



Questions? We're here to help

(877) 404-4299

Security Guard Insurance - General Liability Application

1. Company Name: _____
DBA (if different from above) : _____
2. Physical Address: _____
3. Mailing Address: _____
4. Contact Person: _____
Phone: _____ Email: _____
5. Company License: _____ FEIN #: _____
6. Company Formed As: _____ **Individual** _____ **Partnership** _____ **Corporation** _____ **Other**
7. Date Company Founded: _____
8. Please list all owners full names:

Name: _____

Experience: _____

Name: _____

Experience: _____

Name: _____

Experience: _____
9. Does any owner own another business? If yes, please provide details of Business:

10. Does this business have a separate Liability policy: _____ **Yes** _____ **No**
11. Do you sub-contract work: _____ **Yes** _____ **No**
12. Do you have a Standard Contract: _____ **Yes** _____ **No** (If yes, please provide a copy)
13. Do you use, or plan to use, mobile equipment (i.e. golf carts, segways, etc.): _____ **Yes** _____ **No**
If yes, how many: _____
14. **Estimated** Annual Guard Payroll & Billed Hours (if no current contracts in place, please estimated with the types of contracts you plan on obtaining)
 - a. Estimated annual guard hours billed: **Armed** _____ **Unarmed** _____
 - b. Estimated annual guard payroll: \$ _____

15. Please breakdown estimated payroll by contracts listed below:

	<u>Armed Payroll</u>	<u>Unarmed Payroll</u>
Airports	_____	_____
Armored Cars	_____	_____
Banks	_____	_____
Bars/Clubs/Taverns	_____	_____
Bodyguard/Exec Prot	_____	_____
Casino/Bingo Halls	_____	_____
City/State/Federal	_____	_____
Construction Sites	_____	_____
Conventions/Trade Shows	_____	_____
Hospitals/Institutions	_____	_____
Hotels/Motels	_____	_____
Res. Low Income	_____	_____
Res. Mid/High Income	_____	_____
Industrial/Warehouses	_____	_____
Restaurants (Fast Food)	_____	_____
Restaurant (Non Fast Food)	_____	_____
Retail (Loss Prevention)	_____	_____
Retail (Outside/Parking Lots)	_____	_____
Schools (Inside/Halls)	_____	_____
Schools (Outside/Parking Lots)	_____	_____
Other (Please Describe)	_____	_____

16. Average rate per hour you will pay per Guard? \$ _____

17. The Standard Liability Limits quote are **\$1,000,000** per occurrence and **\$2,000,000** General Aggregate. Please indicate below if you would like different limits

a. \$ _____ (per occ.) \$ _____ (general agg.)

18. Optional Coverages: Please check if you would like any additional coverage included in the General Liability quote:

a. Additional Insured: **One** **Blanket**

b. Waiver of Subrogation: **One** **Blanket**

c. Per Job Aggregate: **One** **Blanket**

d. Employee Dishonesty **\$50,000 Limit/ \$1,000 Deductible**

e. Employee Dishonesty **\$100,000 Limit/ \$2,500 Deductible**

f. Lost Key Coverage **\$50,000 Limit/ \$1,000 Deductible**

19. Listed below is information helpful in obtaining an accurate quote in a timely manner for your account. (This information is not mandatory to quote)

a. Owners resume that details qualifications, background, and experience in the Security or Law Enforcement Industry.

b. Copy of standard contract. We can review and make suggestions regarding the indemnity language.

c. Signed no known loss letter. Please sign and return if during the last 4 years there have been no damages and/or incidents which may result in a claim.

Signature of Applicant

Title

Date

Please return the completed form by either fax or email:

<p>Fax</p> <p>949-297-4911</p>	<p>Email</p> <p><i>cmount@venturepacificinsurance.com</i></p>
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