

# 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 the sensitivity of that information.

**New Business Application:** ☐ Yes ☐ No

## 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. No. of Years in Business: \_\_\_\_\_ No. 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    ☐ \$2,500    ☐ \$5,000    ☐ Other: \_\_\_\_\_
11. Provide details of all liability insurance carried:

Name of Insurer	Policy Limit	Deductible	Period	Premium

12. Is renewal being offered?
   
☐ Yes    ☐ No    If **no**, please explain: \_\_\_\_\_
   
 \_\_\_\_\_
   
 \_\_\_\_\_

13. List current memberships in Security or Trade Associations:

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

☐ Yes ☐ No If **yes**, provide the insurer and reason given:

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### Liability Information: Operations

15. 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		
	<input type="checkbox"/> Owned		
	<input type="checkbox"/> Rented		

16. Is Tenants Legal Liability required?

☐ Yes ☐ No If **yes**, state limits required for each location:

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17. For the preceding 12-month period, please provide your ACTUAL revenue and ACTUAL payroll:

ACTUAL Revenue \$ \_\_\_\_\_

ACTUAL Payroll \$ \_\_\_\_\_

18. Estimate your revenue and payroll for the next 12-month period and fill in the appropriate categories below.  
If your Estimated Revenue differs greatly from your Actual Revenue, please provide the reason for the expected increase or decrease in revenue.

Industry Code	Description of Operations	Estimated annual sales or revenue	Estimated annual payroll	Actual number of employees
7403	Security Guard Service – Static Type			
7403	Security Guard – Alarm Response			
7403	Concierge			
7403	Canine Security with Handlers			
7403	Special Events Security / Crowd Control for festivals, concerts, sporting events, etc.			
7403	Door Security or Bouncers for restaurants, lounges, bars, or night clubs			
7403	Retail Store Security			
7403	Armed Guards / Transport of Cash or Valuables			
7403	By-Law / Parking Enforcement			
7403	VIP Protection			
7403	Bailiff Services			
7403	Security Guard Training			
7403	Security Guard Consulting			
7403	Private Investigator			
7396	Telephone Answering including Paging			
7396	Alarm Monitoring – Sub-contracted			
7396	Alarm Monitoring – Monitoring Station			
7396	Video Monitoring – Sub-contracted			
7396	Video Monitoring – Monitoring Station			
7396	Fire & Burglary Alarm Sales & Service			
7396	Water Level / Temperature Alarm Sales & Service			
7396	Electrical Wiring, CCTV & Home Automation, Electronic Card Access			
7396	Central Vac, Intercom & Audio Systems			
7963	Locksmiths, Door Locks & Hardware			
1781	Portable Fire Extinguisher Sales, Installation, Refilling			
1781	Fire Extinguishing Equipment excluding Sprinklers			
1714	Sprinkler Systems			
	Other:			
<b>Total for the next 12-month period:</b>				

**Additional Notes:**

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19. Number of Employees by position: \_\_\_\_\_
21. Are all employees covered by Workers' Compensation?  
☐ Yes ☐ No If **no**, provide detailed split between different types of occupation/number of employees/payroll:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Are all products U.L.C. approved or similar?  
☐ Yes ☐ No
23. Are 100% of the products used in your installations from Canadian and/or USA manufacturers?  
☐ Yes ☐ No If **no**, please advise the following:  
a. List products which are purchased from foreign manufacturers: \_\_\_\_\_  
\_\_\_\_\_  
b. In which countries are products in a. manufactured? \_\_\_\_\_  
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
24. Do you provide any services at airports?  
☐ Yes ☐ No If **yes**, what is the revenue: \$ \_\_\_\_\_
25. Describe services provided and which airport(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
26. 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: \_\_\_\_\_
27. Do you have any U.S. sales?  
☐ Yes ☐ No If **yes**, please indicate how much: \$ \_\_\_\_\_
28. If U.S. sales and operations, which products or services?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
29. Do you work sublet?  
☐ Yes ☐ No If **yes**, please indicate annual gross cost: \$ \_\_\_\_\_
30. Describe work sublet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Do you secure Liability Certificates from sub-contractors?

☐ Yes ☐ No Limit required: \$ \_\_\_\_\_

32. Are hold harmless agreements in favour of your company in place from suppliers?

☐ Yes ☐ No

33. Do you ever act as a subcontractor?

☐ Yes ☐ No

If **yes**, are these projects insured separately under a wrap-up?

☐ Yes ☐ No

If **yes**, provide estimated annual revenue: \$ \_\_\_\_\_

### Liability Information: Design Work

34. Do you provide your own system design work?

☐ Yes ☐ No

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

☐ Yes ☐ No

If **no**, please explain: \_\_\_\_\_

\_\_\_\_\_

35. No. of years experience in system design: \_\_\_\_\_

36. Do you provide design work for others?

☐ Yes ☐ No If **yes**, provide percent of work for others: \_\_\_\_\_ %

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

☐ Yes ☐ No

38. If designing special hazard, describe type and occupancy use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

39. When required, are design plans approved by:

☐ Architects ☐ Municipal Authorities

## Claims

40. 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?	Insurer
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

41. Do your contracts, sales, 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 or Indemnity Agreements (if **yes**, please attach copy)?

☐ Yes ☐ No

d. Provisions for maintenance requirements (e.g., monthly alarm testing by client or 6-12 month system maintenance)?

☐ Yes ☐ No

42. How long do you keep customer records? \_\_\_\_\_ years (minimum 7 years is recommended)

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

Client	Type of Business	Revenue

44. Please provide split:

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

45. 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

If **yes** to any of the above, please provide full details and revenue: \_\_\_\_\_

\_\_\_\_\_

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

☐ Yes ☐ No

47. Do you install temperature alarms in livestock barns?

☐ Yes ☐ No If **yes**, please estimate maximum accumulation of values: \$ \_\_\_\_\_

48. Number of installers: \_\_\_\_\_

49. Please describe minimum training or certification: \_\_\_\_\_

\_\_\_\_\_

50. Name of supervisor/foreman: \_\_\_\_\_

Qualifications: \_\_\_\_\_ Years experience: \_\_\_\_\_

51. Are all jobs inspected by the supervisor/foreman?

☐ Yes ☐ No

52. What percent of your security products are purchased outside of North America? \_\_\_\_\_ %

53. Do you obtain proof of insurance from all your suppliers?

☐ Yes ☐ No

54. Do you install only CSA or ULC approved electronic equipment?

☐ Yes ☐ No If **no**, what are your product standards? \_\_\_\_\_

55. Do you install and service according to the manufacturer's instructions?

☐ Yes ☐ No If **no**, please explain: \_\_\_\_\_

56. Are both written and verbal operating instructions provided to the customer?

☐ Yes ☐ No

Monitoring Station or Telephone Answering Service (complete only if applicable)

57. Do you operate a Central Alarm or Video Monitoring Station?

☐ Yes ☐ No

58. Do you subcontract alarm monitoring services?

☐ Yes ☐ No If **yes**, provide the name of the monitoring company: \_\_\_\_\_

59. Is this station ULC listed?

☐ Yes ☐ No

60. Please provide split:

a. Residential: \_\_\_\_\_ %

b. Commercial: \_\_\_\_\_ %

c. Medical: \_\_\_\_\_ %

d. Agricultural: \_\_\_\_\_ %

61. 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): \_\_\_\_\_

62. Is your station ULC listed?

☐ Yes ☐ No

If **no**, is your monitoring system computerized?

☐ Yes ☐ No

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

\_\_\_\_\_  
\_\_\_\_\_

64. Do you have a backup power source?

☐ Yes ☐ No

65. Do you have a training program in place for operators?

☐ Yes ☐ No

66. Do you have a written procedure for operators?

☐ Yes ☐ No

67. Do you thoroughly investigate prospective employees?

☐ Yes ☐ No

68. Are they bonded?

☐ Yes ☐ No



69. Number of guards in your employ?

- a. Full time: \_\_\_\_\_
- b. Part time: \_\_\_\_\_
- c. Maximum: \_\_\_\_\_
- d. Average: \_\_\_\_\_

70. Does your pre-hiring process include a criminal background check?

☐ Yes ☐ No

71. Number of guards licensed to carry firearms? \_\_\_\_\_

72. Number of guards licensed to carry handcuffs or batons? \_\_\_\_\_

73. Confirm Use of Force procedures: \_\_\_\_\_

74. Confirm Use of Force training: \_\_\_\_\_

75. Confirm clients where Use of Force may be necessary: \_\_\_\_\_

76. If guard dogs are used, provide number of dogs: \_\_\_\_\_ Number of handlers: \_\_\_\_\_

77. Who is responsible for training dogs and handlers? \_\_\_\_\_

78. Describe minimum training requirements? \_\_\_\_\_

79. List type of business where armed guards or dogs are used: \_\_\_\_\_

80. Do you transport or escort others transporting money, securities, or valuables?

☐ Yes ☐ No

81. Do you provide security for critical areas (government buildings, power plants, dams, airports, cruise ships, etc.)?

☐ Yes ☐ No

82. Do you provide security for high-value stock or cash on premises (jewellery stores, car lots, warehouses, etc.)

☐ Yes ☐ No

83. Do you provide any services whereby the guards are required to do passenger screening, cargo screening, body searches, badge or I.D. checks, or purse/bag checks?

☐ Yes ☐ No If **yes** to any of the above, please provide full details and revenue:

84. 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

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

85. Do you provide security for entertainment facilities, bars, or night clubs?

☐ Yes ☐ No

86. Are all employees provided as door security licensed, and copies of each individual's license on file with the Applicant?

☐ Yes ☐ No

87. Please describe training provided to door staff: \_\_\_\_\_

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88. Are all door security operations performed in accordance with a code of conduct?

☐ Yes ☐ No

Attach a copy of the code and written policy and procedure. This procedure must include a protocol with respect to preventing driving while intoxicated and response to unruly behaviour.

89. List all establishments serviced, the average value of each, and the number of staff provided to each:

Establishment	Contract value	Number of Staff

90. What are the Applicant's occupancy ratio requirements (e.g., 1 security personnel per 50-100 patrons, etc.):

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91. Confirm the responsibilities assumed by the Applicant's staff:

Monitoring Patrol ☐ Yes ☐ No

Identification Verification ☐ Yes ☐ No

Use Metal Detectors/Wands ☐ Yes ☐ No

Complete Incident Reports ☐ Yes ☐ No

Describe scope of services provided:

Door ☐ Yes ☐ No

Dance Floor ☐ Yes ☐ No

Restrooms ☐ Yes ☐ No

Have any Use of Force reports been filed?

☐ Yes ☐ No If **yes**, describe and advise outcome of hearings: \_\_\_\_\_

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92. For private investigations, please indicate percentage of revenue for the following services:

- a. General: \_\_\_\_\_ %
- b. Insurance Companies: \_\_\_\_\_ %
- c. Retail Investigations: \_\_\_\_\_ %
- d. Matrimonial: \_\_\_\_\_ %
- e. Surveillance for Strikes or Labor Unrest: \_\_\_\_\_ %
- f. Paralegal: \_\_\_\_\_ %
- g. Process Serving: \_\_\_\_\_ %
- h. Forensics Investigation: \_\_\_\_\_ %

93. Describe your minimum training requirements or certification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature	Date
Print Name	Title/Position

Broker's Signature	Date
Print Name	
Name and Address of Insurance Brokerage	