



Kinsale Insurance Company
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SECURITY GUARD SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

APPLICANT'S INFORMATION

DATE: _____

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS (if different): _____

CITY, STATE, ZIP CODE: _____

LENGTH OF TIME IN THIS BUSINESS: _____

GENERAL INFORMATION

1) Description of Operations: _____

2) Payroll: \$_____ Receipts: \$_____

HISTORICAL RECEIPT/PAYROLL INFORMATION

2009-10	Receipts: \$	Payroll: \$
2008-09	Receipts: \$	Payroll: \$
2007-08	Receipts: \$	Payroll: \$
2006-07	Receipts: \$	Payroll: \$
2005-06	Receipts: \$	Payroll: \$



3) Total number of hours billed: _____

GENERAL INFORMATION (total must equal 100%)			
Security Guard	%	Detective/Investigative Work	%
Armored Car	%	Alarm Service	%
Patrol	%	Other: _____	%

4) Total number of employees: _____

Armed: _____% Unarmed: _____%

Devices or weapons carried: Pepper Spray Taser or similar devices "Billy" clubs

Other: (Describe) _____

5) Are all armed personnel certified for use of firearms by a state agency? Yes No

OPERATIONAL INFORMATION (% of operations total must equal 100%)					
	<u>Armed</u>	<u>Unarmed</u>		<u>Armed</u>	<u>Unarmed</u>
Airport Security			Alarm Monitoring		
Banks			Construction Sites		
Detention Centers			Fast Food Restaurants		
Apartments			Subsidized Housing		
Hotels/Motels			Offices		
Churches			Hospitals		
Parking Lot Security			Private Security		

6) Does the insured use dogs in their day to day operations? Yes No

7) Does the insured perform pre-employment screening for all employees? Yes No

8) Does the insured's pre-employment screening include:

Reference Check Drug Screening Psychological Testing Background Checks

Polygraph Test Prior employment check Other _____

9) Does the insured have a formal training program? Yes No

10) Does training consist of:

Written Manual CPR Training Road Test Report Writing

Firearms training Written Tests Other _____



- 11) Does the insured use contractors? Yes No
 If yes, what operations does the insured subcontract out? _____
- 12) Are off duty police officers employed or hired as subcontractors? Yes No
 a. Are they permitted to carry their service weapons? Yes No
- 13) What are the insured's subcontractors costs? \$ _____
- 14) Does the insured use a standard subcontractor's agreement requiring Additional Insured status and favorable hold harmless wording with all subcontractors? Yes No

Five Largest Clients with Description of Work

1.
2.
3.
4.
5.

- 15) Does the insured have a signed contract with all customers? If yes, please attach a copy. Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.



NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

