



SECURITY INDUSTRY PACKAGE QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

CHOOSE ONE: New Business Application Renewal Application

1. Name of Applicant:

Mailing Address:

Contact: _____ Title: _____

Telephone: _____ Website: _____

Year Firm Established: _____

2. Type of Firm: Corporation Partnership Individual

Other (explain): _____

3. Description of Business Operations:

If New Venture, what experience does Applicant have in this line of business:

4. Do you own or operate any business other than as stated above? Yes No
If Yes, please provide name and description of operations:

Do these businesses have separate insurance or are they to be included in this coverage?

5. Who is your present General Liability Insurer? _____
Policy Number: _____

6. Does the policy cover all operations of the Insured: Yes No
If No, please describe:

7. Has any Insurer rejected, cancelled or refused renewal of General Liability or Employee Fidelity Bonding Insurance for your firm? Yes No
If Yes, please give details:

8. Are you a member of a trade or Professional Association? Yes No
If Yes, please provide name:

**PLEASE NOTE:
QUOTATION AND/OR COVERAGE WILL ONLY APPLY TO THE OPERATIONS YOU HAVE LISTED.
QUOTATIONS CANNOT BE PROVIDED WITHOUT FULL INFORMATION FOR EACH OPERATION.**

OPERATIONS	REVENUE	PAYROLL	
Security Guards - General			
Guard Dogs			
Retail / Loss Prevention			
Armoured Car			
Transport Money/Securities			
Security Training			
By-Law Enforcement			
Alarm Response			
Concierge			
Alarm Operations - Fire & Burglar			
Installation & Maintenance			
Monitoring ULC Listed? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
Emergency Services/911			
Medical Alert/Nurse Call			
Sales & Distribution			
Card Access Systems			
CCTV			
Voice over Internet Protocol (VOIP)			
Investigations			
Paralegal/Process Serving			
Repossessions			
Fire Protection Equipment			
Sprinkler or other Fixed systems			
Kitchen Systems			
Portable Extinguishers - Sales & Service			
Emergency Lighting			
Locksmith – Commercial/Residential			
Retail Locations			
Telephone Answering Service			
Call Centre Services			
Cell Phones/Pagers			
Consulting Services			
Manufacturing			
Products Liability Application Required			
Emergency Medical Equipment			
Other – Describe			
Totals			
Total Number of Employees	Full Time		Part Time

9. If this is a renewal, are there any changes in your operation from last renewal? Yes No
Comments and notes:

10. What is your geographical area of operation? _____

Does your firm provide, or anticipate any sales or operations outside Canada? Yes No
If Yes, give details:

11. Indicate below () if you provide products or services in connection with any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Airports | <input type="checkbox"/> Environmentally Sensitive Clients |
| <input type="checkbox"/> Ships/Vessels | <input type="checkbox"/> Temperature Monitoring |
| <input type="checkbox"/> Port Authorities | <input type="checkbox"/> Monitor Water Levels |
| <input type="checkbox"/> Concerts | <input type="checkbox"/> Oil & Gas Industry |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Off-Premises Welding |
| <input type="checkbox"/> Licensed Premises | <input type="checkbox"/> Detection of Drugs/Explosives |
| <input type="checkbox"/> Labour Dispute or strike | <input type="checkbox"/> Armed Employees |
| <input type="checkbox"/> Sawmills | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Farms | <input type="checkbox"/> Crowd Control |
| <input type="checkbox"/> Off Road/Mobile Equipment or Machinery | <input type="checkbox"/> Drive Client's Vehicles |
| <input type="checkbox"/> Private Events(weddings, bar mitzvahs, stag/stagette, or similar) | |
| <input type="checkbox"/> V.I.P. Protection (i.e. Political Figures, Movie Sets) or Bodyguard | |
| <input type="checkbox"/> Passenger Screening Body Searches and Purse/Bag checks | |

Provide details of your products or services for EACH item you checked () above:

12. Identify your five (5) main client's and services provided for them:

13. Pre-Employment screening procedures. Do you:

- | | | | | | |
|------------------------------------|------------------------------|------------------------------|-----------------|------------------------------|-----------------------------|
| Check for criminal records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fingerprint? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Check with previous employers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Driving Record? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reading, Writing, English Fluency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No. | Drug Testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe your screening procedures:

14. Describe your minimum educational, training and experience requirements for employees:

Do you have a training program in place for employees? Yes No
If Yes, what does it entail?

Provide Number of Supervisors: _____

Describe your supervisory procedures: _____

15. Describe your incident reporting procedures:

16. Do you enter into a standard contract with your clients? Yes No
If Yes, please provide a copy.

17. Confirm work performed for Applicant by sub-contractors:

Is evidence of Liability Insurance including Failure to Perform obtained from all sub-contractors?

What minimum Liability limit? _____

What is the approximate cost of sub-contracted work? _____

18. Five year claims history – List all claims paid or outstanding:

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

19. Please indicate coverages required:

Limit of Liability required: _____ **Deductible:** _____

Employee Dishonesty coverage – Form A required? Yes No
 If Yes, please show limit: _____

Is a **\$5,000 License Bond** Required? Yes No
 If different limit required, please show limit: _____

Present Insurer: _____

Is **Property Coverage** Required? Yes No
 If Yes, include history of property claims in Question 18.

Location Address: _____

Indicate **construction and protection** levels:

- Fire Resistive
 Concrete
 Frame
 Protected
 Semi-Protected
 Unprotected

Sprinklered Yes No

Please indicate coverage required:

Advise Present Insurer: _____

AS PRINCIPAL OF THE INSURED, I DECLARE THAT THE DECLARATIONS CONTAINED IN THIS QUESTIONNAIRE ARE EXACT AS COMPLETED AND THAT THEY WILL FORM BASIS OF THE POLICY, IF ISSUED. I ALSO AGREE, AND I AM AWARE THAT SAID POLICY(S) MAY BE SUBJECT TO A PREMIUM ADJUSTMENT AT THE END OF THE POLICY TERM. (ACTUAL RECEIPTS TO BE REPORTED ON PREMIUM ADJUSTMENT FORM).

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**