



Security Guards and Related Operations General Liability Application

Applicant's Name _____

 Mailing Address _____

 Location _____

 Web site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-mail _____
 Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Errors & Omissions (Each Claim/Aggregate)	\$
Lost Key Coverage	\$25,000 Included
Property Damage Extension	\$5,000/\$25,000 Included
Assault &/or Battery Sublimit (cannot exceed GL limits)	\$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

1. How long has applicant been in business? _____

2. Branch offices and locations:

- a. _____
- b. _____
- c. _____



ROYAL OAK UNDERWRITERS, INC.
Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

3. Operations conducted in the following states:

State: _____ Licensed with state? Yes No License No.: _____
 State: _____ Licensed with state? Yes No License No.: _____
 State: _____ Licensed with state? Yes No License No.: _____

4. Risk contact, title and phone number: _____

5. Total number of employees: _____

6. Number of unarmed employees: _____ Estimated Payroll: _____ Gross Sales: _____
Number of armed employees: _____ Estimated Payroll: _____ Gross Sales: _____
 Any armed guards in retail stores? Yes No
 Arrest authority? Yes No

7. Total number of hours billed to clients annually: _____

8. Are ALL armed personnel certified for use of firearms by a state agency or a firearms certification school? Yes No

9. Does applicant have Workers' Compensation coverage in force? Yes No

10. Does applicant lease employees? Yes No

11. Does applicant subcontract work? Yes No

If yes, what type? _____
 Are certificates of insurance required from all subcontractors? Yes No
 Annual cost of subcontracted work: _____

12. Are personnel licensed as required by state and federal agencies? Yes No

13. Are background investigations and checks conducted on new employees? Yes No

If yes, describe procedures used for pre-employment checks: _____

14. Does the applicant have a training program for employees? Yes No

If yes, describe: _____

Does applicant have a training manual? Yes No

15. Does applicant use a record-keeping log for each job? Yes No

16. Does applicant use stun guns? Yes No

17. Does applicant use animals? Yes No

If yes, number with handlers: _____ without handlers: _____
 Are animals used to detect guns, drugs or bombs? Yes No



18. List the applicant's ten (10) largest clients. Indicate type of operation performed and duties involved:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

19. Number of supervisors: _____ **Describe duties:** _____

Do they perform investigative or guard duties? Yes No

Does the applicant bill hours to the client? Yes No

20. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

21. Does applicant conduct any operations involving nuclear power plants? Yes No

22. Does applicant need to add any government entity as additional insured? Yes No

If yes, explain: _____

23. Please attach (A) Any descriptive advertising literature; (B) Copy of Insured's standard performance contract with client; (C) Copies of all agreements in which the Insured has assumed liability.



24. Provide private investigation annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Private Investigation	Armed Payroll	Unarmed Payroll
Arson investigation		
Computer fraud		
Corporate—employee dishonesty		
Records check		
Surveillance— describe: <input type="text"/>		
Undercover operations		

Credit pre-employment screening		
Domestic		
Insurance claim investigation		

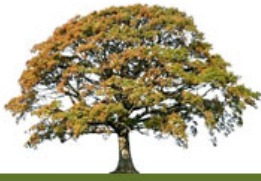
Private Investigation	Armed Payroll	Unarmed Payroll
Legal		
Missing person		
Other – Describe:		



25. Provide guard services annual payroll by listed operation including parking lot security (include subcontractor payroll not covered by other insurance):

Guard Services	Armed Payroll	Unarmed Payroll
Airport security		
Abortion clinics or family planning centers		
Alarm monitoring: Burglary/fire		
Medical emergency		
Alarm response		
Baggage handling security		
Banks		
Bouncers or doormen at restaurants, night clubs, discos, bars/taverns		
Churches		
Construction sites		
Convenience stores		
Criminal detention centers		
Fast food restaurants		
Ground transportation terminals		
Hospitals		
Housing: Apartments—public housing authorities, Section 8, HUD		
Apartments		
Condominiums or townhouses		
Homeowners associations		
Private residences		

Guard Services	Armed Payroll	Unarmed Payroll
Manufacturing/warehousing		
Movie theaters		
Motels/hotels		
Offices		
Parking lot security		
Retail Operations: Clothing		
Department stores		
Liquor stores		
Shopping centers/malls		
Supermarkets		
All other		
Schools and universities		
Special events: Athletic events—describe type:		
Concerts—describe (rock & roll, hard rock, rap, country, other):		
Other—describe:		
Sports stadiums or arenas		
Strike work		
Utility property security		
Wharf, waterfront or seaport security		
Other—describe:		



29. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, please explain and advise where insured: _____

30. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

31. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.



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NOTICE TO FLORIDA APPLICANTS: 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 the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.