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## SECURITY & PROTECTION INDUSTRY PROGRAMME APPLICATION

Name of Applicant: \_\_\_\_\_  
 \_\_\_\_\_

Is the Applicant a:  Corporation  Partnership  Limited Liability Partnership  
 Individual  Joint Venture  
 Other (Specify) \_\_\_\_\_  
 Website: \_\_\_\_\_

Address of Applicant: Street \_\_\_\_\_  
 (Mailing address) City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal code \_\_\_\_\_

Contact person: (for inspection) \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Quote required by: \_\_\_\_\_ Coverage effective date: \_\_\_\_\_

### 1. BUSINESS OF THE APPLICANT

Please describe fully and attach separate sheet if necessary. Attach brochure(s) if any.

\_\_\_\_\_  
 \_\_\_\_\_

How long in business? \_\_\_\_\_

Details of any predecessor companies: \_\_\_\_\_

Provide experience of Principal(s) in the industry:

\_\_\_\_\_  
 \_\_\_\_\_

Do you own or operate any business other than as stated above?  Yes  No

If Yes, provide name and descriptions of operations:

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Do these businesses have separate insurance?  Yes  No

If No, and coverage is required, confirm full operations and revenue.

What is your geographical area of operation? \_\_\_\_\_

Is any work or sales anticipated outside of Canada  Yes  No If Yes, provide full details:

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Does your firm provide welding service?  Yes  No If Yes, describe the work being done:

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## 2. PREVIOUS INSURANCE

Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Expiring Premium: \$ \_\_\_\_\_ Expiring Limit: \$ \_\_\_\_\_ Claims Made or Occurrence: \_\_\_\_\_

If claims made, retro date: \_\_\_\_\_

Has cover been cancelled or declined in the past?  Yes  No If Yes, why?

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## 3. CLAIMS AND CIRCUMSTANCES

Please provide 5 year claims experience including details of any incidents or events known to the Applicant that may give rise to a claim. (Attach separate sheets as necessary)

DATE	DESCRIPTION	PAID	AMOUNTS OUTSTANDING	EXPENSE	STATUS
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

#### 4. EMPLOYEES AND VOLUNTEERS

Estimated annual payroll & head count:

(a) Administrative \$ \_\_\_\_\_ # \_\_\_\_\_ (b) Sales \$ \_\_\_\_\_ # \_\_\_\_\_  
 (c) Operations \$ \_\_\_\_\_ # \_\_\_\_\_ (d) Plant \$ \_\_\_\_\_ # \_\_\_\_\_

Give number and types of employees not covered by Workers Compensation: # \_\_\_\_\_ Type \_\_\_\_\_

Is Employers' Liability required for the employees not covered by worker's compensation?  Yes  No

If Yes, indicate limit of liability required: \$ \_\_\_\_\_ Payroll of these employees? \$ \_\_\_\_\_

#### 5. PREMISES LIABILITY

Please describe each location occupied by the Applicant:

ADDRESS	SQUARE FOOTAGE	OCCUPIED	TLL REQUIRED?	LIMIT
a)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
b)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
c)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
d)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

If Tenants Legal Liability is required for any location please provide C.O.P.E. details:

\_\_\_\_\_

If any of the above premises, in whole or in part, are leased or rented to others, please confirm that evidence of premises liability insurance is obtained from all tenants.  Yes  No

Please provide details. \_\_\_\_\_

Are any premises outside of Canada?  Yes  No If Yes, Specify:

\_\_\_\_\_

Describe standard housekeeping and maintenance procedures:

\_\_\_\_\_  
 \_\_\_\_\_

Describe any special features at any location such as docks, swimming pools, water bodies, allurements, recreational facilities, roads, bridges, railways, dams, trespass activity, transfer facilities or other unusual hazards:

\_\_\_\_\_  
 \_\_\_\_\_

6. CONTRACTORS PROTECTIVE

Cost of work Sub-Let: \$ \_\_\_\_\_ Type of work: \_\_\_\_\_

Is evidence of liability insurance collected from subcontractors?  Yes  No If Yes, specify limits: \$ \_\_\_\_\_

Does the Applicant enter into formal contractual agreements with Sub-contractors?  Yes  No

If Yes, is a "Hold Harmless" clause in the Applicant's favour used?  Yes  No

7. LIMITS OF LIABILITY REQUESTED

Commercial General Liability Form

CGL each occurrence Limit \$ \_\_\_\_\_

Personal Injury and Advertising Injury Limit \$ \_\_\_\_\_

Medical expense Limit (any one person) \$ \_\_\_\_\_

General Aggregate Limit \$ \_\_\_\_\_

Products- Completed Operations Aggregate limit \$ \_\_\_\_\_

Deductible Options \$ \_\_\_\_\_

\$ \_\_\_\_\_

8. NON-OWNED AUTOMOBILE LIABILITY

Number of employees using their automobile on company business: Regularly # \_\_\_\_\_ Occasionally # \_\_\_\_\_

Estimated annual cost of hired automobiles: \$ \_\_\_\_\_

Estimated annual cost of automobiles operated under contract: \$ \_\_\_\_\_

Any inflammable, caustic or explosive substances carried?  Yes  No

If Yes, specify: \_\_\_\_\_

Any Long Haul operations?  Yes  No

If Yes, specify: \_\_\_\_\_

PLEASE COMPLETE THE SUPPLEMENTAL WHICH APPLIES TO YOUR BUSINESS/OPERATION

Please describe the Applicant's operations (check each that applies and identify gross receipts):

9. SECURITY GUARD OPERATIONS	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Security Guards – quantify number of Guards _____	\$ _____	\$ _____
Any Guard Dogs – quantify number of Dogs _____ *Please complete section 15. Canines	\$ _____	\$ _____
Any Armed Guards – quantify number of Guards _____	\$ _____	\$ _____
Patrol Services (Residential and Commercial)	\$ _____	\$ _____
Armoured Car (Please complete supplemental)	\$ _____	\$ _____
Transport Money/Securities	\$ _____	\$ _____
By-Law Enforcement	\$ _____	\$ _____

<b>SECURITY GUARD</b>	<b>PROJECTED GROSS ANNUAL RECEIPTS</b>	<b>PAYROLL</b>
Alarm Response	\$	\$
Concierge	\$	\$
Bars and Night clubs – *Please complete section 16. Door Security	\$	\$
Airports- Provide full service being offered	\$	\$
Cruise Ships, Watercraft or Port Authorities – Provide full service being offered	\$	\$
Crowd control/Special Event Security	\$	\$
VIP protection	\$	\$
Labour actions	\$	\$
Critical facilities such as power plants	\$	\$
Security Guard Training	\$	\$
Security Consulting	\$	\$
Other specify _____	\$	\$

Is your guard operation licensed by the province?  Yes  No

Confirm the total number of security guards: \_\_\_\_\_

Are patrol logs time dated and records maintained?  Yes  No

If Yes, for how long are they retained? \_\_\_\_\_

What is the maximum value of Money/Securities transported \$ \_\_\_\_\_

Describe employee recruitment process (credentials, screening and background checks, training provisions):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10.

<b>PRIVATE INVESTIGATION OPERATION</b>	<b>PROJECTED GROSS ANNUAL RECEIPTS</b>	<b>PAYROLL</b>
General P.I. Service	\$	\$
Insurance	\$	\$
Process Serving	\$	\$
Paralegal	\$	\$
Debt Collection, Repossession or Bailiff Service	\$	\$
Retail Store Investigation	\$	\$
Private Investigation Training	\$	\$
Other specify _____	\$	\$

Is your private investigation operation licensed by the province?  Yes  No

Confirm the total number of licensed private investigators: \_\_\_\_\_

11. SECURITY SYSTEMS INSTALLATION AND SERVICE	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Fire, Smoke and Burglar Alarms	\$	\$
Medical Alarms	\$	\$
Alarm Monitoring Sales (Sub-contractor)	\$	\$
Close Circuit Television Systems	\$	\$
Card Access	\$	\$
Locksmiths	\$	\$
Home Automation/Intercoms	\$	\$
Standard Electrical	\$	\$
Security Consulting	\$	\$
Manufacturing (Please complete supplemental)	\$	\$
Distribution of Security Products (Please provide details of products sold on separate sheet)	\$	\$
Critical (describe: ie. temperature) _____	\$	\$

Are alarms, equipment and monitoring ULC Listed?  Yes  No

Is your firm responsible for connecting the alarm to the central monitoring station?  Yes  No

Confirm which central provides the monitoring service: \_\_\_\_\_

Are all alarms or equipment installed in accordance with manufacturers instructions?  Yes  No

Does the Applicant's service contract set an inspection and service schedule in accordance with manufacturer recommendations?  Yes  No

Do the Applicant's employees use checklists to assure inspection and service work is fully documented?  Yes  No

12. CONTRACTING OPERATIONS	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Sprinkler installation and service (Please complete supplemental)	\$	\$
Kitchen suppression system installation and service	\$	\$
Portable fire extinguisher installation and servicing	\$	\$
Fire Hydrant, Stand Pipe installation and servicing	\$	\$

Does the Applicant's service contract set an inspection and service schedule in accordance with manufacturer recommendations?  Yes  No

Do the Applicant's employees use checklists to assure inspection and service work is fully documented?  Yes  No

During fire protection and sprinkler servicing does the Applicant notify building owners and authorities?  Yes  No

Does the Applicant red tag deactivated valves?  Yes  No

Is the Applicant's installation or work inspected and a written acceptance obtained from the customer?  Yes  No

Who collects this? \_\_\_\_\_

13. MONITORING SERVICE	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Call Centre Service(s)	\$	\$
Central Station Monitoring	\$	\$
Telephone Answering Service	\$	\$
Telephone Answering Emergency call (911)	\$	\$

Is your station ULC Listed?  Yes  No

Does the monitoring and call centre operations have a backup power source?  Yes  No

Please describe: \_\_\_\_\_

Provide a copy of the Applicant's Standard Operating Policies and Procedures

Does the Applicant have incident reporting procedures in place?  Yes  No

Is there a formal training program for operators?  Yes  No

What is the minimum training required? \_\_\_\_\_

Is your monitoring system computerized  Yes  No

Is access to monitoring facilities strictly controlled?  Yes  No

Are runners/guards dispatched?  Yes  No

Are these runners/guards your own employees?  Yes  No

If No, please give details: \_\_\_\_\_

Are customer keys kept?  Yes  No

If Yes, how are they stored and identified?

\_\_\_\_\_

14. MISCELLANEOUS	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Self Defence Training	\$	\$
Weapons Training	\$	\$
Other Specify: _____		

Confirm expertise of individual providing the training:

\_\_\_\_\_

List customers for which training is provided:

\_\_\_\_\_

### 15. CANINES

Is the Applicant licensed for the use of dogs?  Yes  No If Yes, please provide evidence of licensing.

Describe training/qualifications of dogs/handlers:

\_\_\_\_\_

Please describe canine operations thoroughly:

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Are dogs muzzled at all times?  Yes  No If No, please describe:

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Are dogs in presence of handlers at all times?  Yes  No If No, please describe:

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Are dogs used for detection of drugs or explosives?  Yes  No

If Yes, please describe contract details and responsibilities

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### 16. DOOR SECURITY

Are all employees provided as door security licensed, and copies of each individual's license on file with the Applicant?

Yes  No

Please describe training provided to door staff:

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Are all door security operations performed in accordance with a code of conduct?  Yes  No

Attach a copy of the code and written policy and procedure. This procedure must include a protocol with respect to preventing driving while intoxicated and response to unruly behaviour.

List of all establishments serviced, the average value of each, and the number of staff provided to each:

ESTABLISHMENT	CONTRACT VALUE	NUMBER OF STAFF
	\$	
	\$	
	\$	
	\$	
	\$	

Does the Applicant always meet occupancy ratio requirements (e.g. 1 security personnel per 100 patrons etc)?

Yes  No

Is a hold harmless agreement in place with each customer?  Yes  No Please attach a copy of each.



Confirm the responsibilities assumed by the Applicant's staff:

Monitoring Patrol  Yes  No

Identification verification  Yes  No

Use metal detectors/wands  Yes  No

Complete incident reports  Yes  No

Describe scope of services provided:

Door  Yes  No

Dance floor  Yes  No

Rest rooms  Yes  No

Have any use of force reports been filed?  Yes  No

If Yes, describe and advise outcome of hearings:

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17. PLEASE PROVIDE BRIEF DETAILS OF KEY CLIENTELE/CONTRACTS LAST YEAR

NAME/DESCRIPTION	APPROXIMATE VALUE
a)	\$
b)	\$
c)	\$
d)	\$

Please use this space for any additional information (where the space provided was insufficient).

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This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



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