EL DORADO
INSURANCE AGENCY, INC.
"INSURANCE PLUS...SINCE 1968"
P.O. Box 66571, Houston, TX 77266-6571
Phone: 800-221-3386 Fax: 800-700-0126

Security Industry General Liability Application

Attn:

Section I - General Information

1. Insured's Full Legal Name (including all dba's): _____
2. Complete Mailing Address: _____
   Complete Physical Address: _____
3. Any operations in any additional states? ☐ Yes ☐ No If yes, please list: _____
4. Contact: _____ Title: _____
   Telephone #: ( ) _____ Fax #: ( ) _____
5. Effective date desired: _____
   ☐ Corporation ☐ Partnership ☐ Individual ☐ Other _____
6. FEIN: _____ License Number(s): _____
7. Email Address: _____
8. How long in the Security business? _____ How long under this name? _____
   Has the applicant operated under any other name? ☐ Yes ☐ No
   If yes, please identify: _____
9. Application Classification: _____% Security Service _____% Investigations
   _____% Consulting _____% Alarm Service and Monitoring
10. Limit of Liability desired: $ _____ Each Occurrence $ _____ Aggregate
11. In regards to your clients, do you assume any duties not related to security? ☐ Yes ☐ No
    If yes, please explain: _____
12. Please provide a list of your (5) five largest clients, along with a description of services:
    _____
    _____
    _____
    _____
    _____
13. Are the majority of your clients under contract? ☐ Yes ☐ No
    If yes, how many include hold harmless clauses? _____
14. Is workers' compensation coverage currently in force? ☐ Yes ☐ No If no, please explain:
    _____

Section II – Security Service/Patrol

1. Names of Owner(s), Partner(s) and Shareholder(s), their percentage of ownership and background in this industry:

_____
_____
_____
_____
_____
_____

2. Will the principals perform guard/investigative operations? ☐ Yes ☐ No

3. Number of supervisors: _____ Please describe duties of supervisors: _____
_____

4. Average number of officers per supervisor? _____

5. Training program consists of:
   ☐ Written Manual ☐ Report Writing ☐ Powers of Arrest
   ☐ On The Job ☐ Firearms ☐ CPR
   ☐ Other: _____

6. Pre-Employment screening procedures (check all that apply):
   ☐ Polygraph ☐ Driving Record (MVR) ☐ Psychological Test
   ☐ Drug Screen ☐ Fingerprint Check ☐ Personal References
   ☐ Prior Employment Contacted ☐ Criminal Background
   ☐ Other: _____

7. Total number of hours billed to client(s) annually: Unarmed: _____ Armed: _____

8. Number of officers: Full Time: _____ Part Time: _____ Unarmed: _____ Armed: _____

9. Do you use any golf carts for patrol? ☐ Yes ☐ No If yes, how many? _____
   If yes, are they equipped with lights? ☐ Yes ☐ No

10. Will the public be transported? ☐ Yes ☐ No Are driving records checked? ☐ Yes ☐ No

11. Do you anticipate using dogs? ☐ Yes ☐ No *Must be leashed not to exceed 6ft.
    Number of dogs used with handlers: _____ Without handlers: _____

12. Do any of your officers use tasers in their operations? ☐ Yes ☐ No

13. Any operations performing security services where jewelry, money, securities or furs are present? _____
_____

14. Of what professional associations are you a member? _____
_____

Section III – Projected Annual Payroll (Not Including Owners and Clerical Staff)

******Your liability insurance carrier defines Independent Contractors as workers who carry their own license and their own liability insurance. All other employees who are 1099 or W2 are considered "on the payroll" and their salaries should be included on the table below.**

Based on the above definition, do you have any independent contractors? ☐ Yes ☐ No

If yes, please give their total salaries: **$** _____

Guard Services	**Unarmed Payroll**	**Armed Payroll**
Airports (non-public)**		
Airports (public)**		
Apartments (Low-Income/Government-Owned**)		
Apartments (Middle/High Income**)		
Armored Car		
Banks		
Bounty Hunting / Bail Enforcement		
Car Dealerships		
Churches		
Construction or Demolition Sites		
Convention/Trade Shows		
Criminal Detention Centers**		
Executive Protection		
Fast Food Establishments		
Federal Government Contracts		
Gated Communities/Subdivisions		
Hotels/Motels		
Industrial (Factories, Warehouses, Etc.)		
Institutions (Hospitals, Clinics)		
Liquor Establishments (Bars, Taverns, Etc)		
Local & State Contracts		
Museums/Galleries		
Office Buildings		
Patrol Cars**		
Restaurants		
Retail Stores (Parking Lots, Outside Perimeter)**		
Retail Stores (Inside, Shoplifting, Door Duty)**		
Schools		
Special Events (Sports, Concerts, Etc)**		
Strike Duty		
Traffic Control		
Transport/Courier Operations		
Trucking Terminals		
Waterfront/Piers/Marinas		
Other**		
Private Investigations	**Unarmed Payroll**	**Armed Payroll**
Executive Protection / Bodyguard Service**		
Insurance, Legal, Credit, Pre-Employment		
Lie Detection, Polygraph		
Process Server		
Security Consultant**		
Total		

****Please refer to Section IV for a further explanation of operations**

Average Hourly Wage: Full Time: **$** _____ Part Time: **$** _____

Annual Corporate Revenue: **$** _____

Alarm Operations: **$**_____ Estimated Revenue
Please provide a description of all alarm operations: _____

Section IV – Description of Operations

Please provide complete details of the following operations, if applicable.

1. **Airport Work** – Please describe all operations / duties performed: _____

2. **Apartment Work** – Please describe duties. If any government-owned, please provide list of addresses:

3. **Criminal Detention Centers** – Please describe all operations / duties performed: _____

4. **Patrol Cars** – Please describe patrol locations, duties, hours, etc: _____

5. **Retail Work** – Please describe types of stores, duties, and hours that guard(s) are on duty: _____

6. **Special Events** – Please describe events, locations, and duties: _____

7. **Bodyguard Work** – Please describe duties. Any celebrities, entertainers, or athletes? _____

8. **Security Consulting** – Please describe consulting clients and scope of services provided: _____

9. **Other** – Please describe all operations / duties performed: _____

Section V – Current Insurance Information

1. Current Carrier? _____
   Inception Date: _____ Expiration Date: _____
   Premium: **$** _____ Deductible: **$** _____
   Limit of Liability: **$** _____ Occurrence Form? ☐ Yes ☐ No

2. Has any company cancelled or declined to renew liability insurance? ☐ Yes ☐ No
   If yes, please explain: _____

3. Do you require staff to report all unusual incidents to management? ☐ Yes ☐ No

4. Have there been any claims or lawsuits in the past 5 years? ☐ Yes ☐ No If yes, please explain:
   _____
   _____

*****PLEASE ATTACH FIVE YEARS OF COMPANY LOSS RUNS*****

5. Do you have any knowledge of any incidents which may give rise to a future claim? ☐ Yes ☐ No
   If yes, please explain: _____

NOTICE TO APPLICANTS: This application must be completed in full as the quote will be based solely on the information provided. Any persons who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime. Be aware of the laws in the states where you operate with regard to the use of firearms and weapons. By signing below, you are verifying that you 1) are aware of, understand, and comply with the laws of the states in which you operate and 2) are aware that any claim you submit where an illegal device was used by you, your employee, or a subcontractor doing work for you may be denied.

_____ _____
Authorized Signature of Applicant / Title Date

Submit