

# 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	_____	_____
<b>Security Guards Total</b>	_____	_____
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 you provide 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 is for 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.

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Applicant Signature Title Date

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Producer Signature Date