

**SECURITY SERVICES LIABILITY INSURANCE**

IMPORTANT MANDATORY INDICATOR – CHOOSE ONE

New Business Application  Renewal Application

**Renewal Policy #**

Policy period                      From:    To:

1. Applicant Name:

Address:

City:    Province:                      Postal Code:

Contact:    Phone:

Fax:    Email:

List locations owned, rented or controlled by the Applicant (stating interest as owner, landlord or tenant)

2. Sub-Broker Name:

Address:

City:    Province:                      Postal Code:

Contact:    Phone:

Fax:    Email:

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 operation

b) If yes, do these businesses have separate insurance?                       Yes                       No

If no, and coverage is required, complete **Description of Operation / Income** on next page

**DESCRIPTION OF OPERATION / INCOME**

ITEM	OPERATIONS	ACUTAL GROSS	PROJECTED	ESTIMATED
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		<b>INCOME PAST 12 MONTHS (For Renewals Only)</b>	<b>GROSS INCOME NEXT 12 MONTHS</b>	<b>PAYROLL</b>
<b>1.</b>	<b>Security Guards</b>			
	A. General			
	B. Airport Security			
	C. Armed			
	D. Canine Patrol			
	E. Alarm Response			
	F. Security Training			
<b>2.</b>	<b>Private Investigation</b>			
	A. Private Investigation			
	B. Private Investigation Training			
<b>3.</b>	<b>Fire Protection Installation &amp; Maintenance</b>			
	A. Sprinkler Systems			
	B. Kitchen Hoods / Co2 Systems			
	C. Portable Fire Extinguishers			
	D. Distribution of related products			
<b>4.</b>	<b>Fire Smoke &amp; Burglar Alarm Installation &amp; Maintenance</b>			
	A. Manufacturing			
	B. Distribution of related products			
	C. Installation / Maintenance			
	D. Standard Electrical			
<b>5.</b>	<b>Alarm Monitoring</b>			
	A. Sales Only (sub-contractor)			
	B. Station Only			
	C. Station / Response Team			
<b>6.</b>	<b>Telephone Answering, Radio Pagers, Secretarial, etc.</b>			
<b>7.</b>	<b>Telephone Answering Emergency Call (911)</b>			
<b>8.</b>	<b>Locksmith Operations</b>			
<b>9.</b>	<b>Card Access</b>			
<b>10.</b>	<b>Close Circuit Television</b>			
<b>11.</b>	<b>Home Automation</b>			
<b>12.</b>	<b>Security Consulting (**See Below)</b>			
<b>13.</b>	<b>Other (describe operations)</b>			
	<b>TOTAL</b>			

\*\*\*Security Consulting – if any consulting is offered, please give a brief explanation of type of consulting service:

If this is a renewal, are there any changes in your operation from last renewal?

Comments and Notes

What is your geographical area of operation?

Are you a member of a trade or Professional Association  Yes  No

If yes, provide a Name & membership #

If yes, provide full details:

Have there been any liability claims in the last five (5) years, whether paid or outstanding?  
 Yes  No

List all liability claims paid or outstanding in the last five (5) years whether insured or not

Date	Amount Paid	Amount Reserved	Describe Occurrence

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

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 income included in the 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

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

**PLEASE COMPLETE RELATIVE SUPPLEMENTARY APPLICATIONS.**

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.

Applicant's Signature:  
Title:

Date:

SUBMITTED BY:  
EMAIL: