



Izzo Insurance Services

A division of Hull & Company, LLC

Exclusive providers of the Gold Shield Advantage™ specialty programs

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In Illinois: (630) 582-2800 Toll Free: (800) 800-1704
Fax (630) 582-2803
Website: www.izzoinsurance.com

Producer: _____
Agency: _____
Address: _____
City, State, Zip _____ Phone: _____
E-mail: _____ Fax: _____

Security Guard and Private Investigator Liability Insurance Including Errors & Omissions

IMPORTANT: All questions must be answered before this risk can be considered.

1. Business Name (including dba's): _____
2. Complete Mailing Address: _____
Complete Physical Address: _____
Branch Locations: _____

3. Contact: _____ Title: _____
Telephone #: () _____ Fax #: () _____

4. Effective date desired: _____
 Corporation Partnership Individual Other _____

5. How long in the Security/Investigation business? _____ How long under this name? _____
Has the applicant operated under any other name? Yes No If yes, please identify: _____

6. Names & Qualifications of Principal(s): _____

7. Prior Insurance Information for the past three policy periods:

Insurance Company	Policy Period	Liability Limits	Premium	Losses*

* Please Attach Loss Runs

8. During the past 5 years, have any claims been presented to your present or prior insurance company(ies)? Yes No
If yes, explain: _____

9. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which may result in a future claim? Yes No If yes, please give details: _____

10. In the past 5 years, has your general liability insurance been canceled, declined, or non-renewed? (Not applicable in Missouri)
 Yes No If yes, provide details: _____
Are you in debt to any broker, agent, or insurance company for any unpaid premiums or audits? Yes No
If yes, explain: _____

11. Is workers' compensation coverage currently in force? Yes No If yes, please provide carrier and expiration date.
Workers' Compensation insurance carrier: _____ Expiration date: _____

12. Does applicant subcontract work to others? Yes No If yes, what kind of work? _____
Are Certificates of Insurance required from subcontractors? Yes No
Do you require subcontractors to name you as an additional insured on their policies? Yes No

13. Do you anticipate adding anyone to your policy as an additional insured? Yes No Approximate # _____
Do you anticipate providing waivers of subrogation to any clients? Yes No Approximate # _____

14. Are you or any of your employees or subcontractors licensed to use firearms? Yes No
If yes, by whom? _____
Are the weapons owned by the employee or the security agency? _____
Type and caliber of guns allowed: _____

15. Are armed personnel used in any current jobs? Yes No If yes, list all clients to whom you assign armed personnel:

Do you anticipate using armed personnel in any future jobs? Yes No

Details: _____

16. Please list all equipment used now or anticipated for use at a later date (i.e.: batons, firearms, handcuffs, tear gas, etc.).

Please be specific: _____

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

If yes, please describe: _____

18. Are background investigations and checks conducted on all employees? Yes No If yes, please mark the appropriate box:

- | | | |
|---|--|---|
| <input type="checkbox"/> Criminal Background Checks | <input type="checkbox"/> Previous Employer | <input type="checkbox"/> Motor Vehicle Report |
| <input type="checkbox"/> Fingerprints | <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Personal References |
| <input type="checkbox"/> Background Cleared Prior to Hire | <input type="checkbox"/> Other _____ | |

19. Is applicant licensed by a State Agency? Yes No

If yes, please list: _____

Is applicant a member of a Society or Association? Yes No

If yes, please list: _____

20. Number of dogs in operation: _____ [] attended [] unattended

Types of assignments involving the use of dogs? _____

21. Is any mobile equipment (security carts, bicycles, golf carts, ...) used? Yes No If yes, describe what type of mobile

equipment, why used, and the number used: Number _____ Description of equipment used: _____

22. Any alarm installation / repair / monitoring operations? Yes No

Note: Supplemental application required for alarm operations.

23. Do you have a standard contract your client signs? Yes No

Please attach copy of standard contract.

Is there a requirement for all clients to sign your contract? Yes No

Approximate # of client contracts signed: _____

24. Does insured guard any fast food restaurants, convenience stores, or mini marts open between the hours of 11 p.m. and 6 a.m.?

Yes No If yes, please describe: _____

25. Please provide a list of your five largest clients, along with a description of services provided to each:

INCLUDE NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	Employees		Independent Contractors		Totals	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

ANNUAL HOURS BILLED: **Armed** _____ **Unarmed** _____ **Total** _____
 Total number of Supervisors **Armed** _____ **Unarmed** _____

Employee Pay Scale (Hourly) Minimum Maximum Average
 a. Supervisors _____
 b. Unarmed Guards _____
 c. Armed Guards _____

GUARD SERVICES (Show payroll for each applicable classification):	Armed Payroll	Unarmed Payroll
Courier service - (excluding payroll, metals, and valuables)		
Nightclub security (bouncers)		
Private patrols (non-public areas)		
Airport (describe operations)		
Industrial (warehouse, factory, bank, office, etc.)		
Institutions (schools, hospitals, etc.)		
Security guard service		
Conventions		
Retail only		
Escort service or bodyguard service		
All others - describe		
Malls, theaters, arcades (describe)		
Housing: low income/HUD housing		
Housing: mid-high income		
Sporting events & other special events open to the public (concerts, fairs, parades)		
Shoplifting surveillance		
Government contracts		
Security schools - training of others		
Utilities (securing of facilities)		
Strike work		
Fast food restaurants		
Liquor establishments - restaurant or bar		
Other operations (not-specified, describe)		

PRIVATE INVESTIGATIONS	Armed	Unarmed
Polygraph		
Process service		
Auto repossession		
Bodyguard protection		
Criminal		
Divorce		
Insurance		
Missing persons		
Background		
Civil		
Shopping service		
All other (describe)		
TOTALS		

Are Additional Quotations Requested For:

(Separate Policies - Additional Applications Required)

- Excess or Umbrella Liability Insurance No Yes If yes, effective date: _____
- Employment Practices Liability Insurance No Yes If yes, effective date: _____
- First or Third Party Fidelity Bond Coverage No Yes If yes, effective date: _____
- Workers' Compensation Insurance No Yes If yes, effective date: _____

NOTICE TO APPLICANTS: This application must be completed in full as the quote will be based solely on the information provided. Any persons who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime. Be aware of the laws in the states where you operate with regard to the use of firearms and weapons. By signing below, you are verifying that you 1) are aware of, understand, and comply with the laws of the states in which you operate and 2) are aware that any claim you submit where an illegal device was used by you, your employee, or a subcontractor doing work for you may be denied.

Authorized Signature of Applicant / Title

Date

NOTICE TO APPLICANTS

FRAUD WARNING

TO BE ATTACHED TO ALL INSURANCE APPLICATIONS AND CLAIMS FORMS FOR THE STATES LISTED BELOW.

Applicable in Idaho

Any person who knowingly and with the 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.

Applicable in Kentucky and New Jersey

Any person who knowingly and with intent to defraud any insurance company or other persons, files a 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, subject to criminal prosecution and civil penalties.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: 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.

Applicable in Pennsylvania

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.

Applicable in Virginia

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.

TO BE ATTACHED TO ALL CLAIM FORMS FOR THE STATES LISTED BELOW

Applicable in California

Any person who knowingly presents false or fraudulent 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 Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

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

Applicable in Nevada

Pursuant to NRS 686A. 291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20

Authorized Signature of Applicant / Title

Date