



# COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770  
8475 E. Hartford Dr., Scottsdale, AZ 85255  
(480) 991-7889 WATS (800) 848-8860  
Fax (480) 948-1394 Toll Free (866) 240-8807

P.O. Box 571770, Murray, UT 84157-1770  
5373 S. Green St., Suite 525, Murray, UT 84123  
(801) 290-1144 WATS (800) 594-8900  
Fax (801) 290-1160 Toll Free (800) 332-9285

## 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 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)	\$	
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 No.: \_\_\_\_\_  
State: \_\_\_\_\_ Licensed with state? .....  Yes  No License No.: \_\_\_\_\_  
State: \_\_\_\_\_ Licensed with state? .....  Yes  No License No.: \_\_\_\_\_

**D. Risk contact, title and phone number:** \_\_\_\_\_

**E. Total number of employees:** \_\_\_\_\_

**F. 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

**G. Total number of hours billed to clients annually:** \_\_\_\_\_

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

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

**J. Does applicant lease employees?** .....  Yes  No

**K. 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: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does applicant have a training manual? .....  Yes  No

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

**O. Does applicant use stun guns?** .....  Yes  No

**P. Does applicant use dogs?** .....  Yes  No

If yes, number with handlers: \_\_\_\_\_ without handlers: \_\_\_\_\_

Are dogs used to detect guns, drugs or bombs? .....  Yes  No

**Q. List the applicant's 10 largest clients. Indicate type of operation performed and duties involved:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**R. Number of supervisors:** \_\_\_\_\_ **Describe duties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do they perform investigative or guard duties?.....  Yes  No

Does the applicant bill hours to the client?.....  Yes  No

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

If yes, explain and advise where insured: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**U. 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			Records check		
Computer fraud			Surveillance—describe:		
Corporate—employee dishonesty					
Credit pre-employment screening					
Domestic			Undercover operations		
Insurance claim investigation			Other—describe:		
Legal					
Missing person					

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

<b>Guard Services</b>	<b>Armed Payroll</b>	<b>Unarmed Payroll</b>	<b>Guard Services</b>	<b>Armed Payroll</b>	<b>Unarmed Payroll</b>
<b>Airport security</b>			<b>Parking lot security</b>		
<b>Abortion clinics or family planning centers</b>			<b>Restaurants, night clubs, discos, bars:</b>		
<b>Alarm monitoring:</b>			Bouncers or doormen		
Burglary/fire			<b>Retail Operations:</b>		
Medical emergency			Clothing		
<b>Alarm response</b>			Department stores		
<b>Baggage handling security</b>			Liquor stores		
<b>Banks</b>			Shopping centers		
<b>Construction sites</b>			Supermarket/ convenience stores		
<b>Criminal detention centers</b>			All other		
<b>Fast food restaurants</b>			<b>Schools and universities</b>		
<b>Ground transportation terminals</b>			<b>Special events:</b>		
<b>Hospitals</b>			Athletic events—describe type:		
<b>Housing:</b>			Concerts—describe (rock & roll, hard rock, rap, country, other):		
Apartments—public housing authorities, Section 8, HUD					
Apartments—middle to high income					
Condominiums or townhouses			Other—describe:		
Homeowners associations			<b>Sports stadiums or arenas</b>		
Private residences			<b>Strike work</b>		
<b>Immigration detention centers</b>			<b>Utility property security</b>		
<b>Manufacturing/ warehousing</b>			<b>Wharf, waterfront or seaport security</b>		
<b>Movie theaters</b>					
<b>Motels/hotels</b>			<b>Other—describe:</b>		
<b>Offices, churches</b>					

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

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

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

W. 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.

X. During the past three years has any company ever canceled, declined or refused to renew similar insurance for the applicant? (Not applicable to Missouri applicants.) .....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Insurer and 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.  See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss 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.

**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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE 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 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.

Agent's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail  
Applicant's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail