

**#103-8411 200<sup>th</sup> STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008**

**PROTECTION SECURITY PROGRAM APPLICATION**

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Description of Operations or Services: \_\_\_\_\_

Website: \_\_\_\_\_

List Name of all Owners/ Principals/Shareholders: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Are you a Member of an association: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list here: \_\_\_\_\_

Years' Prev. Experience: \_\_\_\_\_ License #: \_\_\_\_\_ Any infractions / breaches? Yes  No

REVENUE INFORMATION: Please fill in actual and estimated receipts for all operations below.

<b>Nature of Work:</b>	<b>Actual Revenues for expiring 12 months</b>	<b>Est. Annual Revenue - next 12 months:</b>
Concierge Services		
Patrol Services – Office, Condo, Apartments, Parking Lots		
Patrol Services – Retail Stores, Malls, etc.		
Patrol Services – Warehousing, Manufacturing, and other industrial settings		
By-law Enforcement/Parking Enforcement		
Crowd Control Services <b>Excluding</b> Bouncer Services		
Armed Guard Services (firearms) / Cash / Valuable Escorts (armed)		
Private Investigators & Security Consultants		
Alarm Service/Install/Monitoring – RESIDENTIAL (burglary & fire)		
Alarm Service/Install/Monitoring – COMMERCIAL (burglary & fire)		
Alarm Service/Install/Monitoring – MEDICAL (burglary & fire)		
Alarm Service/Install/Monitoring – AGRICULTURAL/MANUFACTURING (burglary & fire)		
Alarm Service/Install/Monitoring – CRITICAL (ie temperature, water levels, etc.)		
Fire Suppression Systems Service & Install		
Fire Suppression Systems Service & Install on mobile equipment		
Sprinkler Service & Install		
Locksmiths		
Electrical Wiring and Data/Telephone Cabling Work		
Home Automation (garage door openers, intercom, etc.)		
Fire Extinguisher Equipment Sales and Servicing		
CCTV (closed circuit)		
Access Control, Distribution		
Other:		
<b>Total</b>	<b>\$</b>	<b>\$</b>



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Do you provide any services at any bars, night clubs or any liquor licensed venues? Yes  No

Do you have any contract where there is a forcible eviction exposure? Yes  No

If yes to either of the above questions, please describe, in detail, what exactly the duties of the guards are as stated under (each of) this (these) contract (or contracts): \_\_\_\_\_

Describe services and amount (\$) provided by sub-contractors: \_\_\_\_\_

Do you request Proof of Insurance from sub-contractors: Yes  No  If yes, minimum limit required: \$ \_\_\_\_\_

Total # of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Do you sell any products or services outside Canada: Yes  No

Do you operate vehicles for business not owned or leased in the company name: \_\_\_ Yes \_\_\_ No

Do you provide design services for a fee: Yes  No  Explain: \_\_\_\_\_

How long do you retain customer records? \_\_\_\_\_

Please provide a list of your five largest clients in the last 5 years

Client Name	Type of Business or Operation	Total Contract Value

Please provide the following details for all liability claims in the past 5 years

Date of Claim	Insurer	Amount of Damages	Closed / Open Status	Description of Loss

Check below if no losses or claims:

No losses

Has any insurer declined, cancelled or non-renewed any similar insurance in the past 5 years: Yes  No

If yes, please provide the insurer and explain: \_\_\_\_\_

Is the applicant new business to the Broker? Yes  No



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Total number of guards in your employ: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Maximum \_\_\_\_\_ Average \_\_\_\_\_

Describe in detail the minimum training requirements, or certification, hiring requirements in place: \_\_\_\_\_

Does your pre-hiring process include a criminal background check: \_\_\_\_ Yes \_\_\_\_ No

Do you have a formal training & procedures manual: \_\_\_\_ Yes \_\_\_\_ No

Is there a "use of force" procedure: \_\_\_\_\_ Yes \_\_\_\_ No

Does firm and employees carry appropriate licenses: \_\_\_\_ Yes \_\_\_\_ No

**FIREARMS:**

Do guards carry firearms: \_\_\_\_ Yes \_\_\_\_ No If yes, what percentage of total revenues: \_\_\_\_\_%

Describe the training and company policy regarding firearms: \_\_\_\_\_

List of clients or contracts where armed guards are used:

Client Name	Type of Business

**GUARD DOGS:**

Do you use guard dogs: \_\_\_\_ Yes \_\_\_\_ No If yes, what percentage of total revenues: \_\_\_\_\_%

Total number of dogs: \_\_\_\_\_ Handlers: \_\_\_\_\_

Are dogs owned: \_\_\_\_ Yes \_\_\_\_ No If no, are dogs rented with handlers: \_\_\_\_ Yes \_\_\_\_ No

Who is responsible for training and handling instruction: \_\_\_\_\_

Minimum training requirements or certification: \_\_\_\_\_

List of clients or contracts where dogs are used:

Client Name	Type of Business



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Do you provide security for any of the following:

- Concerts or sporting events  Yes  No
- Entertainment facilities, bars or night clubs  Yes  No
- Strikes or labour unrest  Yes  No
- V.I.P. protection  Yes  No
- Critical security areas such as power plants, dams, airports or cruise ships  Yes  No

Are guards required to patrol customer's properties:  Yes  No

If yes, do you use any of the following methods to supervise guard patrols:

Watchclock service  Electronic guard tour monitoring  Guard's tour supervisory service

**PRIVATE INVESTIGATIONS & SECURITY CONSULTING:**

Do you provide any of the following services:

Retail store or airport security investigations  Yes  No Bailiff  Yes  No

Forensics  Yes  No Paralegal  Yes  No

Process Serving  Yes  No If yes, details: \_\_\_\_\_

Do any of your investigators carry firearms:  Yes  No Appropriate Permits in place:  Yes  No

Does your pre-hiring process include a criminal background check:  Yes  No

PLEASE ATTACH RESUMES OF ALL INVESTIGATORS AND PRINCIPALS

**CGL LIMITS REQUIRED:**

Limits Required:\$	Deductible Required:\$	Target Premium:\$
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**E&O LIMITS REQUIRED:**

Limits Required:\$	Deductible Required:\$	Target Premium:\$
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**PREVIOUS INSURANCE HISTORY:**

Current Insurer:	Expiry Date:	Policy Number:
Current Limit:\$	Current Deductible:\$	Current / Expiry Policy Prem:\$





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Do you require a quote for Employee Dishonesty Coverage? Yes\_\_\_No\_      Please complete supplemental application  
Do you require a quote for Property Coverage?                      Yes\_\_\_No\_      Please complete supplemental application

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This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicants Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

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

**PROPERTY & CRIME SUPPLEMENTAL CAN BE FOUND AT THE BOTTOM OF THIS APPLICATION**



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PROPERTY & CRIME SUPPLEMENTAL FORM

ONLY COMPLETE IF A QUOTE FOR THESE COVERAGES IS REQUIRED

PROPERTY UNDERWRITING INFORMATION

Select the Construction Class, which best describes your building:

- Fire Resistive (Walls, floors, roof and supports of solid masonry)
- Masonry, Non-Combustible (Walls of masonry; floors and roof of masonry or engineered non-combustible materials, supported by protected steel)
- Non-Combustible (walls, floors and roof of engineered non-combustible materials, supported by unprotected steel)
- Masonry (including Mill) (Walls of **greater** than 4" thick masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected metal)
- Masonry Veneer (Walls of **less** than 4" thick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material)
- Frame (walls, floors and roof of combustible or susceptible materials, supported by wood or other combustible or susceptible material)

Fire Department: Paid F/T: \_\_\_\_\_ Paid P/T: \_\_\_\_\_ Volunteer: \_\_\_\_\_ None: \_\_\_\_\_

Distance to Fire Hall \_\_\_\_\_ Km

Select the distance between your building and the nearest Municipal Fire Hydrant:

Within 500 feet  Between 500 and 1000 feet  Over 1000 feet

Insured's Occupancy: \_\_\_\_\_ Other Occupancies: \_\_\_\_\_ Year built: \_\_\_\_\_

Updates (indicate year): Building: \_\_\_\_\_ Electrical: \_\_\_\_\_ Roof: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Indicate Plumbing Type: \_\_\_\_\_ Hot Water Tank Age: \_\_\_\_\_

Adjacent Exposures: \_\_\_\_\_

Height of building: \_\_\_\_\_ Heating Type: \_\_\_\_\_ General Housekeeping: \_\_\_\_\_

Total Building Sqft: \_\_\_\_\_ Applicant's Sqft: \_\_\_\_\_ Building Sprinklered: No  Yes  \_\_\_\_\_ %

Burglary Alarm System: Monitored  Local  None  Is the monitoring company ULC Approved No  Yes  \_\_\_\_\_

Does your building have a ULC Automatic Fire Extinguishing system (if applicable)? No  Yes

Has the system been independently tested within the past 12 months (if applicable)? No  Yes



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**CRIME UNDERWRITING INFORMATION (if applicable)**

How many employees do you have on payroll? \_\_\_\_\_ How many of those employees would routinely handle money? \_\_\_\_\_

Do they have a safe on premises? No  Yes  If yes, is it ULC approved and what class \_\_\_\_\_

Do you make daily deposits to the bank? No  Yes

**INTERNAL CONTROLS: Are bank accounts reconciled monthly?** No  Yes

**Are bank accounts reconciled by someone not authorized to deposit or withdraw?** No  Yes  (If no please explain)

**Is a countersignature of all cheques require?** No  Yes  **Above what amount?** \_\_\_\_\_

**Will endorsement of cheques on Employers behalf be limited to endorsement for deposit to the credit of the employer only?** No  Yes

**Do invoices of other supporting records accompany all cheques to be signed?** No  Yes

**Are all invoices/supporting records stamped "PAID" when cheques are signed?** No  Yes

**Are your systems designed so that no one employee can control a transaction from beginning to end (e.g. approve an invoice, request and sign a cheque)?** No  Yes

**Do you store negotiable securities on your premises?** No  Yes

**Are securities subject to the joint control of two or more employees?** No  Yes

**How frequently is an inventory of merchandise conducted?** \_\_\_\_\_ **By whom?** \_\_\_\_\_

**Is there a personal supervision of the business activities on a daily basis by Owner, Partner or Director?** No  Yes

**COVERAGE REQUIREMENTS (per location)**

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Business Interruption (Profits, Gross Earnings) Please circle	
Tool Floater	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	



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Miscellaneous Property Floater	
Installation Floater	
Other:	
<b>CRIME COVERAGES</b>	<b>AMOUNT OF INSURANCE</b>
Inside and Outside Robbery	
Broad Form Money & Securities	
Other:	

**OPTIONAL COVERAGES:** (Select any of the following optional coverages you require)

- |                                        |                                                     |                                                                 |
|----------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Sewer Back-up | <input type="checkbox"/> Replacement Cost           | <input type="checkbox"/> Property Extension End't               |
| <input type="checkbox"/> Flood         | <input type="checkbox"/> Stated Amount Co-Insurance | <input type="checkbox"/> Comprehensive Property Extension End't |
| <input type="checkbox"/> Earthquake    | <input type="checkbox"/> By-Laws                    |                                                                 |

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicants Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

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