

**SECTION 1: APPLICANT INFORMATION**

1. Name of Insured: \_\_\_\_\_
2. Principal's Name: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Risk Location (Legal Address): \_\_\_\_\_
6. Geographical Area of Operations: \_\_\_\_\_

**SECTION 2: OPERATIONAL DETAILS**

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

2. Number of Employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

3. Type of Firm:
  - Corporation
  - Partnership
  - Individual
  - Other (describe): \_\_\_\_\_

4. Year Firm established: \_\_\_\_\_ Number of Years' Experience in the Industry: \_\_\_\_\_

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

If yes, please provide name and description of operations.

If yes, do these businesses have separate insurance?  Yes  No

If no, and coverage is required, complete the **Description of Operation Chart** on the next page.

6. Are you a member of a trade or professional association?  Yes  No

If yes, provide name and membership number: \_\_\_\_\_

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

If yes, provide full details:

8. Please complete the following chart:

Description of Operation	Annual Gross Income Past 12 Months	Projected Gross Income Next 12 Months	Estimated Payroll
Concierge Services			
Telephone Answering, Radio Pagers, Secretarial, etc.			
General Security Guards – Residential & Commercial Premises			
General Security Guards – Industrial Premises			
Armed Security Guards			
Canine Protocol			
Private Investigators			
Alarm Installation & Monitoring* – Station & Response for Residential Premises			
Alarm Installation & Monitoring* – Station Only			
Alarm Installation & Monitoring* – Station & Response all other Premises			
Fire Protection Installation & Maintenance – Sprinkler Systems			
Fire Protection Installation & Maintenance – Kitchen Hoods			
Locksmith Operations			
Home Automation			
Standard Electrical Wiring			
Card Access			
Fire Extinguisher Equipment Sales & Servicing			
Security Consultants			
Security Training			
Other (describe):			
<b>Total Revenue</b>			

\* Alarm Monitoring is of burglary alarms



9. Does your company sub-contract any operations to other companies?  Yes  No

If **yes**, describe the operations sublet:

10. Indicate annual gross cost of sublet work: \_\_\_\_\_
11. Is revenue included in amounts on page 2?  Yes  No
12. Do the sub-contractors carry their own CGL insurance, including Failure to Perform coverage?  Yes  No
13. Do you secure Liability Certificates from the sub-contractors?  Yes  No
14. 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:

### SECTION 3A: INSTALLATION AND SYSTEM MAINTENANCE ONLY

1. Does your firm operate a Central Monitoring Station?  Yes  No

If **yes**, complete the **Central Monitoring Supplemental**.

If **no**, confirm which Central Station provides the monitoring services.

2. Do you have a formal contract with the central monitoring company?  Yes  No
3. Are jobs inspected by supervisors/foremen during installation?  Yes  No
4. Are jobs inspected after completion to verify any malfunction?  Yes  No
5. Please indicate the percentage of your business in the following industries:

Furriers/Jewellers/Financial Institutions: \_\_\_\_\_

6. Is U.L.C. listed equipment used?  Yes  No
7. Confirm type of security service offered for above industries (Fire, Burglar, Extinguishers, etc.):

8. Do you offer any services on off-road/forestry equipment or mobile machinery?  Yes  No

9. Do you provide any services related to breathing apparatuses?  Yes  No

If yes, provide details:

10. Do you provide any services on fire hydrants?  Yes  No

If yes, provide details:

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

12. Do you provide any services for sawmills/barns?  Yes  No

If yes, provide details:

13. Do you provide any security systems for environmentally sensitive customers? (e.g. sewage treatment plants, nuclear/power plants, etc.)  Yes  No

If yes, provide details:

14. Do you provide welding/torch services away from your premises?  Yes  No

If yes, provide details and safeguards taken:

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

16. 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 the above manufactured in? \_\_\_\_\_

c) Are foreign products purchased directly from:  Manufacturers  Local Distributors?

d) Percentage of total products purchased from foreign manufacturers: \_\_\_\_\_

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

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



**SECTION 3B: SECURITY GUARDS AND PRIVATE INVESTIGATORS ONLY**

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

2. Describe years' of experience in guard service/private investigation:

3. Do employees report to Central Station or to a Supervisor?  Central Station  Supervisor

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

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

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

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

8. Do any employees carry firearms?  Yes  No

If yes, describe training and reason for firearm use:

9. Number of employees carrying firearms: \_\_\_\_\_

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

If yes, please answer the remaining questions in this section.

If no, proceed to the section "For Security Guards Only".

11. Are you a registered training facility?  Yes  No

By whom? \_\_\_\_\_

12. Do you follow guidelines/courses established by this registering body?  Yes  No

13. Does the course include training for Emergency Level First Aid?  Yes  No

If yes, confirm the name(s) of the individual(s) providing the First Aid training and position held within your firm:

14. Are you responsible for examinations for licensing?  Yes  No

15. Do you currently have an Errors and Omissions policy for this professional service?  Yes  No

If yes, is the policy:  Claims Made  Occurrence Form



16. 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:

17. Has the Applicant ever been investigated or suspended from practice by any body governing the practice of the profession?  Yes  No

### SECTION 3C: FOR SECURITY GUARDS ONLY

1. Do you provide guard services for any of the following? **Please check all that apply.**

Airports

If **selected**, what is the percentage of receipts? \_\_\_\_\_

Cruise ships/watercraft/port authorities

If **selected**, what is the percentage of receipts? \_\_\_\_\_

Employment strikes/labour unrest

Consulates, embassies, military facilities, nuclear facilities, or other government buildings

If **selected**, please describe:

High value stock or cash on premises, jewellery stores, car lots, warehouses

Concerts, sporting events, socials

If **selected**, what is the percentage of receipts? \_\_\_\_\_

Night clubs, bars (liquor establishments)

Threat assessments

Escort/Bodyguard services

Any consulting services provided for a fee

If **selected**, what is the percentage of receipts? \_\_\_\_\_

**!** If you selected any of the services above, **please list clients and describe the operations provided**. Use a separate sheet as necessary.

2. Do you guard money and/or securities for customers?  Yes  No

If **yes**, describe responsibilities and customers for which this service is offered:

3. Do the guards transport any monies, securities, valuables, etc. for customers?  Yes  No

If **yes**, provide all details:

4. Do you provide any services whereby the guards are required to do passenger screening, cargo screening, body searches, badge/ID checks or purse/bag checks?  Yes  No

If **yes**, provide name of customer and contract details:

5. 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 dog handler training:

6. Are dogs left with customers?  Yes  No

7. Are dogs used for detection of drugs, explosives, etc.?  Yes  No

8. Are any of your guards required to drive clients' vehicles?  Yes  No

If **yes**, please describe:

9. Are guards required to patrol customer's properties?  Yes  No

If **yes**, are rounds recorded/documented?  Yes  No



10. Are guards required to do crowd control?  Yes  No

If **yes**, describe crowd control training:

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If **yes**, provide a list of client contracts requiring crowd control and describe event(s):

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

Name of Client	Operation

### SECTION 3D: FOR PRIVATE INVESTIGATORS ONLY

Description of Operations	Details	Gross Revenue
General		
Insurance		
Process Servicing		
Paralegal Services		
Matrimonial		
Bailiff Services		
Retail Store Investigations		
Banks, Trust Companies, Stock Brokerages		
Other (describe):		
<b>Total Gross Revenue:</b>		

1. Are customers' files and observation reports documented?  Yes  No
2. Do you use audio/video recording devices?  Yes  No  
If **yes**, are they installed on the property of the person you are investigating?  Yes  No
3. Are customers screened for credibility prior to accepting a contract?  Yes  No





4. Does your firm provide any audio/visual surveillance service during employment strikes or labour unrest?  
 Yes  No
5. Does your firm offer services of transporting non-striking personnel or others through a strike picket line?  
 Yes  No
6. Do you provide services to financial institutions or financial service organizations, such as banks, trust companies, stockbrokers, or fundraising companies?  Yes  No

If **yes**, please describe in detail the services offered:

7. Confirm the number of licensed private investigators: \_\_\_\_\_

#### SECTION 4. INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_
2. Expiring Premium: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Deductible: \_\_\_\_\_
3. Limit of Liability Required: \_\_\_\_\_
4. Has insurance been declined or cancelled during the past 3 years?  Yes  No
5. Have there been any claims in the last five (5) years, whether paid or outstanding?  Yes  No

If **yes**, list all claims paid or outstanding in the last five (5) years whether insured or not:

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Amount Reserved: \_\_\_\_\_

Description of Occurrence:

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Amount Reserved: \_\_\_\_\_

Description of Occurrence:

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Amount Reserved: \_\_\_\_\_

Description of Occurrence:



Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Amount Reserved: \_\_\_\_\_

Description of Occurrence:

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Amount Reserved: \_\_\_\_\_

Description of Occurrence:

### SECTION 5 : DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk -Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

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 Applicant's Name (Please print)

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 Title/Position

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 Signature of Applicant

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 Date (MM/DD/YYYY)

### BROKER CONTACT INFORMATION

Agent Name: \_\_\_\_\_ Brokerage Name: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City / Province: \_\_\_\_\_

Fax: \_\_\_\_\_ Postal Code: \_\_\_\_\_

