



SECURITY SERVICES LIABILITY INSURANCE

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)

Blank lines for listing locations owned, rented or controlled by the Applicant.

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.	<b>Security Guards</b>			
	A. General			
	B. Airport Security			
	C. Armed			
	D. Canine Patrol			
	E. Alarm Response			
	F. Security Training			
2.	<b>Private Investigation</b>			
	A. Private Investigation			
	B. Training			
3.	<b>Fire Protection Installation &amp; Maintenance</b>			
	A. Sprinkler Systems			
	B. Kitchen Hoods / chemical systems			
	C. Portable Fire Extinguishers			
	D. Distribution of related products			
4.	<b>Fire, Smoke &amp; Burglar Alarm Installation &amp; Maintenance</b>			
	A. Manufacturing			
	B. Distribution of related products			
	C. Installation / Maintenance			
	D. Standard Electrical			
5.	<b>Alarm Monitoring</b>			
	A. Sales Only (sub-contractor)			
	B. Station Only			
	C. Station / Response Team			
6.	<b>Telephone Answering, Radio Pagers, Secretarial, etc.</b>			
7.	<b>Telephone Answering Emergency Call (911)</b>			
8.	<b>Locksmith Operations</b>			
9.	<b>Card Access</b>			
10.	<b>Close Circuit Television</b>			
11.	<b>Home Automation</b>			
12.	<b>Security Consulting (** See Below)</b>			
13.	<b>Other (describe operations)</b>			
	<b>TOTALS</b>			

\*\* 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. equipment used for these industries?  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. Are all products U.L.C. and/or CSA approved?  Yes  No

B. Are 100% of the products used in your installations from Canadian and/or USA manufacturers?  Yes  No

If products are from outside of Canada and the USA:

a) List of products which are purchased from foreign manufacturers \_\_\_\_\_

b) Which countries are products manufactured in? \_\_\_\_\_

c) Percentage of total products purchased directly from foreign manufacturers \_\_\_\_\_ % \_\_\_\_\_

d) Percentage of total products purchased from Canadian a/o USA distributors a/o 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	_____	\$ _____
	<b>Total Gross Revenue</b>	\$ _____

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: \_\_\_\_\_

Completion of this application does not bind the company to provide the insurance. It is agreed, however, that this application shall form the basis of the contract, should the policy be issued by the Company.

I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are the declarations upon which an insurance policy may be issued.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Sub-Broker Name \_\_\_\_\_