

PROTECTION SERVICES - GENERAL LIABILITY INSURANCE - APPLICATION

Name of applicant: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Description of Operations or Services: _____

Website: _____

List Name of all Principals: _____

Contact Name, Telephone and Fax #: _____

Year Operations Established: _____ Member of an association: Yes No If yes, list: _____

Years' Experience: _____ Explain: _____

License Number: _____ Any infractions / breaches? Yes No Explain: _____

Are all your employees covered by Workers Compensation? Yes No Explain: _____

Are employees organized under a union? Yes No Total # of Employees: _____

Full Time: _____ Part Time: _____

Nature of Work:	Actual Revenues for expiring term:	Est. Annual Revenue - next 12 months:
Concierge Services		
Patrol Services – Office, Condo, Apartments, Parking Lots		
Patrol Services – Retail Stores, Malls, etc.		
Patrol Services – Warehousing, Manufacturing, and other industrial settings		
By-law Enforcement/Parking Enforcement		
Crowd Control Services		
Armed Guard Services (firearms)		
Cash / Valuable Escorts (armed)		
Private Investigators		
Alarm Service/Install/Monitoring – RESIDENTIAL (burglary & fire)		
Alarm Service/Install/Monitoring – COMMERCIAL (burglary & fire)		
Alarm Service/Install/Monitoring – MEDICAL (burglary & fire)		
Alarm Service/Install/Monitoring – AGRICULTURAL/MANUFACTURING (burglary & fire)		
Alarm Service/Install/Monitoring – CRITICAL (ie temperature, water levels, etc.)		
Fire Suppression Systems Service & Install		
Fire Suppression Systems Service & Install on mobile equipment		
Sprinkler Install – New Construction		
Sprinkler Retrofits & Maintenance		
Sprinkler Inspection & Testing		
Locksmiths		
Electrical Wiring and Data/Telephone Cabling Work		
Central/Vac Sales and Service		
Home Automation (garage door openers, intercom, voice activated, remote control curtains, etc.)		
Fire Extinguisher Equipment Sales and Servicing		
Consulting Services – Security, Fire Protection, etc.		
CCTV (closed circuit)		
Access Control, Distribution		
Design or Alteration to Security Systems		
Other – describe -		
Total:		

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Limits Required: \$	Deductible: \$	Target Premium: \$
Current Insurer:	Expiry Date:	Policy Number:
Current Limit: \$	Current Deductible: \$	Current Policy Premium: \$

Do you provide any services at any bars, night clubs or any liquor licensed venues? Yes No

Do you have any contract where there is a forcible eviction exposure? Yes No

If yes to either of the above questions, please describe, in detail, what exactly the duties of the guards are as stated under (each of) this (these) contract (or contracts): _____

Describe services and amount (\$) provided by sub-contractors: _____

Do you request Proof of Insurance from sub-contractors: Yes No If yes, minimum limit required: \$ _____

Do your contracts or 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

Do you contract out of consequential/financial loss? Yes No

If yes, please attach a copy of your standard contract forms used. (Note: rate credit/surcharge may apply – please provide full information).

Do you advertise or sell any products or services over the Internet: Yes No

If yes, web-site address: _____

Do you sell any products or services outside Canada: Yes No

If yes, explain: _____

Do you operate vehicles for business not owned or leased in the company name: Yes No Highest value \$ _____

Do you provide design services for a fee: Yes No Explain: _____

How long do you retain customer information? _____

Please provide your five largest clients in the last 5 years

Client Name	Type of Business	Contract Value

Please provide the following details for all liability claims in the past 5 years No losses

Date of Claim	Insurer	Amount of Damages	Closed?	Description of Loss

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

If yes, please provide the insurer and explain: _____

Is the applicant new business to the Broker? Yes No How long has the applicant known the Broker? _____

Do you require a quote for Employee Dishonesty Coverage? Yes No Limit Required: \$ _____

Is the Customers Interest Endorsement required? Yes No

If yes, please provide a detailed explanation of the screening/hiring process and steps in place to avoid employees taking from your customers.

**** CYBER LIABILITY **** (temporary unavailable)

Does the Company store any medical/health information for clients? Yes No

• If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)? Yes No

• If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)? Yes No

DECLARATION / CONSENT:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Title of Applicant: _____

Signature: _____ Date: _____

Brokerage: _____

Broker Contact name: _____ Signature: _____

Broker telephone: _____ Broker fax: _____

Broker email: _____

NOTE: a supplemental questionnaire is required in addition to this form, varying depending on the nature of work performed and coverage required. Please complete one of the following supplemental forms:

- **Security Guard and Patrol Guard Supplemental**
- **Private Investigation Firm Supplemental**
- **Alarm and Fire Protection System Firm Supplemental**
- **Property Coverage Supplemental**

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

** Email application and attachments to - newbizcommercial@premiergroup.ca **	
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