



**Western Heritage**  
Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250  
1-800-873-9442 • Fax (480) 596-7859

## Security Guards and Related Operations General Liability Application

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant.

**Applicant is:**     Individual     Corporation     Partnership     Joint Venture  
                    Limited Liability Company     Other (Specify): \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED	PREMIUMS
General Aggregate \$ _____	Premises/Operations
Products & Completed Operations Aggregate \$ _____	
Personal & Advertising Injury \$ _____	Products/Completed Operations
Each Occurrence \$ _____	\$ _____
Fire Damage (any one fire) \$ _____	Other
Medical Expense (any one person) \$ _____	\$ _____
Other Coverages, Restrictions, and/or Endorsements	Total
Deductible \$ _____	\$ _____

**A. How long has applicant been in business?** \_\_\_\_\_

**B. Branch offices and locations:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**C. Operations conducted in the following states:**

State \_\_\_\_\_ Licensed with state?.....  Yes     No    License #: \_\_\_\_\_  
 State \_\_\_\_\_ Licensed with state?.....  Yes     No    License #: \_\_\_\_\_  
 State \_\_\_\_\_ Licensed with state?.....  Yes     No    License #: \_\_\_\_\_

**D. Risk contact, title, phone number:** \_\_\_\_\_

**E. Total number of employees:** \_\_\_\_\_

**F. Number of unarmed employees** \_\_\_\_\_ Estimated Payroll \_\_\_\_\_ Gross Sales \_\_\_\_\_

**Number of armed employees** \_\_\_\_\_ Estimated Payroll \_\_\_\_\_ Gross Sales \_\_\_\_\_

Any armed guards in retail stores? .....  Yes     No

Arrest authority? .....  Yes     No



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**G. Total number of hours billed to clients annually:** \_\_\_\_\_

**H. Are ALL armed personnel certified for use of firearms by a state agency or a firearms certification school?** .....  Yes  No

**I. Does applicant have Workers' Compensation coverage in force?** .....  Yes  No

**J. Does applicant lease employees?** .....  Yes  No

**K. Does applicant subcontract work?** .....  Yes  No

If yes, what type? \_\_\_\_\_

Are certificates of insurance required from all subcontractors? .....  Yes  No

Annual cost of subcontracted work: \_\_\_\_\_

**L. Are background investigations and checks conducted on new employees?**.....  Yes  No

If yes, describe procedures used for pre-employment checks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**M. Does the applicant have a training program for employees?** .....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does applicant have a training manual?.....  Yes  No

**N. Does applicant use a record-keeping log for each job?**.....  Yes  No

**O. Does applicant use dogs?** .....  Yes  No

If yes, number with handlers: \_\_\_\_\_ without handlers: \_\_\_\_\_

**P. List the applicant's ten largest clients. Indicate type of operation performed and duties involved:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Q. Number of supervisors:** \_\_\_\_\_ **Describe duties:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Do they perform investigative or guard duties? ..... 0 Yes 0 No

Does the applicant bill hours to the client? ..... 0 Yes 0 No

**R. Is applicant involved in any other operations or business?** ..... 0 Yes 0 No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**S. Does applicant conduct any operations involving nuclear power plants?** ..... 0 Yes 0 No

**T. Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):**

Private Investigation	Armed Payroll	Unarmed Payroll	Private Investigation	Armed Payroll	Unarmed Payroll
Arson Investigation			Records check		
Computer fraud			Surveillance—describe:		
Corporate—employee dishonesty					
Credit pre-employment screening					
Domestic			Undercover operations		
Insurance claim investigation			Other—describe:		
Legal					
Missing person					

**Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):**

Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll
Airport Security			Housing: Apartments—Public housing authorities, Section 8, HUD		
Alarm monitoring: Burglary/fire					
Medical Emergency					
Alarm Response			Condominiums		
Baggage handling security			Homeowners associations		
Banks			Private residences		
Construction sites			Immigration detention centers		
Criminal detention centers			Manufacturing/warehousing		
Fast food restaurants			Motels/hotels		



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Guard Services	Armed Payroll	Unarmed Payroll	Guard Services	Armed Payroll	Unarmed Payroll
Offices, hospitals, churches			Schools		
Parking lot security			Special events: Athletic events—describe type:		
Restaurants, night clubs, discos, bars					
Bouncers			Concerts—describe (rock &:roll, hard rock, rap, country, other):		
Retail Operations: Clothing					
Department stores			Other—describe:		
Liquor stores					
Shopping centers			Strike work		
Supermarket/ convenience stores			Utility property security		
			Other—describe:		
All other					

Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

Miscellaneous Services	Armed Payroll	Unarmed Payroll	Miscellaneous Services	Armed Payroll	Unarmed Payroll
Alarm installation, service or repair			Drug testing		
			Firearms certification school		
Auto repossession			Insurance adjusters		
Bail bond operations			Polygraph work		
Bounty hunters			Process servers		
Bodyguards			Repossession/collection work		
Courier or escort services: Armored car service			School crossing guards		
			Security consulting		
Courier—non-negotiable			Security guard school/ training for others		
Courier—negotiable					
Courier escort			Shopping service		
Funeral escort			Traffic Control		
Dog services: With handler			Other—describe:		
				Without handler	
Drug surveillance					



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**U. Please attach (A) Any descriptive advertising literature; (B) Copy of Insured's standard performance contract with client; (C) Copies of all agreements in which the Insured has assumed liability.**

**V. During the past three years has any company ever cancelled, declined or refused to renew similar insurance for the applicant? (Not applicable to Missouri applicants.)** .....  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.**

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

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 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 five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT \_\_\_\_\_

**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 requests, additional information as to the nature and scope of the report, if one is made, will be provided.

**ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE**