



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

PROTECTIVE SERVICES LIABILITY APPLICATION

New Business Application Policy # _____

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Business Name _____

Principal(s) _____

Subsidiaries, Partners and Joint Ventures: _____

Mailing Address _____

Website Address _____

Applicant is: Individual Partnership Corporation Joint Venture
 Other - _____

of Years in Business _____ # of Years Experience _____

If new operation/company, describe work experience of the principals: _____

Limit of Liability required: \$1,000,000 \$2,000,000 \$5,000,000 Other _____
Deductible: \$1,000 \$3,500 \$5,000 Other _____

Additional Coverage (A separate application is required for each coverage listed below)

Do you require Employee Dishonesty? Yes No
Do you require a Provincial Licensing Bond? Yes No
Do you require Property coverage? Yes No

Provide details of all liability insurance carried:

Name of Insurer	Policy Limit	Deductible	Period	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is renewal being offered? Yes No If no, explain _____

List current memberships in Security or Trade Associations

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

If yes, provide the insurer and reason given: _____



LIABILITY INFORMATION

Operations

Additional Locations List locations and occupations:

	Address	% occupied by Applicant	Square Footage	R/Cost of Rented Portion
1	_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
2	_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____

Is Tenants Legal Liability required? Yes No

If Yes, state limits required for each location _____

For the preceding 12 month period, what was your ACTUAL Revenue \$ _____ and ACTUAL payroll \$ _____

ESTIMATE your revenue and Payroll for the next 12 month period and fill in the appropriate categories below: If your Estimated Revenue differs great from your Actual Revenue, please provide reason for expected increase or decrease in Revenue:

Industry Code	Description of Operations	Estimated annual sales or revenue	Estimated annual payroll	Actual number of employees
7403A	Security Guard Service – Static type			
7403B	Security Guard – Alarm Response			
7403C	Special Events Security (Concerts & Sporting Events) including Dogs with Handlers			
7403D	Retail Store Security			
7403E	Armed Guards			
7403F	Telephone Answering including Paging			
7403G	Private Investigator			
7403H	Alarm Monitoring			
7396	Fire & Burglary Alarm Sales & Service			
1781	Fire Extinguishing Equipment excluding Sprinklers			
1714	Sprinkler Systems			
5718	Central Vac, Intercom & Audio Systems			
7693	Locksmiths, Door Locks & Hardward			
1731	Electrical Wiring, CCTV & Home Automation, Electronic Card Access			
	Other, provide full details:			
	Total for the next 12 month period			

Number of Employees by position: Management _____ Supervisors _____ Accredited workers _____ Clerical/others _____

Are all employees covered by Workers' Compensation? Yes No

If no, provide detailed split between different types of occupation/ number of employees/ payroll _____

Are all products U.L.C. approved or similar? Yes No

100% of the products used in your installations are from Canadian and/or USA manufacturers? Yes No

If no, please advise the following:

a) List of products which are purchased from foreign manufactures: _____

b) Which countries are products in a) manufactured in? _____

c) Are foreign products purchased directly from the manufacturers, OR from a local distributor? _____

d) Percentage of total products purchased from foreign manufacturers? _____

e) Do you alter the products in any way, before installation? Yes No

f) Do you re-label the products? Yes No



Do you provide any services at Airports? Yes No If yes, Revenue \$ _____

Describe services provided _____

If you or your employees drive vehicles for business that are NOT Owned or Leased in the Company Name, please provide:

No. of vehicles: _____ Highest value \$ _____ Total estimated number of days _____

Do you have any U.S. sales? Yes No If yes, please indicate how much \$ _____

If U.S. Sales & Operations, which products or services? _____

Do you sublet work? Yes No If yes, please indicate annual gross cost \$ _____

Describe work sublet _____

Do you secure Liability Certificates from sub-contractors? Yes No Limit required: \$ _____

Are hold harmless agreements in favor of your company in place from suppliers? Yes No

Do you ever act as a subcontractor? Yes No If yes, are these projects insured separately under a wrap up? Yes No

If yes, estimated annual revenue? \$ _____

Design Work

Do you provide your own system design work? Yes No

If yes: do individuals performing design work have a professional engineer (P.E.) designation? Yes No

If no: Please explain: _____

Years experience in system design? _____

Do you provide design work for others? Yes No If yes, % of work for others _____ %

Is available computer software used to develop or check system layout and adequacy? Yes No

If designing special hazard, describe type and occupancy use: _____

When required, are design plans approved by: Architects Municipal Authorities

Claims

Loss History

List all Liability claims paid or outstanding in the last five (5) years. (Please include any lost key coverage claims.) **If the have been no claims, please indicate "NO CLAIMS". A blank or N/A is not acceptable.**

Date	Description of Loss	Amount Reserved	Amount Paid	Closed? yes/no	Insurer

Risk Management

- Do your contracts, sale or service agreements contain the following clauses?
- Specific description of products or services provided Yes No
 - Limitation of Liability Yes No
 - Hold Harmless or Indemnity Agreements (if yes, please attach copy) Yes No

How long do you keep customer records? _____ years (minimum 7 years are recommended)

Please provide your Five Largest Clients in the last 5 years:

Client	Type of business	Revenue



FOR INSTALLERS – COMPLETE ONLY IF APPLICABLE

Please provide split: Residential _____ % Commercial _____ % Industrial _____ % Agricultural _____ %

Do you sell, install or service fire protection or extinguishing systems for:

- Sawmills Yes No
- Logging, Forestry, Contractors' or other Mobile Equipment Yes No
- Aircraft or Watercraft Yes No

If yes to any of the above, please provide full details and revenue: _____

Do you sell, install or service car alarms or GPS tracking systems? Yes No

Do you install temperature alarms in livestock barns? Yes No

If yes, please estimate maximum accumulation of values \$ _____

Number of installers: _____ Please describe minimum training or certification: _____

Name of supervisor/foreman	Qualifications	Years experience
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Are all jobs inspected by the supervisor/foreman? Yes No

What % of your security products are purchased outside of North America _____ %

Do you obtain proof of insurance from all your suppliers? Yes No

Do you install only CSA or ULC approved electronic equipment: Yes No If no, what are you product standards?

Do you install & service according to the manufacturer's instructions: Yes No If no, please explain: _____

Are both written and verbal operating instructions provided to the customer? Yes No

Do you subcontract alarm monitoring services? Yes No

If yes, provide the Name of the Monitoring company _____

Is this station ULC listed? Yes No

MONITORING STATION OR TELEPHONE ANSWERING SERVICE – COMPLETE ONLY IF APPLICABLE

Please provide split: Residential _____ % Commercial _____ % Medical _____ % Agricultural _____ %

Please provide percentage of operations:

- Alarm monitoring _____ %
- Answering Service _____ %
- Emergency 911 _____ % (please attach copy of any service contract)
- Paging services _____ %

Other: please specify any other service not mentioned above:

Is your station ULC listed? Yes No If not, is your monitoring system computerized? Yes No

If not ULC listed, please explain what standards or certification your monitoring station conforms to? _____

Do you have a backup power source? Yes No

Do you have a training program in place for operators? Yes No

Do you have written procedures for operators? Yes No

Do you thoroughly investigate prospective employees? Yes No

Are they bonded? Yes No



SECURITY GUARDS AND PRIVATE INVESTIGATORS – COMPLETE ONLY IF APPLICABLE

Number of guards in your employ? Full Time: _____ Part Time: _____ Maximum _____ Average _____

Number of guards licensed to carry firearms? _____

If guard dogs are used, provide number of dogs? _____ & handlers # _____

Who is responsible for training dogs and handlers? _____

Describe minimum training requirements: _____

List type of business where armed guards or dogs are used: _____

Do you Transport or Escort others transporting money, securities or valuables? Yes No

Do you provide Security for Entertainment Facilities, Bars or Night Clubs? Yes No

Do you provide Security for Critical Areas? (Power plants, Dams, Airports, Cruise Ships) Yes No

IF YES TO ANY OF ABOVE, PLEASE PROVIDE FULL DETAILS AND REVENUE: _____

Please check any of the following services provided an indicate percentage of Revenue:

Security for Strikes or Labour Unrest _____ %

V.I.P. Protection _____ %

Bailiff _____ %

Paralegal _____ %

Process Serving _____ %

Forensics Investigation _____ %

Describe your minimum training requirements or certification: _____

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

Do guards carry handcuffs or batons? Yes No

Do guards receive training on “use of force”? Yes No

Details of use of force training: _____

Which of the following methods do you use to supervise guard patrols?

▪ Watchclock service Yes No

▪ Electronic guard tour monitoring Yes No

▪ Guard’s tour supervisory service Yes No

If non of the above or in addition to the above, describe any other method or procedure in place to monitor Guards’ daily activities:



BROKER INFORMATION

Is this account NEW to your office? Yes No If no, how long have you known the applicant? _____

Is the operation financially sound? Yes No Do you recommend this applicant? Yes No

Current expiry date? _____ Expiring Premium _____ Renewal Premium _____

Other markets approached _____

Comments: _____

Signatures

(Signature of Insured)

(Position in Organization)

(Date)

(Signature of Broker)

(Date)

Name of Insurance Brokerage

Complete address of Insurance Brokerage