

SECURITY SERVICES LIABILITY INSURANCE

1. Applicant Name _____
 Address _____
 City _____ Province _____ Postal Code _____
 Contact _____ Phone _____
 Fax _____ E-Mail _____

List locations owned, rented or controlled by the Applicant (stating interest as owner, lessee or tenant)

2. Sub-Broker Name _____
 Contact _____ Phone _____
 Fax _____ E-Mail _____

3. Type of Firm Corporation Partnership Individual Other (explain) _____

4. Year firm was established _____

5. Number of years' experience in the Industry _____

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

a) If yes, please provide name and description of operations:

b) If yes, do these businesses have separate insurance Yes No

If no, and coverage is required, complete **Description of Operation / Revenue** on next page

7. What is your geographical area of operation? _____

8. Are you a member of a trade or Professional Association Yes No

If yes, provide Name & membership # _____

9. Does your firm provide, or anticipate, any sales or operations outside of Canada? Yes No

If yes, provide full details:

ITEM	DESCRIPTION OF OPERATION / REVENUE	ACTUAL GROSS INCOME PAST 12 MONTHS	PROJECTED GROSS INCOME Next 12 months	ESTIMATED PAYROLL
1.	Security Guards			
	A. General			
	B. Airport Security			
	C. Armed			
	D. Canine Patrol			
	E. Alarm Response			
	F. Security Training			
2.	Private Investigation			
	A. Private Investigation			
	B. Training			
3.	Fire Protection Installation & Maintenance			
	A. Sprinkler Systems			
	B. Kitchen Hoods / chemical systems			
	C. Portable Fire Extinguishers			
	D. Distribution of related products			
4.	Fire, Smoke & Burglar Alarm Installation & Maintenance			
	A. Manufacturing			
	B. Distribution of related products			
	C. Installation / Maintenance			
	D. Standard Electrical			
5.	Alarm Monitoring			
	A. Sales Only (sub-contractor)			
	B. Station Only			
	C. Station / Response Team			
6.	Telephone Answering, Radio Pagers, Secretarial, etc.			
7.	Telephone Answering Emergency Call (911)			
8.	Locksmith Operations			
9.	Card Access			
10.	Close Circuit Television			
11.	Home Automation			
12.	Security Consulting (** See Below)			
13.	Other (describe operations)			
	TOTALS			

**** Security Consulting** – if any consulting is offered, please give a brief explanation of type of consulting service :

10. Have there been any liability claims in the last five (5) years, whether paid or outstanding? Yes No
 If yes, list all liability claims paid or outstanding in the last five (5) years whether insured or not

Date	Amount Paid	Amount Reserved	Describe Occurrence

11. Provide the name of your present General Liability Insurer: _____
 Policy # _____ Expiry Date _____
 Limit of Liability required \$ _____ Deductible \$ _____
 Number of Employees _____ Full Time _____ Part Time _____
 Has insurance been declined or cancelled during the past 3 years? Yes No

12. Does your company sub-contract any operations to other companies? Yes No
 If yes, describe the operations sub-let: _____

Indicate Annual Gross Cost of Sub-let work \$ _____ Is revenue included in Totals on Page 2? Yes No
 Do the sub-contractors carry their own CGL insurance, including Failure to Perform Coverage? Yes No
 Do you secure Liability Certificates from the sub-contractors? Yes No

13. Does your company provide sub-contract work for other companies? Yes No
 If yes, list the names of these companies and confirm the operations performed

QUESTIONS #14 TO #25 FOR INSTALLATION AND SYSTEM MAINTENANCE N/A

14. Does your firm operate a Central Monitoring Station? Yes No
 If yes, complete the Central Station Monitoring Supplemental
 If no, confirm which Central Station provides the monitoring services: _____
15. Do you have a formal contract with the central station monitoring company? Yes No
16. Are jobs inspected by supervisors/foremen during installation? Yes No
 Are jobs inspected after completion to verify any malfunction? Yes No
17. Please indicate percentage of your business in the following industries:
 Furriers/Jewellers/ Financial Institutions _____ % Is U.L.C. listed equipment used? Yes No
 Confirm type of security service offered for above Industries: Fire,Burglar, Extinguishers, etc.

18. Do you offer any services on Off road/Forestry equipment or Mobile machinery? Yes No
19. Do you provide any services relating to breathing apparatus? If yes, provide details. Yes No

20. Do you provide any services on fire hydrants? If yes, provide details. Yes No

21. Do you provide any services on ships or vessels? Yes No

22. Do you provide any services for sawmills/barns? If yes, provide details. Yes No

23. Do you provide any security systems for environmentally sensitive customers? If yes, provide details. Yes No
(i.e. – Sewage Treatment Plants, Nuclear / Power Plants, etc.)

24. Do you provide welding services away from your premises? If yes, provide details & safeguards taken: Yes No

25. Please confirm the following:

A. All products are U.L.C. approved or similar? Yes No

B. 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 manufacturers _____

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? _____ %

C. Do you alter the products in any way, before installation? Yes No

D. Do you re-label the products? Yes No

QUESTIONS #26 TO #33 FOR SECURITY GUARDS AND PRIVATE INVESTIGATORS

N/A

26. Is your operation licensed by the Province? Yes No

Describe years of experience in guard service/ private investigation business below

27. Do employees report to Central Station or to a Supervisor? Yes No

28. What training/experience are employees required to meet?

29. Do you have a training program in place for your employees? Yes No

30. Are employees provided with a job procedure manual? Yes No

31. Are procedures for "USE OF FORCE" included within an employee's manual? Yes No

32. Do any employees carry firearms? Yes No

If Yes, describe training and reason for firearm use

Number of Employees carrying firearms?

33. Do you provide any training to third party customers? Yes No

If yes, please answer questions a) through g) inclusive

a) Are you registered as a training entity? Yes No

By Whom? _____

b) Do you follow guidelines / courses established by this registering body? Yes No

c) Does the course include training for Emergency Level First Aid? Yes No

If yes, confirm the Name of the individual providing the First Aid training & position held within your firm

d) Are you responsible for examinations for licensing? Yes No

- e) Do you currently have an Errors and Omissions policy for this professional service? Yes No
 If yes, is the policy Claims Made OR Occurrence Form?
- f) During the past 5 years, has the applicant, partners, principals or employees had one or more claims because of this professional service, or are they aware of any facts, circumstances or allegations that may give rise to an Errors and Omissions claim? Yes No
 If yes, please provide details
- g) Has the applicant ever been investigated or suspended from practice by any body governing the practice of the profession? Yes No

QUESTIONS #34 TO #42 FOR SECURITY GUARDS ONLY

N/A

34. Do you provide guard services for any of the following: **If Yes, please list clients and describe the operations provided. Use separate sheet as necessary**
- a) Airports _____ % of receipts Yes No
- b) Cruise Ships / Watercraft /Port authorities _____ % of receipts Yes No
- c) Employment Strikes / Labour Unrest Yes No
- d) Consulates, Embassies, Military Facilities, Nuclear Facilities or other Government buildings Yes No
 Please Describe:
- e) High value Stock or Cash on premises, Jewellery Stores, Car Lots, Warehouses Yes No
- f) Concerts, Sporting Events, Socials _____ % of receipts Yes No
- g) Night Clubs, Bars (Liquor Establishments) Yes No
- h) Threat assessments Yes No
- i) Escort / Body guard services Yes No
- j) Any Consulting services provided for a fee _____ % of receipts Yes No
35. Do you guard money and/or securities for Customers? Yes No
 If yes, describe responsibilities and customers for which this service is offered.
36. Do the guards transport any Monies, Securities, Valuables, etc. for customers? Yes No
 Provide all details
37. Do you provide any services whereby the guards are required to do passenger screening, cargo screening, body searches, Badge or I.D. checks or purse/bag checks? Yes No
 If yes, provide name of customer and contract details
38. Do employees use guard dogs? Yes No If yes, number of dogs _____
 If yes, confirm annual receipts for canine security operations \$ _____
 If yes, are guard dogs used with handlers at all times? Yes No
 Confirm guard dog handler training:
 Are dogs left with customers? Yes No
 Are dogs used for detection of drugs, explosives, etc? Yes No
39. Are any of your guards required to drive clients' vehicles? Yes No
 If yes, describe

40. Are guards required to patrol customer's properties? Yes No
 If yes, are rounds recorded / documented? Yes No
41. Are guards required to do crowd control? Yes No
 If yes, describe crowd control training

If yes, provide a list of client contracts requiring crowd control and describe event

42. List your largest five (5) clients and describe the operations performed for them.

Name of Client	Operation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

QUESTIONS #43 TO #47 FOR PRIVATE INVESTIGATORS ONLY

N/A

43. **Description of Operations & Breakdown of Gross Revenue**

General	_____	\$ _____
Insurance	_____	\$ _____
Process Servicing	_____	\$ _____
Paralegal Services	_____	\$ _____
Matrimonial	_____	\$ _____
Bailiff Services	_____	\$ _____
Retail Store Investigations	_____	\$ _____
Banks, Trust Companies, Stock brokerages	_____	\$ _____
Other: Describe	_____	\$ _____

	Total Gross Revenue	\$ _____

44. Are customers' files & observation reports documented? Yes No
 Do you use audio/video recording devices? Yes No
 Are they installed on the property of the person you are investigating? Yes No
 Are customers screened for credibility prior to accepting a contract? Yes No

45. Does your firm provide any audio/visual surveillance service during employment strikes or labour unrest? Yes No
 Does your firm offer services of transporting non-striking personnel or others through a strike picket line? Yes No

46. Do you provide services to Financial Institutions or Financial Service Organizations such as banks, trust companies, stockbrokers or fundraising companies If yes, please describe in detail the services offered.

47. Confirm the Number of Licensed Private Investigators:

Completion of this application does not bind the company to provide the insurance. It is agreed, however, that this application shall form the basis of the contract, should the policy be issued by the Company.

I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are the declarations upon which an insurance policy may be issued.

Signature of applicant _____ Date _____

Title _____

SUBMITTED BY: _____

E-MAIL: _____

Sub-Broker Name _____

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of **GroupOne Insurance's** insurance business in Canada.