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Protective Services Liability Application

Underwriters will rely upon each and every response given in this proposal form and any supplementary proposal form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any questions below incorrectly could invalidate any policy of insurance written by underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

New Business Application: [] []

Applicant Information

- 1. Business Name:
2. Principal(s):
3. Subsidiaries, Partners and Joint Ventures:
4. Mailing Address:
5. Website:
6. Applicant is: Individual [] Partnership [] Corporation [] Joint Venture [] Other
7. # of Years in Business # of Years Experience
8. If new operation/company, describe work experience of the principals:
9. Limit of liability required: \$1,000,000 [] \$2,000,000 [] \$5,000,000 [] Other
10. Deductible: \$1,000 [] \$3,500 [] \$5,000 [] Other
11. Additional coverage (a separate application is required for each coverage listed below)
a. Do you require Employee Dishonesty? Yes [] No []
b. Do you require a Provincial Licensing Bond? Yes [] No []

c. Do you require Property coverage? Yes No

12. Provide details of all liability insurance carried:

Name of Insurer	Policy Limit	Deductible	Period	Premium

13. Is renewal being offered?

Yes No If no, explain: _____

14. List current memberships in Security or Trade Associations

15. Has any insurer declined, cancelled or non-renewed any similar insurance in the past 5 years?

Yes No

16. If yes, provide the insurer and reason given: _____

Liability Information: Operations

17. List locations and operations:

Address	% occupied by Applicant	Square Footage	R/Cost of Rented Portion
	<input type="checkbox"/> Owned		
	<input type="checkbox"/> Rented		
	<input type="checkbox"/> Owned		
	<input type="checkbox"/> Rented		

18. Is Tenants Legal Liability required?

Yes No

19. If Yes, state limits required for each location _____

20. For the preceding 12 month period, what was your ACTUAL Revenue \$ _____ and ACTUAL payroll \$ _____

21. Estimate your revenue and Payroll for the next 12 month period and fill in the appropriate categories below: If your Estimated Revenue differs great from your Actual Revenue, please provide reason for expected increase or decrease in Revenue:

Industry Code	Description of Operations	Estimated annual sales or revenue	Estimated annual payroll	Actual number of employees
7403A	Security Guard Service – Static type			
7403B	Security Guard – Alarm Response			
7403C	Special Events Security (Concerts & Sporting Events) including Dogs with Handlers			
7403D	Retail Store Security			
7403E	Armed Guards			
7403F	Telephone Answering including Paging			
7403G	Private Investigator			
7403H	Alarm Monitoring			
7396	Fire & Burglary Alarm Sales & Service			
1781	Fire Extinguishing Equipment excluding Sprinklers			
1714	Sprinkler Systems			
5718	Central Vac, Intercom & Audio Systems			
7963	Locksmiths, Door Locks & Hardward			
1731	Electrical Wiring, CCTV & Home Automation, Electronic Card Access			
	Other, provide full details:			
	Total for the next 12 month period			

22. Number of Employees by position: _____

23. Are all employees covered by Workers' Compensation?

Yes No

24. If no, provide detailed split between different types of occupation/number of employees/payroll:

25. Are all products U.L.C. approved or similar?

Yes No

26. 100% of the products used in your installations are from Canadian and/or USA manufacturers?

Yes No

27. If no, please advise the following:

- a. List of products which are purchased from foreign manufacturers: _____

- b. Which countries are products in a. manufactured in? _____
- c. Are foreign products purchased directly from the manufacturers, OR from a local distributor? _____

- d. Percentage of total products purchased from foreign manufacturers? _____
- e. Do you alter the products in any way, before installation?
Yes No
- f. Do you re-label the products?
Yes No

28. Do you provide any services at airports?
Yes No If yes, revenue \$ _____

29. Describe services provided: _____

30. If you or your employees drive vehicles for business that are NOT owned or leased in the company name, please provide:
No. of vehicles: _____ Highest value \$ _____ Total estimated number of days: _____

31. Do you have any U.S. sales?
Yes No If yes, please indicate how much \$ _____

32. If U.S. sales & operations, which products or services? _____

33. Do you work sublet?
Yes No If yes, please indicate annual gross cost \$ _____

34. Describe work sublet _____

35. Do you secure Liability Certificates from sub-contractors?
Yes No Limit required: \$ _____

36. Are hold harmless agreements in favor of your company in place from suppliers?
Yes No

37. Do you ever act as a subcontractor?
Yes No

38. If yes, are these projects insured separately under a wrap up?

Yes No

39. If yes, estimated annual revenue \$ _____

Liability Information: Design Work

40. Do you provide your own system design work?

Yes No

41. If yes: do individuals performing design work have a professional engineer (P.E.) designation?

Yes No

42. If no, please explain: _____

43. Years experience in system design? _____

44. Do you provide design work for others?

Yes No If yes, % of work for others _____%

45. Is available computer software used to develop or check system layout and adequacy?

Yes No

46. If designing special hazard, describe type and occupancy use: _____

47. When required, are design plans approved by:

Architects Municipal Authorities

Claims

48. List all liability claims paid or outstanding in the last five (5) years. (Please include any lost key coverage claims.) If there have been no claims, please indicate "NO Claims." A blank or N/A is not acceptable.

Date	Description of Loss	Amount Reserved	Amount Paid	Closed? yes/no	Insurer

49. Do your contracts, sale or service agreements contain the following clauses?

a. Specific description of products or services provided:

Yes No

b. Limitation of liability?

Yes No

c. Hold Harmless of Indemnity Agreements (if yes, please attach copy)

Yes No

50. How long do you keep customer records? _____ years (minimum 7 years is recommended)

51. Please provide your five largest clients in the last 5 years:

Client	Type of business	Revenue

For Installers – complete only if applicable

52. Please provide split:

- a. Residential: _____%
- b. Commercial: _____%
- c. Industrial: _____%
- d. Agricultural: _____%

53. Do you sell, install or service fire protection or extinguishing systems for:

- a. Sawmills
Yes No
- b. Logging, forestry, contractors' or other mobile equipment
Yes No
- c. Aircraft or watercraft
Yes No

54. If yes to any of the above, please provide full details and revenue: _____

55. Do you sell, install or service car alarms or GPS tracking systems?

Yes No

56. Do you install temperature alarms in livestock barns?

Yes No If yes, please estimate maximum accumulation of values \$ _____

57. Number of installers: _____

58. Please describe minimum training or certification _____

59. Name of supervisor/foreman _____ Qualifications _____

Years experience _____

60. Are all jobs inspected by the supervisor/foreman?
 Yes No
61. What % of your security products are purchased outside of North America _____ %
62. Do you obtain proof of insurance from all your suppliers?
 Yes No
63. Do you install only CSA or ULC approved electronic equipment?
 Yes No If no, what are your product standards? _____
64. Do you install & service according to the manufacturer's instructions?
 Yes No If no, please explain: _____
65. Are both written and verbal operating instructions provided to the customer?
 Yes No
66. Do you subcontract alarm monitoring services?
 Yes No If yes, provide the Name of the Monitoring company _____
67. Is this station ULC listed?
 Yes No

Monitoring Station or Telephone Answering Service – complete only if applicable

68. Please provide split:
- a. Residential: _____ %
 - b. Commercial: _____ %
 - c. Medical: _____ %
 - d. Agricultural: _____ %
69. Please provide percentage of operations:
- a. Alarm monitoring: _____ %
 - b. Answering service: _____ %
 - c. Emergency 911 _____ % (please attach copy of any service contract)
 - d. Paging services _____ %
 - e. Other: please specify any other service not mentioned above: _____
70. If your station ULC listed?
 Yes No
71. If not, is your monitoring system computerized?
 Yes No

72. If not ULC listed, please explain what standards or certification your monitoring station conforms to? _____

73. Do you have a backup power source?
Yes No

74. Do you have a training program in place for operators?
Yes No

75. Do you have written procedure for operators?
Yes No

76. Do you thoroughly investigate prospective employees?
Yes No

77. Are they bonded?
Yes No

Security Guards and Private Investigators – complete only if applicable

78. Number of guards in your employ?
a. Full time: _____
b. Part time: _____
c. Maximum: _____
d. Average: _____

79. Number of guards licensed to carry firearms? _____

80. If guard dogs are used, provide number of dogs? _____ & handlers # _____

81. Who is responsible for training dogs and handlers? _____

82. Describe minimum training requirements? _____

83. List type of business where armed guards or dogs are used: _____

84. Do you Transport or Escort others transporting money, securities or valuables?
Yes No

85. Do you provide Security for Entertainment Facilities, Bars or Night Clubs?
Yes No

86. Do you provide Security for Critical Areas? (Power Plants, Dams, Airports, Cruise Ships)
Yes No

87. If yes to any of the above, please provide full details and revenue: _____

88. Please indicate percentage of revenue for the following services:

- a. Security for Strikes or Labor Unrest: _____%
- b. VIP Protection: _____%
- c. Bailiff: _____%
- d. Paralegal: _____%
- e. Process Serving: _____%
- f. Forensics Investigation: _____%

89. Describe your minimum training requirements or certification: _____

90. Does your pre-hiring process include a criminal background check?
Yes No

91. Do guards carry handcuffs or batons?
Yes No

92. Do guards receive training on "use of force"?
Yes No

93. Details of use of force training: _____

94. Which of the following methods do you use to supervise guard patrols?

- a. Watchclock service:
Yes No
- b. Electronic guard tour monitoring:
Yes No
- c. Guard's tour supervisory service:
Yes No

95. If none of the above, or in addition to the above, describe any other method or procedure in place to monitor guards' daily activities: _____

Broker Information

Is this account new to your office?

Yes No

If no, how long have you known the applicant? _____

Is the operation financially sound?

Yes No

Do you recommend this applicant?

Yes No

Current expiry date? _____

Expiring Premium: _____

Renewal Premium: _____

Other markets approached: _____

Comments: _____

Signature of Insured

Position in Organization

Date

Signature of Broker

Date

Name of Insurance Brokerage

Complete Address of Insurance Brokerage