

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

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## Security Guards and Related Operations General Liability Application

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location 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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**  Individual     Corporation     Partnership     Joint Venture  
 Limited Liability Company     Other (Specify): \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Limits Of Liability and Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Errors & Omissions Coverage (cannot exceed GL limits) (Each Claim/Aggregate)	\$
Lost Key Coverage	\$25,000/\$25,000 (included)
Property Damage Extension	\$5,000/\$25,000 (included)
Assault &/or Battery Coverage Sublimit (included at policy limits-sublimit cannot exceed GL limits)	\$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

1. How long has the applicant been in business? \_\_\_\_\_
2. Branch offices and locations:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
3. 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.: \_\_\_\_\_
4. Total number of employees: \_\_\_\_\_
5. 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  
 If yes, are any employees with arrest authority not off-duty police? .....  Yes  No
6. Total number of hours billed to clients annually: \_\_\_\_\_
7. Are ALL armed personnel certified for use of firearms by a state agency or a firearms certification school? .....  Yes  No
8. Does the applicant have Workers' Compensation coverage in force? .....  Yes  No
9. Does the applicant lease employees? .....  Yes  No
10. Does the applicant subcontract any operations? .....  Yes  No  
 If yes:
  - a. Description of operations subcontracted: \_\_\_\_\_
  - b. Annual cost of subcontracted work: \_\_\_\_\_
  - c. Are all subcontractors required to carry General Liability Insurance? .....  Yes  No  
 If yes, minimum General Liability limits required: \_\_\_\_\_
  - d. Are all subcontractors required to carry Workers Compensation Insurance? .....  Yes  No
  - e. Are certificates of insurance obtained from all subcontractors? .....  Yes  No
  - f. Is applicant named as an additional insured on all subcontractors' policies? .....  Yes  No
  - g. Do written contracts contain hold-harmless agreements in favor of the applicant? .....  Yes  No  
 If no, explain when not required: \_\_\_\_\_
11. Are personnel licensed as required by state and federal agencies? .....  Yes  No
12. Are background investigations and checks conducted on new employees? .....  Yes  No  
 If yes, describe procedures used for pre-employment checks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Does the applicant use a recordkeeping log and incident reporting log for each job? .....  Yes  No

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

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

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

15. Does the applicant use stun guns? .....  Yes  No

16. Does the applicant use animals? .....  Yes  No

If yes:

a. Number with handlers: \_\_\_\_\_ without handlers: \_\_\_\_\_

b. Are animals used to detect guns or bombs?.....  Yes  No

c. Are animals used to detect drugs? .....  Yes  No

17. Number of supervisors: \_\_\_\_\_ Describe duties: \_\_\_\_\_

\_\_\_\_\_

Do the supervisors perform investigative or guard duties? .....  Yes  No

18. List the applicant's ten (10) largest clients. Indicate type of operation performed and duties involved:

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

19. Does the applicant conduct any operations involving nuclear power plants?.....  Yes  No

20. Additional Insured Information:

Name	Address	Interest

Any government entity listed as an additional insured?.....  Yes  No

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

21. During the past three years, has any company canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri) .....  Yes  No

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

22. Provide private investigation annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Private Investigation	Armed Payroll	Unarmed Payroll
Arson investigation		
Computer fraud		
Corporate—employee dishonesty		
Credit pre-employment screening		
Domestic		
Insurance claim investigation		

Private Investigation	Armed Payroll	Unarmed Payroll
Legal		
Missing person		
Records check		
Surveillance—describe:		
Undercover operations		
Other—describe:		

23. Provide guard services annual payroll by listed operation including parking lot security (include subcontractor payroll not covered by other insurance):

Guard Services	Armed Payroll	Unarmed Payroll
Airports		
Abortion clinics or family planning centers		
Alarm monitoring: Burglary/fire Medical emergency		
Alarm response		
Baggage handling security		
Banks		
Bouncers or doormen at restaurants, night clubs, discos, bars/taverns		
Churches		
Construction sites		
Convenience stores		
Criminal detention centers		
Fast food restaurants		
Ground transportation terminals		
Hospitals		
Hotels/Motels		
Housing: Apartments—public housing authorities, Section 8, HUD Apartments Condominiums or townhouses Homeowners associations Private residences		
Immigration detention centers		

Guard Services	Armed Payroll	Unarmed Payroll
Manufacturing		
Mines		
Movie theaters		
Motels/hotels		
Offices		
Parking lot security		
Retail Operations: Clothing stores Department stores Liquor stores Shopping centers/malls Supermarkets All other		
Schools and universities		
Special events: Athletic events—describe type: Concerts—describe (rock & roll, hard rock, rap, country, other): Other—describe:		
Sports stadiums or arenas		
Strike work		
Utility property security		
Warehouses		
Wharf, waterfront or seaport security		
Other—describe:		

24. Provide miscellaneous services annual payroll by listed operation including parking lot security (include subcontractor payroll not covered by other insurance):

Miscellaneous Services	Armed Payroll	Unarmed Payroll
Alarm installation, service or repair		
Animal services with handler		
Auto repossession		
Bail bond operations		
Bodyguards		
Border patrol		
Bounty hunters		
Consulting or expert witness		
<b>Courier or escort:</b>		
Armored car service		
Armed couriers		
Bicycle or skate couriers		
Couriers—non-negotiable		
Couriers—negotiable		
Courier escorts		
Funeral escorts		
<b>Drug surveillance</b>		

Miscellaneous Services	Armed Payroll	Unarmed Payroll
Drug testing		
Eviction operations		
Firearms certification/training schools		
Insurance adjusters		
Parole Officers		
Polygraph work		
Prisoner transport		
Process servers		
Repossession/collection work		
School crossing guards		
Security consulting		
Security guard school/training for others		
Shopping service		
Traffic control		
Utility shut-off operations		
Other—describe:		

25. Does the applicant engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No

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

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

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

27. Prior Carrier Information:

	Year:	Year:	Year:
<b>Carrier</b>			
<b>Policy No.</b>			
<b>Coverage</b>			
<b>Occurrence or Claims Made</b>			
<b>Total Premium</b>			

**28. 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. <input type="checkbox"/> Check if no losses in the last three years				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

**29. California only: Are guard cards obtained for all employees?** .....  Yes  No

- 30. Please attach:**
- a. Any descriptive advertising literature;
  - b. Copy of the applicant's standard performance contract with client; and
  - c. Copies of all agreements in which the applicant has assumed liability.

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. **(Not applicable to Nebraska, Oregon, and Vermont).**

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

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 of the third degree.

**NOTICE TO LOUISIANA 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 MAINE 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 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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:** 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 RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to 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 active 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.