

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

## Security Guards and Related Operations General Liability Application

Applicant's Name	_____
	_____
Mailing Address	_____
	_____
Location	_____
	_____
Web site Address	_____

Agency Name	_____
Agent	_____
Address	_____
	_____
E-mail	_____
Phone	_____

**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): \_\_\_\_\_

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

**Limits Of Liability and Deductible Requested:**

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 premise)	\$
Medical Expense (any one person)	\$
Errors & Omissions (Each Claim/Aggregate)	\$
Lost Key Coverage	\$25,000 Included
Property Damage Extension	\$5,000/\$25,000 Included
Assault &/or Battery Sublimit (cannot exceed GL limits)	\$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

1. How long has applicant been in business? \_\_\_\_\_
2. Branch offices and locations:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
3. Operations conducted in the following states:
 

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

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

State: \_\_\_\_\_ Licensed with state? .....  Yes  No License No.: \_\_\_\_\_
4. Risk contact, title and phone number: \_\_\_\_\_
5. Total number of employees: \_\_\_\_\_
6. 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
7. Total number of hours billed to clients annually: \_\_\_\_\_
8. Are ALL armed personnel certified for use of firearms by a state agency or a firearms certification school? .....  Yes  No
9. Does applicant have Workers' Compensation coverage in force? .....  Yes  No
10. Does applicant lease employees? .....  Yes  No
11. 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: \_\_\_\_\_
12. Are personnel licensed as required by state and federal agencies? .....  Yes  No
13. Are background investigations and checks conducted on new employees? .....  Yes  No  
 If yes, describe procedures used for pre-employment checks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Does the applicant have a training program for employees? .....  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Does applicant have a training manual? .....  Yes  No
15. Does applicant use a record-keeping log for each job? .....  Yes  No
16. Does applicant use stun guns? .....  Yes  No
17. Does applicant use animals? .....  Yes  No  
 If yes, number with handlers: \_\_\_\_\_ without handlers: \_\_\_\_\_  
 Are animals used to detect guns, drugs or bombs? .....  Yes  No

**18. List the applicant's ten (10) largest clients. Indicate type of operation performed and duties involved:**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

**20. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No**

If yes, explain and advise where insured: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**22. Does applicant need to add any government entity as additional insured?.....  Yes  No**

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

\_\_\_\_\_

\_\_\_\_\_

**23. 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.**

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

Private Investigation	Armed Payroll	Unarmed Payroll
Arson investigation		
Computer fraud		
Corporate—employee dishonesty		
Credit pre-employment screening		
Domestic		
Insurance claim investigation		

Private Investigation	Armed Payroll	Unarmed Payroll
Legal		
Missing person		
Records check		
Surveillance—describe:		
Undercover operations		
Other—describe:		

25. Provide guard services annual payroll by listed operation including parking lot security (include subcontractor payroll not covered by other insurance):

Guard Services	Armed Payroll	Unarmed Payroll
Airport security		
Abortion clinics or family planning centers		
Alarm monitoring: Burglary/fire		
Medical emergency		
Alarm response		
Baggage handling security		
Banks		
Bouncers or doormen at restaurants, night clubs, discos, bars/taverns		
Churches		
Construction sites		
Convenience stores		
Criminal detention centers		
Fast food restaurants		
Ground transportation terminals		
Hospitals		
Housing: Apartments—public housing authorities, Section 8, HUD		
Apartments		
Condominiums or townhouses		
Homeowners associations		
Private residences		
Immigration detention centers		

Guard Services	Armed Payroll	Unarmed Payroll
Manufacturing/warehousing		
Movie theaters		
Motels/hotels		
Offices		
Parking lot security		
Retail Operations: Clothing		
Department stores		
Liquor stores		
Shopping centers/malls		
Supermarkets		
All other		
Schools and universities		
Special events: Athletic events—describe type:		
Concerts—describe (rock & roll, hard rock, rap, country, other):		
Other—describe:		
Sports stadiums or arenas		
Strike work		
Utility property security		
Wharf, waterfront or seaport security		
Other—describe:		

26. Provide miscellaneous services annual payroll by listed operation including parking lot security (include sub-contractor payroll not covered by other insurance):

Miscellaneous Services	Armed Payroll	Unarmed Payroll
Alarm installation, service or repair		
Auto repossession		
Bail bond operations		
Border patrol		
Bounty hunters		
Bodyguards		
Consulting or expert witness		
Courier or escort		
Armored car service		
Armed couriers		
Bicycle or skate couriers		
Couriers—non-negotiable		
Couriers—negotiable		
Courier escorts		
Funeral escorts		
Dog services:		
With handler		
Without handler		

Miscellaneous Services	Armed Payroll	Unarmed Payroll
Drug surveillance		
Drug testing		
Firearms certification school		
Insurance adjusters		
Parole Officers		
Polygraph work		
Prisoner transport		
Process servers		
Repossession/ collection work		
School crossing guards		
Security consulting		
Security guard school/ training for others		
Shopping service		
Traffic control		
Other—describe:		

27. During the past three years has any company ever canceled, declined or refused to renew similar insurance for the applicant (Not applicable to Missouri applicants)?.....  Yes  No  
 If yes, explain: \_\_\_\_\_

28. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No  
 If yes, describe: \_\_\_\_\_

29. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No  
 If yes, please explain and advise where insured: \_\_\_\_\_

**30. Prior Carrier Information:**

	<b>Year:</b>	<b>Year:</b>	<b>Year:</b>
<b>Carrier</b>			
<b>Policy No.</b>			
<b>Coverage</b>			
<b>Occurrence or Claims Made</b>			
<b>Total Premium</b>			

**31. Loss History:**

<p><b>Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.</b> <input type="checkbox"/> Check if no losses last three</p>				
<b>Date of Loss</b>	<b>Description of Loss</b>	<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Claim Status (Open or Closed)</b>

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.

**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. **Not applicable in Nebraska, Oregon and Vermont.**

**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 policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**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 OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

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

**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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):**

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.

**FRAUD WARNING 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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