VERUS SPECIALTY INSURANCE
| a Berkley Company

SECURITY GUARD APPLICATION

GENERAL INFORMATION:

1. Applicant Name:_____
2. Address: _____
3. Website Address: _____
4. Year organized or established: _____
5. Limits requested:

◯ $500,000/$1,000,000	◯ $3,000,000/$3,000,000
◯ $1,000,000/$1,000,000	◯ $5,000,000/$5,000,000
◯ $2,000,000/$2,000,000	◯ Other: _____

Retention requested:

◯ $2,500	◯ $25,000
◯ $5,000	◯ $50,000
◯ $10,000	◯ Other: _____

6. Applicant's Practice
   a. Is the applicant a member of any security service-related association? ◯ Yes ◯ No

      If yes, please describe: _____

   b. Does the applicant perform security activities in the following areas:
      i. Bars, discos or nightclubs ◯ Yes ◯ No
      ii. Bodyguard for celebrity protection ◯ Yes ◯ No
      iii. Nuclear utility work ◯ Yes ◯ No
      iv. Burglar/fire alarm installation or monitoring ◯ Yes ◯ No

   c. How many training hours does the applicant require annually for security professionals:

◯ 8 hours or less	◯ 15-30 hours
◯ 8-15 hours	◯ 30 hours or more

   d. Does the applicant maintain the following requirements for security professionals:
      i. Fingerprints ◯ Yes ◯ No
      ii. Drug testing ◯ Yes ◯ No
      iii. Personal interview ◯ Yes ◯ No
      iv. DMV reports ◯ Yes ◯ No

v. Prior employer ◯ Yes ◯ No

vi. Criminal background check ◯ Yes ◯ No

e. Is the applicant licensed in every state where licenses are required? ◯ Yes ◯ No

If no, please explain:

_____

f. Does the applicant provide any international services? ◯ Yes ◯ No

If yes, please explain:

_____

g. Does the applicant have any military contracts? ◯ Yes ◯ No

If yes, please explain:

_____

h. Please provide approximate percentage (%) of operations for Security Services:

Category	Unarmed	Armed	Category	Unarmed	Armed
Airports	_____%	_____%	Hotels/Motels/Inns	_____%	_____%
Armored Car	_____%	_____%	Industrial (Factory/Warehouse)	_____%	_____%
Auto Dealerships	_____%	_____%	Traffic Control	_____%	_____%
Banks & Office Buildings	_____%	_____%	Museums & Galleries	_____%	_____%
Bus/Train/Terminals	_____%	_____%	Parks/Recreational	_____%	_____%
Colleges/Universities	_____%	_____%	Parking Lots	_____%	_____%
Concerts/Music Festivals, etc.	_____%	_____%	Parking Garages	_____%	_____%
Construction Sites	_____%	_____%	Piers, Docks, Ships	_____%	_____%
Convenience Stores	_____%	_____%	Religious/Civic Centers	_____%	_____%
Convention Centers	_____%	_____%	Restaurants (fast food)	_____%	_____%
Correction Facilities	_____%	_____%	Restaurants (non-fast food)	_____%	_____%
Courier Escort	_____%	_____%	Retirement/Resort Community	_____%	_____%
Executive Protection	_____%	_____%	Retail Stores (inside patrol)	_____%	_____%
Exhibitions/Trade Shows	_____%	_____%	Retail Stores (outside patrol)	_____%	_____%
Golf/Tennis/Health Clubs	_____%	_____%	Shopping Malls	_____%	_____%
High Schools	_____%	_____%	Social Services/Clinics	_____%	_____%
Hospitals/Institutions	_____%	_____%	Stadium/Arenas/Special Events/Ticket Taking	_____%	_____%
Housing – Gated Communities	_____%	_____%	Strike Duty	_____%	_____%
Housing – Mid to High Income	_____%	_____%	Yacht Clubs/Marinas/Boatyards	_____%	_____%
Housing – Low Income (Senior & Disabled Only)	_____%	_____%	Utilities (Not including nuclear)	_____%	_____%
Housing – Low Income (Other than Senior & Disabled)	_____%	_____%	Other (Describe: _____)	_____%	_____%
			Total	100%	

i. Are ALL armed owners/principals or employees retired or off-duty policy or military? ◯ Yes ◯ No

If no, please explain: _____

j. Does the Applicant have a procedure for maintaining confidential information? ◯ Yes ◯ No

k. Does the Applicant communicate written procedures to their employees and contract workers? ◯ Yes ◯ No

l. Does the Applicant use a written contract or agreement with their clients? ◯ Yes ◯ No

◯ All cases ◯ Sometimes ◯ Never

7. Applicant's Financials:

a. Please indicate gross revenues: Previous 12 months $_____

Next 12 months (projected) $_____

b. Average hourly billing rate: $_____

c. Average hourly pay rate: $_____

d. Annual billable hours: _____

Total number of employees and contractors: (include yourself)

Please complete the table below for all employees, staff, principals, and independent contractors, including their payroll and sales.

Category	Total # of Staff	Full Time	Part Time	Annual Payroll	Annual Sales
Executives/Clerical/Sales				$	$
Supervisors				$	$
Independent Contractors that are Security Professionals				$	$
Employed Security Professionals				$	$
Total				$	$

e. Does the Applicant employ Independent Contractors other than security services listed above? ◯ Yes ◯ No

If yes, please explain: _____

If yes, do they provide proof of their own insurance? ◯ Yes ◯ No

(Note: Independent Contractors should carry PL/GL limits no less than $1MM/$2MM)

f. Please provide the names of your five (5) largest clients and your duties for them:

Client	Duties	Annual Payroll	Annual Sales
		$	$
		$	$
		$	$
		$	$
		$	$

g. Does the Applicant provide any services or operations other than security services? ◯ Yes ◯ No

If yes, please explain: _____

8. Insurance History & Claims Experience

a. During the past five (5) years, has any professional or general liability claim or suit ever been made against the Applicant or any of its predecessor firms, past or present owners, partners, members, employees or solicitors, or to the knowledge of the Applicant, on behalf of its predecessors in business? ◯ Yes ◯ No

If yes, please include current valued five (5) year loss runs and details attached.

b. Does any person proposed to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? ◯ Yes ◯ No
If yes, please explain:

_____

c. If applicable, list the Applicant's **Professional Liability** insurance coverage carried during the past three (3) years:

Name of Insurer	Policy Period	Limits of Liability	Retention	Premium
	_____	_____	_____	$_____
	_____	_____	_____	$_____
	_____	_____	_____	$_____
	_____	_____	_____	$_____
	_____	_____	_____	$_____
Retroactive date of Professional Liability _____				

d. If applicable, list the Applicant's **General Liability** insurance coverage carried during the past three (3) years:

Name of Insurer	Policy Period	Limits of Liability	Retention	Premium
	_____	_____	_____	$_____
	_____	_____	_____	$_____
	_____	_____	_____	$_____
	_____	_____	_____	$_____
	_____	_____	_____	$_____
Retroactive date of General Liability _____				

e. During the past five (5) years, has the Applicant or any of its members had professional or general liability insurance or similar insurance declined, cancelled or non-renewed? ◯ Yes ◯ No

If yes, please explain:

_____

FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony. (In FL, a person is guilty of a felony of the third degree.)

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

REPRESENTATIONS

Verus Specialty Insurance, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Specialty Insurance or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Specialty Insurance or the Company receives notice is on file with Verus Specialty Insurance and is considered physically attached to and part of the policy if issued. Verus Specialty Insurance and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date

this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Specialty Insurance, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I/We warrant to Verus Specialty Insurance and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Specialty Insurance and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Specialty Insurance or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

Name of Applicant:		
Signature of person authorized to execute on behalf of the applicant:		**Date:**
Print Name and Title of person authorized to execute on behalf of the applicant:		
Name and address of Broker:		

A copy of this application should be retained for your records.

California residents: Please see our CCPA Notice of Collection of Personal Information available at https://www.berkley.com/privacy#californiaConsumerPrivacyPolicy