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SECURITY & PROTECTION INDUSTRY PROGRAMME RENEWAL SURVEY

Name of Applicant: _____

1. WE MUST BE MADE AWARE OF ANY CHANGES TO THE NAMED INSURED AND OPERATIONS, SINCE LAST POLICY INCEPTION.

Note any change in your Mailing Address since policy inception:

Are you aware of any incidents, circumstances or occurrences in the past 5 years which may give rise to a claim against you? Yes No If Yes, please provide full details:

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

Does your company subcontract any operations to other companies? Yes No

If Yes, describe the services which are sub-let, and indicate the Annual Gross Revenue of sub-let work:

Is evidence of liability insurance collected from subcontractors? Yes No

If Yes, specify limits: \$ _____

2. LIMITS OF LIABILITY REQUESTED

CGL each occurrence Limit \$ _____ Deductible \$ _____

Total Number of Employees: _____ Number of Licensed Private Investigators (if applicable) _____

Confirm Gross Annual Revenue for the past 12 months \$ _____

3. PLEASE COMPLETE THE SUPPLEMENTAL WHICH APPLIES TO YOUR BUSINESS/OPERATION

Refer to next pages for Supplemental - (check each that applies and identify gross receipts):

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 (Complete separate supplemental)	\$	\$
Distribution of Security Products (Provide details of products sold on separate sheet)	\$	\$
Critical (describe: i.e. temperature)	\$	\$
Other - specify service: _____	\$	\$

CONTRACTING OPERATIONS	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Sprinkler installation and service (Complete separate supplemental)	\$	\$
Kitchen suppression system installation and service	\$	\$
Portable fire extinguisher installation and service	\$	\$
Fire Hydrant, Stand Pipe installation and service	\$	\$
Other - specify service: _____	\$	\$

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

SECURITY GUARD OPERATIONS	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Security Guards – quantify number of Guards _____	\$	\$
Canine Security – quantify number of Dogs _____ *Please complete Canine Supplemental on Page 4	\$	\$
Armed Guards – quantify number of Guards _____	\$	\$
Patrol Services (Residential and Commercial)	\$	\$
Armoured Car (Complete separate Supplemental)	\$	\$
Transport Money/Securities	\$	\$
By-Law Enforcement	\$	\$
Alarm Response	\$	\$
Concierge	\$	\$
Bars and Night clubs – (Complete separate Door Security Supplemental)	\$	\$
Airports- Provide full service being offered	\$	\$
Cruise Ships, Watercraft or Port Authorities – Provide full service being offered	\$	\$
Crowd control/Special Event Security	\$	\$
VIP protection/Body Guard service	\$	\$
Labour actions	\$	\$
Critical facilities such as power plants	\$	\$
Security Guard Training	\$	\$
Security Consulting	\$	\$
Other - specify service: _____	\$	\$

MONITORING SERVICE	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Call Centre Service	\$	\$
Central Station Monitoring	\$	\$
Telephone Answering Service	\$	\$
Telephone Answering Emergency call (911)	\$	\$
Other - specify service: _____	\$	\$

MISCELLANEOUS	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Self Defense Training	\$	\$
Weapons Training	\$	\$
Other - specify service: _____	\$	\$

4. CANINE SECURITY – SUPPLEMENTAL

Is the Applicant licensed for the use of dogs? Yes No

Describe training /qualifications of dogs and handlers:

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

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

Are dogs used for detection of drugs or explosives? Yes No If Yes, describe contract details and responsibilities:

5. PROVIDE BRIEF DETAILS OF KEY CLIENTELE/CONTRACTS LAST YEAR

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

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: _____