N/A

1. Owned automobiles: **Please complete an ACORD application.**

2. **Non-Owned Automobile** N/A

a. Number of employees using their own vehicles on company business: _____

b. For what purpose? (example: local errands, security patrol) _____

c. Does the Insured require the employee to carry Personal Automobile Insurance? Yes No

d. Are certificates of insurance obtained from the employees' automobile insurers? Yes No

- e. Who verifies coverage, limits and carrier, and that there is no lapse of an employee's personal automobile policy during the term of the Insured's commercial automobile policy?
- f. Are MVRs checked on drivers at time of hire and periodically thereafter? Yes No
- g. Are any driver training programs provided to the employees? Yes No

3. **Hired Automobile (leased, hired, rented or borrowed, not from employees)** N/A
- a. How many vehicles are hired or borrowed each year: _____
- b. For what purpose? _____
- c. Average length of time vehicles are hired or borrowed: _____
- d. Annual cost incurred for all hired and borrowed vehicles: \$ _____
- e. Who provides primary liability and physical damage insurance? _____
- f. In which state(s) does the risk hire or borrow vehicles? _____

4. **Garagekeepers** N/A
- a. Does the Insured offer valet parking service, own a garage or parking lot where a fee is charged or offer automobile repair or maintenance services to others? Yes No
- b. If yes, please provide details on:
- i. Training of employees: _____
- iii. Number of parking attendants: _____
- iv. Security in place at site (for example, surveillance cameras, security patrol officers): _____
- v. Maximum value stored in one place at any given time: \$ _____
- vi. Limits and deductible desired: \$ _____

COMPLEMENTARY GENERAL LIABILITY COVERAGE N/A

1. Is coverage desired for damage to property in your Care, Custody or Control? Yes No
- If yes:
- Limit Options:** \$25,000 \$50,000 \$100,000 \$500,000
 Other: \$ _____
- Deductible Options:** \$1,000 \$2,500 \$5,000 \$10,000
 Other: \$ _____
2. Is coverage desired for Third Party Theft? Yes No
- If yes:
- Limit Options:** \$25,000 \$50,000 \$100,000 \$500,000
 Other: \$ _____
- Deductible Options:** \$1,000 \$2,500 \$5,000 \$10,000
 Other: \$ _____
3. Is coverage desired for Lock and Key Replacement coverage? Yes No
- If yes:
- Limit Options:** \$25,000 \$50,000 \$100,000 \$500,000
 Other: \$ _____
- Deductible Options:** \$1,000 \$2,500 \$5,000 \$10,000
 Other: \$ _____

Fraud Notice

NOTICE TO 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL 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 STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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 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 MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: 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 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 FLORIDA APPLICANTS: 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.

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.

NOTICE TO MAINE AND 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 OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

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 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 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."

Insured Signature: _____ Date: _____

Agent Signature: _____ Date: _____