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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