



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 9 FOR DETAILS ON OUR PRIVACY POLICY.

SECURITY SERVICES LIABILITY INSURANCE

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application.
Answer all questions, if the question does not apply, indicate "N/A" in the space provided.

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:

QUICK-WRITE COMMERCIAL FIDELITY BOND APPLICATION

1. Name and Address of Applicant: _____

2. Nature of operations: _____

3. Limit of Insurance desired: Option 1.: \$ _____ Option 2.: \$ _____

4. Number of Employees: Canada: _____ Other: _____ (specify) _____

5. Number of Locations: Canada: _____ Other: _____ (specify) _____

6. (a) Is an Audit or Review conducted by an independent CA or equivalent? Yes No

(b) Did the auditor issue a letter to management regarding weaknesses in controls? N/A Yes No

If Yes, please provide a copy of the letter as well as management's response.

(c) What percentage of receipts are: cash? _____% cheques? _____% other? _____%

7. (a) Are bank accounts reconciled at least monthly by someone not authorized to handle or record deposits or withdrawals, sign cheques or access mechanical signatures? Yes No

(b) Are securities subject to joint control of two or more responsible employees? N/A Yes No

(c) Is countersignature of cheques required at all locations? Yes No

(d) Are all outgoing cheques prenumbered and all numbers accounted for, including voided cheques? Yes No

(e) Are suppliers paid only after verifying that goods were physically received? Yes No

(f) Is payroll accuracy verified by someone not authorized to make changes thereto? Yes No

(g) Are two individuals required to order/initiate funds transfers? N/A Yes No

(h) Is either a cheque signing machine used or are facsimile signatures used? Yes No

If Yes, describe all dual controls over signature plates or facsimile signatures, as well as control over the number of items processed: _____

(i) For any No answers in questions 7 (a) through (g) describe alternative controls that are in place.
(Use a separate page, if necessary)

8. (a) Is a resume or an application for employment completed by each prospective employee? Yes No

(b) What checks are performed on prospective employees? Reference Criminal Credit

9. Has any similar coverage carried by the Applicant been declined or cancelled within the last six years by any Insurer? Yes No

If Yes, explain: _____

10. List all Losses in the past 5 years, **whether reimbursed or not**, by Employee Dishonesty, Forgery, Burglary, Robbery, Theft, Disappearance, Destruction. Also, advise the amount and date of Loss and all corrective measures that have since been implemented. **(Use a separate page, if necessary)**

Period from _____ to _____ **Check if None**

SUPPLEMENTAL QUESTIONNAIRE – INSURING AGREEMENTS II & III
(Mandatory if Coverage for these Insuring Agreements is being requested)

Location: _____ Type of Operation: _____
(Attach a separate schedule for all additional locations) *(office, factory, store, etc.)*

Insuring Agreements II & III – Loss Inside and Outside the Premises

1. (a) Amount of insurance required: \$ _____

(b) Maximum exposures:

	Money	Cheques	Securities
Daily (on premises)	\$ _____	\$ _____	\$ _____
Overnight	\$ _____	\$ _____	\$ _____
In Transit	\$ _____	\$ _____	\$ _____

2. (a) Description of Safe on Premises:

Make and Class: _____

(b) Alarm System Description: _____

Is Alarm connected to: Local Alarm Central Station Police Station

(c) Number of Watchmen: _____

Frequency of rounds: _____

For Insuring Agreement III – Loss Outside the Premises

1. (a) Number of Messengers: _____
(including those who collect money off the premises)

(b) Method of transportation: _____

(if armoured motor vehicles are utilized, specify company)

NOTICE CONCERNING PERSONAL INFORMATION

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
- the evaluation of claims;
- the analysis of business results;
- In accordance with SWG's privacy policy available at the bottom of this application and as per our website: www.swgins.com/page/privacy.htm
- the underwriting of policies;
- the detection and prevention of fraud;
- purposes required or authorized by law;

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided. Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

NEW BRUNSWICK RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

SIGNATURE

Signature:		Date (mm/dd/yyyy):	
	(Authorized Representative)		
Name (please print):		Title/Position:	



Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at PrivacyOfficer@swgins.com.

CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at www.privcom.gc.ca.

Please refer to the updated comprehensive version of privacy policy on our website: www.swgins.com/page/privacy.htm