



Texas Specialty Underwriters, Inc.

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Rockwall, Texas 75087

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Security Guards and Related Operations General Liability Application

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M., Standard Time at the address of the Applicant

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

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$ Excluded	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

A. How long has applicant been in business: _____

B. Branch offices and locations:

1. _____

2. _____

3. _____

C. Operations conducted in the following states:

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

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

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

D. Risk contact, title, phone number: _____

E. 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

F. Total number of hours billed to clients annually:

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

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

I. Does applicant lease employees? Yes No

J. 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: _____

K. Are background investigations and checks conducted on new employees? Yes No If yes, describe procedures used for pre-employment checks: _____

- L. Does the applicant have a training program for employees? Yes No If yes, describe: _____

- M. Does applicant use dogs? Yes No
 If yes, number with handlers: _____ without handlers: _____
- N. List the applicant's ten largest clients. Indicate type of operation performed and duties involved:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
- O. Number of supervisors: _____ Describe duties: _____

 Do they perform investigative or guard duties? Yes No Does the applicant bill hours to the client? Yes No
- P. Is applicant involved In any other operations or business? Yes No If yes, describe: _____

- Q. Does applicant conduct any operations involving nuclear power plants? Yes No
- R. Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Private Investigation	Armed Payroll	Unarmed Payroll	Private Investigation	Armed Payroll	Unarmed Payroll
Arson investigation			Legal		
Computer fraud			Missing person		
Corporate - employee dishonesty			Records check		
Credit pre-employment screening			Undercover operations		
Domestic			Other-describe:		
Insurance claim Investigation					

Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll
Airport security			Retail operations:		
Alarm monitoring:			Shopping centers		
Burglary/fire			Supermarket/convenience stores		
Medical emergency			Department stores		
Alarm response			Liquor stores		
Banks			Clothing		
Criminal detention centers			All other		
Construction sites			Manufacturing/warehousing		
Fast food restaurants			Offices, hospitals, churches		
Housing:			Schools		
Private residences			Special events:		
Apartments-Public housing authorities, Section 8, HUD, middle to high income			Athletic events - describe type:		
Condominiums			Concerts - describe (rock & roll, hard rock, rap, country, other):		
Homeowners associations			Other - describe:		
Immigration detention centers					
Motels/hotels			Strike work		
Night clubs, discos, bars			Utility property security		
Bouncers			Other - describe:		

Miscellaneous Services	Armed Payroll	Unarmed Payroll	Miscellaneous Services	Armed Payroll	Unarmed Payroll
Alarm installation, service or repair			Drug surveillance		
Auto repossession			Drug testing		
Bail bond operations			Firearms certification school		
Bounty hunters			Insurance adjusters		
Bodyguards			Polygraph work		
Courier or escort services: Armored car service			Process servers		
			Repossession/collection work		
Courier - non-negotiable			School crossing guards		
Courier – negotiable			Security consulting		
Courier escort			Security guard school/training for others		
Funeral escort					
Dog services: With handler			Shopping service		
			Other – describe:		
Without handler					

S. 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.

T. During the past 3 years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? Yes No
If yes, explain: _____

Previous Insurer: Indicate premium and losses for past three years. Describe all losses.

YEAR	COMPANY	POL#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

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.

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.

APPLICANT'S SIGNATURE _____ DATE _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION OR 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

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE