



Independent Insurance Wholesalers, Inc.
 121 SW Morrison St., #325
 Portland, OR 97204
 Voice (503) 224-1956 Fax (503) 224-3010

Security Guard / Patrol Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

SCHEDULE OF HAZARDS

| TYPES OF BUSINESSES PROTECTED | % OF OPS | TYPES OF SERVICES OFFERED | % OF OPS |
|--|----------|---|----------|
| <input type="checkbox"/> Apartments | — | <input type="checkbox"/> Alarm Installation | — |
| <input type="checkbox"/> Automobile Dealers | — | <input type="checkbox"/> Alarm Monitoring | — |
| <input type="checkbox"/> Banks | — | <input type="checkbox"/> Armored Care | — |
| <input type="checkbox"/> Concerts | — | <input type="checkbox"/> Body Guards | — |
| <input type="checkbox"/> Construction Sites | — | <input type="checkbox"/> Couriers / Escort Service | — |
| <input type="checkbox"/> Hospitals | — | <input type="checkbox"/> Crowd Control | — |
| <input type="checkbox"/> Housing Authorities / Public Housing | — | <input type="checkbox"/> Employee Background Checks | — |
| <input type="checkbox"/> Industrial Plants | — | <input type="checkbox"/> Investigations - Criminal | — |
| <input type="checkbox"/> Office Buildings | — | <input type="checkbox"/> Investigations - Divorce | — |
| <input type="checkbox"/> Retail Stores - during business hours | — | <input type="checkbox"/> Investigations - Missing Persons | — |
| <input type="checkbox"/> Retail Stores - after hours | — | <input type="checkbox"/> Patrol | — |
| <input type="checkbox"/> Restaurants | — | <input type="checkbox"/> Process Serving | — |
| <input type="checkbox"/> Schools / Colleges | — | <input type="checkbox"/> Repossessions | — |
| <input type="checkbox"/> Special Events | — | <input type="checkbox"/> Security Guard Training School | — |
| <input type="checkbox"/> Utility Properties | — | <input type="checkbox"/> Other (describe below) | — |
| <input type="checkbox"/> Other (describe below) | — | | |

PERSONNEL

Full Time Employees Payroll \$ ____ # Armed ____ # Unarmed ____
 Part Time Employees Payroll \$ ____ # Armed ____ # Unarmed ____
 Off Duty Police # _____ Employees under 21 # ____ Employees over 65 # ____

Does the application obtain Background Checks (including any prior criminal records)? Yes No

Is training required with ongoing education? Yes No

Does armed employees obtain permits to carry weapons? Yes No

Gross Sales \$ _____

OPERATIONS

1. Is business licensed and/or certified according to state regulations? Yes No

2. Is the applicant owned by, associated with, engaged in or involved with any other enterprise? Yes No
 If yes, provide details. _____

3. Does the applicant use dogs as part of their operation? Yes No

If yes, who handles the training of the dogs? _____

What types of dogs are used? _____

Number of dogs that work with a guard ____ and the number working unattended ____

Are dogs left unattended at customer's facility? Yes No

Attach a copy of the contract.

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

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 PREMISES) \$ _____
MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

| NAME AND ADDRESS | RELATIONSHIP TO APPLICANT | ADDITIONAL INSURED | CERTIFICATE |
|------------------|---------------------------|--------------------------|--------------------------|
| _____ _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ _____ | | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

| YEAR | CARRIER | POLICY NUMBER | LIMITS | PREMIUM |
|------|---------|---------------|--------|---------|
| | | | | |
| | | | | |
| | | | | |

LOSS HISTORY (LAST FIVE YEARS)

| DATE OF LOSS | TYPE OF LOSS | DESCRIPTION OF LOSS | AMOUNT PAID | RESERVE |
|--------------|--------------|---------------------|-------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Has the applicant been cancelled or non-renewed in the last three years?..... Yes No

If yes, Explain. _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

 Producer's Signature Date Applicant's Signature Date

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.

FRAUD STATEMENT

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.