



**Insurance Services, Inc.**

Exclusive provider of the Gold Shield Advantage™ National Security Programs  
Workers' Compensation • General Liability • Employment Practices Liability • Bonds

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In Illinois: (708) 452-1700 Toll Free: (800) 800-1704  
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Web Site: 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 \_\_\_\_\_

<b>GUARD SERVICES</b> (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)		

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

**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

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Authorized Signature of Applicant / Title

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Date