

## DETECTIVE AND SECURITY GUARD QUESTIONNAIRE

Applicant Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency # \_\_\_\_\_

- Please attach to an ACORD Application
- Please attach Five Year Loss Runs
- Please attach a copy of all your agency or employee licenses

### Applicant Information

1. Years of operation \_\_\_\_\_

2. Web site \_\_\_\_\_

3. In which state(s) do you conduct business? \_\_\_\_\_

4. List any associations you belong to \_\_\_\_\_

5. Is your agency licensed? *Attach copy of all agency or employee licenses.*  Yes  No

6. Have you or any employee ever had a license revoked or suspended?  Yes  No

If yes, please explain \_\_\_\_\_

7. What type of pre-employment screening do you utilize? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Verify licenses              | <input type="checkbox"/> Verify employment/personal references |
| <input type="checkbox"/> Criminal background          | <input type="checkbox"/> Drug screening                        |
| <input type="checkbox"/> Driving record               | <input type="checkbox"/> Contact prior employer                |
| <input type="checkbox"/> Other, please describe _____ | <input type="checkbox"/> Psychological testing                 |
|   | <input type="checkbox"/> Verify education credentials          |

8. Do you offer any additional services not related to security, such as janitorial or maintenance work?  Yes  No

If yes, please describe \_\_\_\_\_

If yes, please provide the payroll for this separate service operation \$ \_\_\_\_\_

### Operations Information

9. Please indicate if you provide any of the following services or contract with any of the following types of organizations. (please check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Airport                                 | <input type="checkbox"/> Correctional facilities                   | <input type="checkbox"/> Repossession                                  |
| <input type="checkbox"/> Armored car or courier service          | <input type="checkbox"/> Drug testing                              | <input type="checkbox"/> Schools                                       |
| <input type="checkbox"/> Background checks/polygraph testing     | <input type="checkbox"/> Electronic sweeps                         | <input type="checkbox"/> Security gate                                 |
| <input type="checkbox"/> Bodyguard/executive protection          | <input type="checkbox"/> Fast food restaurant security             | <input type="checkbox"/> Shoplifting surveillance                      |
| <input type="checkbox"/> Bouncer/security at bars or dance clubs | <input type="checkbox"/> Financial institutions                    | <input type="checkbox"/> Special event security                        |
| <input type="checkbox"/> Bounty hunting/fugitive recovery        | <input type="checkbox"/> Hospitals                                 | <input type="checkbox"/> Strike breakers                               |
| <input type="checkbox"/> Casinos                                 | <input type="checkbox"/> Insurance adjuster/arson investigator     | <input type="checkbox"/> Traffic control (pedestrian or motor vehicle) |
| <input type="checkbox"/> Collection agency                       | <input type="checkbox"/> Low income housing                        | <input type="checkbox"/> Undercover surveillance                       |
| <input type="checkbox"/> Consulting or instruction               | <input type="checkbox"/> Municipalities or local government bodies | <input type="checkbox"/> Other _____                                   |
|  | <input type="checkbox"/> Parking lot patrol                        |  |
|  | <input type="checkbox"/> Private investigation                     |  |
|  | <input type="checkbox"/> Process serving                           |  |

10. Do you utilize any subcontractors?  Yes  No

If yes, what is the total cost? \$\_\_\_\_\_

Do you require Proof of Insurance with minimum General Liability and Professional Liability limits equal to your own and request to be named as an additional insured on the subcontractor's policy?

Yes  No

11. Please provide the total payroll for the following. (Please include owners active in the business.)

Description of Operation	Total Annual Payroll
Security Guards – with firearms	\$
Security Guards – without firearms	\$
Detectives – with firearms	\$
Detectives – without firearms	\$

12. Are all armed employees licensed by the state to carry firearms?  Yes  No

If any armed employees, list weapons carried \_\_\_\_\_

13. Do you provide security to restaurants or taverns when open to the public?  Yes  No

14. Do you use guard dogs?  Yes  No

15. Do employees carry weapons such as pepper spray, tasers or nightsticks?  Yes  No

If yes, please list \_\_\_\_\_

16. Do any employees utilize their own personal vehicle on behalf of the business?  Yes  No

If yes, do you periodically verify that coverage is in force and the employee carries minimum liability limits of \$100,000/\$300,000/\$100,000 or \$300,000 CSL on their personal lines automobile policy?

Yes  No

17. If an employee is dismissed for theft or suspicion of criminal activity, do you have a procedure in place to change all the locks and security codes from their route?  Yes  No

18. Is coverage requested for damage to property in your care, custody or control (includes coverage for lock and key replacement)?  Yes  No

Limit Options  \$50,000  \$100,000  \$150,000  \$200,000  \$250,000

Deductible Options  \$1,000  \$2,500  \$5,000

**The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Date