

**SECURITY GUARD SERVICES SUPPLEMENT**  
 Forming part of the Professional Liability Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



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

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:**

Security Guards	_____ Percentage
Security Consultants	_____ Percentage
Private Patrol	_____ Percentage
Private Investigations	_____ Percentage
Armored Car Operations	_____ Percentage
Other _____ Describe	_____ Percentage

**TOTAL should equal 100%**

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the Services in the following categories:**

Airports	_____ Percentage
Consulates/Embassies/Govt. Facilities	_____ Percentage
Cruise Ship/Watercraft/Port Authorities	_____ Percentage
Nightclubs/Bars/Liquor Establishments	_____ Percentage
Concerts/Sporting Events	_____ Percentage
Shopping Centres/Malls	_____ Percentage
Manufacturing Plants	_____ Percentage
Construction Sites	_____ Percentage
Hotels/Motels	_____ Percentage
Hospitals/Nursing Homes	_____ Percentage
Condominiums/Residential Buildings	_____ Percentage
Office Buildings	_____ Percentage
Retail Stores/Restaurants	_____ Percentage
Escort/Body Guard	_____ Percentage
Other _____ Describe	_____ Percentage

**TOTAL should equal 100%**

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**Do any of your employees carry firearms?**

Yes  No

IF Yes, Provide the number of employees.

\_\_\_\_\_  
 Employees

**Do any of your employees use guard dogs?**

Yes  No

IF Yes, Provide the number of employees and guard dogs.

\_\_\_\_\_  
 Employees      \_\_\_\_\_  
 Guard Dogs

**Does your firm provide training to third party customers/guards?**

Yes  No

If Yes, please provide full details

\_\_\_\_\_

**Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?**

Yes  No

If yes please provide:

\_\_\_\_\_  
 Client Name

\_\_\_\_\_  
 Relationship with client

\_\_\_\_\_  
 Approximate Annual revenue generated from client

**Were more than 50% of your total gross billing for any one year derived from a single client or contract?**

Yes  No

If yes please provide:

\_\_\_\_\_  
 Client Name

\_\_\_\_\_  
 Relationship with client

\_\_\_\_\_  
 How long do you expect this relationship to continue?

**Describe your firm's five(5) largest jobs or projects during the past three (3) years.**

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

Do you provide professional services in which you retain an ownership interest?

Yes  No

\_\_\_\_\_   
If Yes, please provide full details.

\_\_\_\_\_

Do you utilize the services of independent contractors or sub-consultants?

Yes  No

Approximate percentage of billing attributable to sub-contractors/consultants?

\_\_\_\_\_  
Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?

Yes  No

\_\_\_\_\_   
If yes, what limits?

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

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

DATE: 

D	D	M	M	Y	Y
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