



Security and Patrol Agency Questionnaire

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

GENERAL INFORMATION

1. What year did the business begin? _____
2. Is your security agency licensed? (Select N/A if not required) N/A Yes No
3. Are your employees licensed? (Select N/A if not required) N/A Yes No
4. Do you offer any armed security guard services? Yes No
 - a. If yes, are all armed employees licensed to carry firearms? Yes No
5. Do you use guard dogs? Yes No
6. Are background checks conducted on all employees? Yes No
7. Do you have a standard client contract that is used with all clients? (please attach) Yes No
8. Are any of your employees active law enforcement members? Yes No
9. Do any employees have arrest or detention responsibilities? Yes No
 - a. If yes, are all of these employees trained and regularly updated on the correct procedures for doing so and on any applicable laws? Yes No
10. Do any employees carry non-lethal weapons? (check all that apply) Yes No

Mace	Pepper Spray	Tasers	Nightsticks
Other: _____			
11. Please complete the payroll information

	Number Employed	Estimated Annual Payroll
Security Guards – Unarmed Only	_____	_____
Security Guards – Armed Only	_____	_____
Security Guards Total	_____	_____
Clerical and Administrative Only	_____	_____

GUARD SERVICES INFORMATION

1. Do you provide any of the following services? Yes No

Alarm Monitoring	Armored Car	ATM Services
Body Guards	Bomb Searches	Bouncers
Escort Services	Executive Protection	Labor Dispute Intermediary
Money Courier	Neighborhood Watch Programs	Strike Work
Tactical Services (SWAT)	Traffic Control/Flaggers	Security Training for others
2. Do you provide services at any of the following facilities? Yes No

Airports	Banks/Financial Institutions	Chemical Facilities
Concerts	Dams	Dormitories/Student Housing
Hospital/Health Care Facility	Events with hostile crowds	Governmental Facilities
Military Base	Lakes or Reservoirs	Liquor Stores
Railroad Terminal/Yard	Nightclubs or Adult Entertainment	Power Plants
Seaports	Restaurants (including Fast Food)	Schools/Colleges/Universities
Utilities	Taverns	UFC/MMA Competitions

3. Do provided Security Consultation services? Yes No
4. Please check all facility types where services are provided.
- | | Armed? | | | Armed? | |
|-------------------------------|--------|----|---------------------------|--------|----|
| Amusement Centers | Yes | No | Office Buildings | Yes | No |
| Auto Dealerships | Yes | No | Outdoor Retail Yards | Yes | No |
| Bus Terminals | Yes | No | Parking Lot/Garage Patrol | Yes | No |
| Casinos | Yes | No | Pharmacies | Yes | No |
| Churches/Places of Worship | Yes | No | Special Events | Yes | No |
| Construction/Demolition Sites | Yes | No | Sporting Events | Yes | No |
| Convenience Stores | Yes | No | Retail Stores | Yes | No |
| Convention/Trade Shows | Yes | No | Residential | Yes | No |
| Golf/Tennis/Country Clubs | Yes | No | Warehouses | Yes | No |
| Hotel/Motel | Yes | No | Other: | Yes | No |
| Industrial | Yes | No | | | |
| Mall Patrol (inside) | Yes | No | Other: | Yes | No |
| Movie Theaters | Yes | No | | | |
5. What percentage of your work for is subsidized or low income housing? N/A _____
6. Special Event and Sporting Event work – Please describe duties performed and locations. N/A
7. Retail Stores – Please describe duties, types of stores and hours that guards are on duty. N/A

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

Applicant Signature Title Date

Producer Signature Date!