

PROTECTION SERVICES - SUPPLEMENTAL APPLICATION

SECURITY GUARD AND PATROL GUARD

(Required in addition to the "APPLICATION FOR GENERAL LIABILITY INSURANCE - PROTECTION SERVICES" form)

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

Do you provide alarm response: Yes No

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 Details: _____

Is there a "use of force" procedure: Yes No Details: _____

Does firm and employees carry appropriate licenses: Yes No List: _____

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	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	Type of Business

Do you transport or escort others transportation money, securities or valuables: Yes No

Explain: _____

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

If yes, provide details and revenues: _____

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

Described any other method or procedure in place to monitor guards' daily activities: _____

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant Signature: _____ Date: _____

Broker Signature: _____ Date: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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