

<input type="checkbox"/> New Business <input type="checkbox"/> RENEWAL
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# BROWNYARD GROUP

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175 • www.brownyard.com  
 Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: (631) 666-5723 • info@brownyard.com

**NOTE: All Questions Must Be Answered**



## COMMERCIAL GENERAL LIABILITY APPLICATION FOR PRIVATE SECURITY AGENCIES

1. NAME: \_\_\_\_\_  
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)
2. Physical Address: \_\_\_\_\_  
NO. STREET CITY COUNTY STATE ZIP
3. Mailing Address: \_\_\_\_\_  
NO. STREET CITY COUNTY STATE ZIP
4. Policy proposed effective date \_\_\_\_\_ to \_\_\_\_\_ (12:01 AM Standard Time at the address above)
5. Check limit of liability desired:  \$300,000  \$500,000  \$1,000,000  EXCESS (needs Brownyard Umbrella application)
6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
7. Email: \_\_\_\_\_ Website: \_\_\_\_\_
8. How did you hear about us?  Web surfing  Ad in which publication: \_\_\_\_\_  Other: \_\_\_\_\_
9. Date established: \_\_\_\_\_  Corporation  Partnership  Individual  Other: \_\_\_\_\_
10. Federal ID Number: \_\_\_\_\_ License Number: \_\_\_\_\_
11. Principal: \_\_\_\_\_ Title: \_\_\_\_\_
12. Person to contact for Audit: \_\_\_\_\_ Title: \_\_\_\_\_
13. Total number of employees: \_\_\_\_\_ (Full Time: \_\_\_\_\_) (Part Time: \_\_\_\_\_) (Armed: \_\_\_\_\_) (Unarmed: \_\_\_\_\_)
14. Total # of guard hours billed to client(s) annually: \_\_\_\_\_
15. Employees over age 65: \_\_\_\_\_ Employees under age 21: \_\_\_\_\_ Average Length of Employment: \_\_\_\_\_
16. Do you anticipate using armed employees?  Yes  No If YES, please provide a listing of clients that armed personnel are assigned and a description of their duties: \_\_\_\_\_
  
17. Are any employees trained to perform CPR?  Yes  No How many? \_\_\_\_\_
18. a. Do you anticipate using dogs?  Yes  No c. Number of dogs used with handlers: \_\_\_\_\_  
 b. Total number of dogs used: \_\_\_\_\_ d. Without handlers: \_\_\_\_\_
19. Do you enter into a standard contract with your clients?  Yes  No If yes, please provide a copy.
20. a. Are specific "post orders" developed for each guard site and approved by the client?  Yes  No  
 b. Are changes to these "post orders" documented?  Yes  No
21. What background do the principals of this organization have in the Security Industry? \_\_\_\_\_
22. Number of Supervisors: \_\_\_\_\_ Describe duties of Supervisors: \_\_\_\_\_

Do they also perform guard duties?  Yes  No Are their hours billed to the client?  Yes  No

23. Do you use any type of electronic or computerized supervision or guard monitoring system?  Yes  No  
If yes, please describe:

24. Provide the names of your 10 largest revenue-producing clients, their locations and a description of duties.

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

25. Guard Training: *(Please provide the number of hours of training for each category)*

_____ Total number of annual training hours	_____ On-the-job training
_____ Classroom training with films	_____ Classroom training with instructor
_____ Firing Range	_____ Other, Describe:

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26. Pre-Employment Screening:

Fingerprints	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Honesty Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychological Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driving Record	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Firearm License Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Check	<input type="checkbox"/> Yes <input type="checkbox"/> No

27. Additional Exposures:

a. Independent Contractors  Armed  Unarmed Do they carry their own insurance?  Yes  No  
b. Operation on dockside or on ships (provide description):

c. Does the insured provide any services other than Security Guard, Private Investigation or Alarm (i.e. janitorial services, temporary staffing, valet services, etc.)?  Yes  No If yes, please describe:

28. Prior General Liability Information:

a. Please provide the following information for the prior 5 years, in addition to currently valued loss runs for the prior 4 years.

Policy Term					
Insurer					
Premium					
Payroll					
Hours Billed					
Deductible					
Losses					

b. Has any insurer cancelled or non-renewed your General Liability insurance over the past 5 years?  Yes  No  
If yes, please explain: \_\_\_\_\_

29. Employee Payscale (hourly)

	Minimum	Maximum	Average
a. Supervisors	_____	_____	_____
b. Unarmed Guards	_____	_____	_____
c. Armed Guards	_____	_____	_____

30. Total Gross Receipts: Guard Services: \_\_\_\_\_ Private Investigation Services: \_\_\_\_\_

Security Consulting Services: \_\_\_\_\_ Burglar/Fire Alarm Services: \_\_\_\_\_

31. LIST ANNUAL PAYROLL SEPARATELY BY CATEGORY (Include independent contractors payroll not covered by other insurance)

**A. OFFICE AND MANAGEMENT (see supplemental application\*)**

CATEGORY	UNARMED	ARMED
Executive		
Supervisory		

CATEGORY	UNARMED	ARMED
Sales		
Clerical		

**B. GUARD SERVICES**

CATEGORY	UNARMED	ARMED
Airports *		
Armored Cars		
Auto Dealerships		
Banks/Office Buildings		
Bars/Nightclubs		
Bodyguard *		
Bus/Train Terminals		
Casinos		
Churches/Temples/ Places of Worship		
Colleges/Universities *		
Concerts		
Construction Sites		
Convenience/ Grocery Stores		
Conventions/Trade Shows		
Courier/Escort		
Executive Protection *		
Fast Food Establishments		
Golf/Tennis/Yacht Clubs		
Government Contracts		
Hospitals/Institutions *		
Hotels/Motels *		
Industrial (Factories, Warehouses, etc.)		

CATEGORY	UNARMED	ARMED
Movies/Theaters		
Museums/Galleries		
Parking Garages		
Patrol Cars		
Restaurants		
<b>RESIDENTIAL *:</b>		
Apartments-Low Income/HUD		
Apartments-Mid/High Income		
Condominiums/Co-op's		
Gated Communities		
<b>RETAIL STORES:</b>		
Inside/Surveillance		
Parking Lots		
Schools * - Elementary, High School		
Security Consultation		
Shopping Malls		
Social Services/Clinics		
Special Events *		
Sporting Events *		
Strike Duty		
Traffic Control		
Trucking Terminals		
Waterfront/Piers/Marinas		
Other *		

**C. PRIVATE INVESTIGATION**

CATEGORY	UNARMED	ARMED
Credit or Pre-Employment		
Domestic		
Auto Repossessions		
Lie Detection		
Process Serving		
Paper and Pencil		

CATEGORY	UNARMED	ARMED
Insurance/Legal		
Undercover		
Shopping Service		
Arson		
Drug Testing		
Other (explain):		

**D. BURGLAR/FIRE ALARMS - Separate alarm application must be completed if this coverage desired.**

CATEGORY	UNARMED	ARMED
Installation		

CATEGORY	UNARMED	ARMED
Monitoring		

# **SUPPLEMENTAL APPLICATION**

*(please complete this section if you provide services to any of these clients)*

## **AIRPORTS**

Please list the airports being serviced and a description of the services provided and advise if it will include either passenger/baggage screening and or skycap services.

## **BODYGUARD/EXECUTIVE PROTECTION**

Will these services involve protection of entertainers/athletes or other high profile individuals?  Yes  No  
Please provide a brief description of the services provided to these clients (i.e. estate security, 24 x 7 protection, etc.).

## **SCHOOLS/COLLEGES/UNIVERSITIES**

Please provide a listing of these clients and a description of the services provided to these clients (i.e. vehicle patrol, security in dormitories, security at special events, etc.):

## **HOSPITALS**

Please provide a listing of these clients serviced and a description of the services provided (i.e. parking lot patrol, security in the ER, patient restraint services, etc.):

## **HOTELS/MOTELS**

Please provide a listing of the hotels/motels being serviced and provide a description of the services provided to these clients (i.e. vehicle patrol, security at hotel lounge, student chaperone services, etc.):

## **RESIDENTIAL**

Please provide a listing of the properties serviced, their locations and a description of the services provided to these clients (vehicle patrol, gate guard, etc.):

## **SPECIAL EVENTS/SPORTING EVENTS**

Please provide a listing of these clients and a description of the services provided to these clients:

## **OTHER OPERATIONS**

Please provide a listing of these clients and a description of the services provided to these clients:

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with 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 in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**APPLICATION MUST BE SUBMITTED BY BROKER**

\_\_\_\_\_  
BROKER'S COMPANY

\_\_\_\_\_  
BROKER NAME

\_\_\_\_\_  
WEBSITE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
EMAIL