

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application For **Security Guards And Detective Agencies**

1. Name of Applicant _____
 Street Address _____
 City _____ State _____ Zip _____
 Applicant's Web Site Address _____

2. Individual Corporation Partnership Other (Explain) _____

3. Address of location to be insured (if same as above, write "Same") _____ 4. Date Established: _____
 Street Address _____
 City _____ State _____ Zip _____

5. Please provide prior insurance information. If none, check here

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

6. Is applicant engaged in, owned by, associated with or involved in any other enterprise? If yes, provide full details. _____ Yes No

7. Provide details of licensing or certification needed for this operation: _____

8. Personnel:

	No. Armed	No. Unarmed	No. Off Duty Police
<input type="checkbox"/> Full Time	_____	_____	_____
<input type="checkbox"/> Part Time	_____	_____	No. Employees under 21 _____
			No. Employees over 65 _____

9. During the past 3 years, have any claims been presented to your current or prior insurance carrier? Give full details, include description of claim, amounts paid and reserves. (Add page if needed) _____ Yes No

10. Is applicant, or any other persons for whom insurance is being requested aware of any circumstances which may result in a claim? If yes, provide full details. (Add page if needed) _____ Yes No

11. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past (3) three years? If yes, provide full details. (Add page if needed.) _____ Yes No

12. Types of Business Protected by Applicant

- | | | |
|-------------------------------------------------------|--------|-----------------|
| | | Guards
Armed |
| <input type="checkbox"/> Retail stores (while open) | _____% | Y or N |
| <input type="checkbox"/> Retail stores (while closed) | _____% | Y or N |
| <input type="checkbox"/> Hospitals | _____% | Y or N |
| <input type="checkbox"/> Industrial plants/offices | _____% | Y or N |
| <input type="checkbox"/> Sporting events | _____% | Y or N |
| <input type="checkbox"/> Concerts | _____% | Y or N |
| <input type="checkbox"/> Fast food restaurants | _____% | Y or N |
| <input type="checkbox"/> Nightclubs, discos, bars | _____% | Y or N |
| <input type="checkbox"/> Housing authorities | _____% | Y or N |
| <input type="checkbox"/> Apartments | _____% | Y or N |
| <input type="checkbox"/> Schools | _____% | Y or N |
| <input type="checkbox"/> Banks | _____% | Y or N |
| <input type="checkbox"/> Construction sites | _____% | Y or N |
| <input type="checkbox"/> Automobile dealers | _____% | Y or N |
| <input type="checkbox"/> Other (Describe) | _____% | Y or N |
| _____ | _____% | Y or N |
| _____ | _____% | Y or N |

13. Types of Services Performed

- | | | |
|----------------------------------------------------|--------|-----------------|
| | | Guards
Armed |
| <input type="checkbox"/> Patrol | _____% | Y or N |
| <input type="checkbox"/> Courier | _____% | Y or N |
| <input type="checkbox"/> Alarm installation | _____% | Y or N |
| <input type="checkbox"/> Crown control | _____% | Y or N |
| <input type="checkbox"/> Repossessions | _____% | Y or N |
| <input type="checkbox"/> Polygraph testing | _____% | Y or N |
| <input type="checkbox"/> Employee background check | _____% | Y or N |
| <input type="checkbox"/> Process service | _____% | Y or N |
| <input type="checkbox"/> Investigations | _____% | Y or N |
| Divorce | _____% | Y or N |
| Criminal | _____% | Y or N |
| Missing persons | _____% | Y or N |
| Insurance | _____% | Y or N |
| <input type="checkbox"/> Other (Describe) | _____% | Y or N |
| _____ | _____% | Y or N |
| _____ | _____% | Y or N |

14. If dogs are used, please complete the following:

- (A) -- Who handles the training of the dogs? _____
- (B) -- Number of dogs: (1) -- That work with a guard? _____
- (2) -- That work unattended? _____
- (C) -- Names and breeds of Dogs? _____

15. Describe hiring and training procedures of all guards: _____

16. Average hourly wage? \$ _____ Total payroll for all guards? \$ _____

Total gross sales for all services \$ _____

17. Name and phone number of person to contact for audit?

Name _____ Phone _____

Effective Dates Desired: From _____ To _____

18. LIMITS OF INSURANCE REQUESTED:

Products-Completed Operations Aggregate Limit \$ _____

Personal and Advertising Injury Limit \$ _____ any one person or organization

Each Occurrence Limit \$ _____

Damage to Premises Rented to You (Up to \$50,000 limit available) \$ _____ any one premise

Medical Expense Limit (Up to \$5,000 limit available) \$ _____ any one person

Each Professional Incident Limit (if applicable) \$ _____

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent's Signature: _____

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.