



350 MOTOR PARKWAY, STE LL-10
HAUPPAUGE, NY 11788
TELEPHONE (877) 242-9600
EMAIL info@ciainsures.com

Producer:
Producer Is: [ ] Wholesaler [ ] Retailer
Address:
Telephone:
Fax:
Email:
Proposed Effective Date:
If Renewal, Provide Current Policy No.:

Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:

SL License State:
SL License No.: SL License Expiration Date:
SL Licensee Name:
Affiliation with Producer (e.g., Owner, Executive Officer, Employee):
SL Licensee Agency Name (if Entity License):

SECURITY GUARD, ARMORED CAR, PATROL, DETECTIVE OR INVESTIGATIVE
GENERAL LIABILITY APPLICATION

- 1. Applicant:
2. Street Address:
Mailing Address (if different than above):
Additional Locations (if any):
a.
b.
c.
d. If additional space is necessary, please provide additional worksheet.

Please help us keep our records up-to-date. If it is possible that we have your company listed in our files under a different name or address, please write the old name and address here:

- 3. Name of contact person for inspection/audit: Telephone No.:
4. Applicant is: [ ] Individual [ ] Corporation [ ] Partnership [ ] Other (Describe):
5. Coverages:
6. Limits: \$ Each Occurrence \$ Aggregate
7. Deductible: \$ Including Loss Adjustment Expense

8. Applicant Operations: \_\_\_\_\_ % Security Guard  
 \_\_\_\_\_ % Armored Car  
 \_\_\_\_\_ % Patrol  
 \_\_\_\_\_ % Detective/Investigative

9. **Payroll by Operation:** Please provide percentage breakdown of guard, armored car, patrol, detective and investigative operations by following categories that are applicable:

- |   |  |
|---|--|
| _____ % Hospitals                                     | _____ % Shopping Malls – Interior Patrol         |
| _____ % Schools                                       | _____ % Shopping Malls – Parking Lot Patrol      |
| _____ % Car Dealerships                               | _____ % Bail Bonds                               |
| _____ % Churches                                      | _____ % Bounty Hunting                           |
| _____ % Government Facilities <b>(Describe Below)</b> | _____ % Concerts <b>(Describe Below)</b>         |
| _____ % Banks   | _____ % Athletic Events <b>(Describe Below)</b>  |
| _____ % Office  | _____ % Armored Car/Courier/Money Escort         |
| _____ % Airports <b>(Describe Below)</b>              | _____ % Traffic Control                          |
| _____ % Body Guard <b>(Describe Below)</b>            | _____ % Shoplifting Surveillance                 |
| _____ % Hotels/Motels                                 | _____ % Employee Surveillance                    |
| _____ % Construction Sites                            | _____ % Process Serving                          |
| _____ % Residential Patrol                            | _____ % Polygraph Administration/Validation      |
| _____ % Apartments <b>(Describe Below)</b>            | _____ % Consulting <b>(Describe Below)</b>       |
| _____ % Condominiums                                  | _____ % Training Schools <b>(Describe Below)</b> |
| _____ % Low Income Housing Projects                   | _____ % Repossession/Collection work             |
| _____ % Warehouses                                    | _____ % Record Checks                            |
| _____ % Manufacturing Plants                          | _____ % Credit/Pre-employment Checks             |
| _____ % Strike Work                                   | _____ % Child/Missing Person Searches            |
| _____ % Fast Food Restaurants                         | _____ % Insurance Investigation                  |
| _____ % Restaurants Other Than Fast Food              | _____ % Arson Investigation                      |
| _____ % Liquor Stores                                 | _____ % Alarm Response                           |
| _____ % Bars/Lounges                                  | _____ % Other – Please Describe: _____           |
| _____ % Retail Stores <b>(Describe Below)</b>         | _____  |

**Government Facilities** – Please describe all facilities where work is performed (i.e., offices, train station): \_\_\_\_\_

\_\_\_\_\_

**Airport Work** – Please describe all operations/duties performed: \_\_\_\_\_

\_\_\_\_\_

**Body Guard Work** – Please describe duties performed. Celebrities, Entertainers or Athletes? If so, who? \_\_\_\_\_

\_\_\_\_\_

**Apartment Work** – Please fully describe duties. Any subsidized/low income housing locations?    Yes    No

\_\_\_\_\_

**Retail Work** – Please describe types of stores, duties performed, and hours that guard(s) are on duty: \_\_\_\_\_

\_\_\_\_\_

Shoplifting Surveillance?    Yes    No    If Yes, please fully detail arrest/detention responsibilities: \_\_\_\_\_

\_\_\_\_\_

**Concerts** – Please fully describe performers and locations, as well as duties (i.e., crowd control, traffic control): \_\_\_\_\_

\_\_\_\_\_

**Athletic Events** – Please describe event, location and duties (i.e., crowd control, traffic control): \_\_\_\_\_

\_\_\_\_\_

**Consulting** – Please describe who you are consulting for and the scope of consulting services you are providing: \_\_\_\_\_

\_\_\_\_\_

**Training Schools** – Please describe who you are training and the scope/purpose of the training being provided: \_\_\_\_\_

\_\_\_\_\_

10. Rating Information:

a. Annual Guard, Armored Car, Patrol and Investigative Payroll: \$ \_\_\_\_\_ Receipts: \$ \_\_\_\_\_

# of Full-Time Guards: \_\_\_\_\_ Full-Time Payroll: \$ \_\_\_\_\_

# of Part-Time Guards: \_\_\_\_\_ Part-Time Payroll: \$ \_\_\_\_\_

Independent Contractors – Cost: \$ \_\_\_\_\_

b. Annual Number of Billed Hours: \_\_\_\_\_

c. Average Hourly Wage: Full-Time: \$ \_\_\_\_\_ per hour

Part-Time: \$ \_\_\_\_\_ per hour

d. Number of Armed Guards: \_\_\_\_\_ Number of Unarmed Guards: \_\_\_\_\_

Where are guards stationed: \_\_\_\_\_

\_\_\_\_\_

e. Number of Canines: \_\_\_\_\_ Attended \_\_\_\_\_ Unattended

How and where are canines used? Please describe any drug or bomb sniffing activities: \_\_\_\_\_

\_\_\_\_\_

f. Number of Supervisors: \_\_\_\_\_ Total Payroll: \$ \_\_\_\_\_

Describe duties performed: \_\_\_\_\_

\_\_\_\_\_

g. Training – Please describe how guards are trained (i.e., on-the-job, formal training program): \_\_\_\_\_

\_\_\_\_\_

11. General Information:

a. How long has Applicant owned this business: \_\_\_\_\_

b. How many years experience does Applicant have in this field? \_\_\_\_\_

c. Please describe duties of the Owner(s): \_\_\_\_\_

\_\_\_\_\_

d. Is Applicant involved in any other operations? Yes No If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_



**NOTICE:**

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE:[www.insurance.ca.gov](http://www.insurance.ca.gov).**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: \_\_\_\_\_  
Insured: \_\_\_\_\_