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Insurance Application For Security, Alarm & Investigative Firms

☐ General Liability and E & O To Be Effective ____/____/____
☐ Workers Compensation To Be Effective ____/____/____

IMPORTANT: All questions must be answered before this risk can be considered. (Please type or print)

1. Applicant Name _____
(Full name as you wish it to appear on the policy)
2. Physical Address _____
Street City State Zip
3. Mailing (if different) _____
Street City State Zip
4. Additional Locations _____
5. Person to contact _____ Phone # _____
6. Company Website _____ Email _____ Fax # _____
7. Audit Contact _____ Phone # _____ Fax # _____
8. License # _____ P.I. # _____ ☐ Individual ☐ Partnership ☐ Corporation ☐ Other
9. Federal ID # _____ Date Company was founded _____ Number of years operating under this name _____
10. Has there been a name change in the past four years? ☐ Yes ☐ No If yes, give previous name and date of change: _____
11. Principal _____ Experience _____
Principal _____ Experience _____
12. Applicant Operations Security Service _____ % Investigative work _____ % Process Server _____ %
Security Consulting _____ % Alarm Service _____ % Polygraph _____ %
13. With respect to your operation, do you perform or assume any duties not relating to the above (i.e. janitorial, valet service, etc.) ☐ Yes ☐ No
If yes, please provide full details _____
14. Do you own another business? If yes, please provide full details. _____
15. Do you operate in other states? If yes, please provide details. _____
16. Do you subcontract work? ☐ Yes ☐ No If yes, do you require certificates of insurance for GL? ☐ Yes ☐ No
Provide your annual subcontractor cost: _____
17. Do you have a standard contract? ☐ Yes ☐ No Are the majority of your clients under contract? ☐ Yes ☐ No
18. List your five largest clients and a description of your duties.
1. _____ 3. _____
2. _____ 4. _____
5. _____

Operations

19. Average length of employment _____ Average hourly wage _____ State Minimum Wage _____
20. Number of dogs used in operation _____ ☐ Attended ☐ Unattended (Coverage will be excluded)
Types of assignments involving the use of dogs _____
21. Do you use any mobile equipment (i.e. golf carts, motor scooters, ATV, etc.) ☐ Yes ☐ No How Many? _____
Is the public transported? ☐ Yes ☐ No If used at night, do they have lights? ☐ Yes ☐ No
22. How do field employees communicate with the office or local law enforcement agencies? (i.e. phones, two-way radio, pager etc.) _____
23. What are your incident reporting procedures? _____
24. What kind and how long are records kept? _____

25. Other Pre-employment screening procedures ☐ Drug screen ☐ Fingerprint Card ☐ Personal References ☐ Polygraph
☐ Prior Employer Contact ☐ Criminal Background ☐ Driving Record
26. Formal training program consists of ☐ Written Manual ☐ On Job ☐ CPR ☐ Report Writing ☐ Powers of Arrest
☐ Firearms ☐ Self Defense ☐ Other _____
27. List all clients for whom you provide armed security for and your responsibilities _____

28. If the employees are armed, who owns the weapons? _____ Most common type of gun or caliber? _____
29. Please describe your gun control program _____

30. Are all armed personnel licensed to carry a firearm? ☐ Yes ☐ No Are copies of license kept in employee files? ☐ Yes ☐ No
 Are procedures in place to ensure that licenses are current & renewed as needed? ☐ Yes ☐ No
31. If you provide Retail Security, what is your apprehension and detention policy? _____

32. If Owners work security sites, investigations, or alarm installations, please indicate which they are active in:
☐ Security Sites ☐ Investigations/Consulting ☐ Alarm Installations ☐ N/A
33. Number of Active Owners _____

Company Totals **Must be completed as premium is based on billed hours and/or payroll.

	Estimate this Year	Last Year	2 Years Ago
Payroll \$	\$ _____	\$ _____	\$ _____
Receipts \$	\$ _____	\$ _____	\$ _____

Current Estimate of Annual Billed Guard Hours: Armed _____ Unarmed _____

Payroll Section Please estimate anticipated annual payrolls for the upcoming policy year. **Exclude Owner(s) payroll.**

Guard Service

	<u>Armed Payroll \$</u>	<u>Unarmed Payroll \$</u>	<u>Description of Operations</u>
Airports	_____	_____	_____
Armored Cars	_____	_____	_____
Banks/Office Buildings	_____	_____	_____
Bars/Nightclubs/Taverns/Lounges	_____	_____	_____
Body Guard Protection	_____	_____	_____
Casinos/Bingo Halls	_____	_____	_____
City/State/Federal Contracts	_____	_____	_____
Construction Sites	_____	_____	_____
Courier Escort	_____	_____	_____
Executive Protection	_____	_____	_____
Hospitals/Institutions	_____	_____	_____
Hotels/Motels	_____	_____	_____
Housing: Government	_____	_____	_____
Housing: Low Income	_____	_____	_____
Housing: Mid/High Income	_____	_____	_____
Industrial Sites/Warehouses	_____	_____	_____
Restaurants: Fast Food	_____	_____	_____
Restaurants: Full Service	_____	_____	_____
Retail: Inside/Loss Prevention	_____	_____	_____
Retail: Outside/Parking Lots	_____	_____	_____
Schools: Inside/Halls	_____	_____	_____
Schools: Outside/Parking Lots	_____	_____	_____
Special Events **specify type	_____	_____	_____
Traffic Control/Flagmen	_____	_____	_____
Other (explain below)	_____	_____	_____

Total

a) Total number of Guards	Armed	_____	Unarmed	_____
b) Average number of Guards per supervisor	Armed	_____	Unarmed	_____
c) Average rate of pay per hour	Armed	_____	Unarmed	_____
d) Number of Guards	Full Time	_____	Part Time	_____

Alarm Service (Attach a copy of the Installation/Monitoring Agreement)

- a) Total number of Alarm Installers _____ Anticipated Payroll for Installers \$ _____
 Anticipated Gross Receipts \$ _____ Anticipated Alarm Monitoring Receipts \$ _____
- b) % of Alarms installed: Fire/Burglary _____ % Medic Alert _____ % Temperature Control _____ %
- c) Does your company do any alarm monitoring? ☐ Yes ☐ No If yes, indicate percentages below.
 Fire/Burglary _____ % Medic Alert _____ % Temperature Control _____ % Combination _____ %
- d) What % of Alarms are: Commercial _____ % Residential _____ % Local _____ % Central Station _____ %
- e) What % of Business is: Alarm _____ % CCTV _____ % Access Control _____ % Other _____ %
- f) Number of Subscribers _____ Number under Contract _____
- g) Number of Central Station Subscribers _____ Number under Contract _____
- h) Do you do any manufacturing? ☐ Yes ☐ No If yes, please attach sales materials, spec sheets, and other written materials concerning those products.
- i) Do you respond to your alarms? ☐ Yes ☐ No Are response runners armed? ☐ Yes ☐ No
- j) How many installations do you expect for next year? _____
- k) Will you service a system you did not install? ☐ Yes ☐ No
- l) What specific warranties do you give on an outright sale? _____
- m) Do you design alarm systems? ☐ Yes ☐ No
- n) Do you install alarms for new homes under construction? ☐ Yes ☐ No

Investigation/Consultants Describe the Types of Investigative Work Performed by Percentages – Total Must Equal 100%

	<u>Armed %</u>	<u>Unarmed %</u>	<u>Description of Operations</u>
Auto Repossessions	_____	_____	_____
Background Checks	_____	_____	_____
Body Guard Protection	_____	_____	_____
Bounty Hunting/Fugitive Recovery	_____	_____	_____
Computer/Data Base	_____	_____	_____
Consulting/Security Consulting	_____	_____	_____
Credit/Pre-Employment/Drug Test	_____	_____	_____
Domestic/Divorce	_____	_____	_____
Executive Protection	_____	_____	_____
Fire Cause & Origin	_____	_____	_____
Fraud Auditing	_____	_____	_____
Insurance/Surveillance/Legal	_____	_____	_____
Missing Persons	_____	_____	_____
Polygraph Service/Lie Detection	_____	_____	_____
Process Serving	_____	_____	_____
Shopping Service	_____	_____	_____
Other (explain)	_____	_____	_____
Total	+	= 100%	

- a) Number of Owners Active in Investigations, Process Services, Polygraph or Consulting _____
- b) Number of Investigators You Employ (Exclude Owners, Subs and Clerical) _____
- c) What is the anticipated annual payroll for investigators (Exclude owners, Subs, and Clerical) _____

Liability Coverage Section (if desired, please indicate ☐)

Limits Desired (circle one) 500K/1Mil 1Mil/2Mil Other _____

Basic Liability coverage also includes: 100,000 Fire Damage Legal Liability and 5,000 Medical Payments

Deductible per Claim (circle one) \$1,000 \$2,500 \$5,000 Other _____

Optional Coverages (if desired, please indicate ☐)

- ☐ Waiver of Subrogation ☐ Employee Dishonesty (Limit 50,000 with a separate deductible of 1,000)
- ☐ Primary Non-Contributory Wording ☐ Lost Key Coverage (Limit 50,000 with a separate deductible of 1,000)
- ☐ Per Project Aggregate ☐ Scheduled Additional Insureds (please list on separate sheet if needed)
- ☐ Blanket (Automatic) Additional Insured

Optional Hired & Non-Owned Auto Coverage (if desired, please indicate ☐)

- a) Do you have a commercial auto policy? ☐ Yes ☐ No (If Yes, coverage needs to be added to that policy)
- b) Do employees use their vehicles for business operations? ☐ Yes ☐ No
- c) Number of employees who drive on company business _____
- d) Are Motor Vehicle Records checked annually on those employees that drive their vehicles in the scope of business? ☐ Yes ☐ No
- e) To your knowledge, do any of your employees who drive on company business have three(3) or more moving citations? ☐ Yes ☐ No
- f) What standards do you have for evaluating a driver's driving record or MVR?
-
- g) When evaluating an employee's driving record or MVR, what is considered acceptable and what is not acceptable?
-
- h) What actions are taken if an employees driving record is considered unacceptable?
-
- i) For those employees who drive on company business, do you require the employee to carry Personal Auto Insurance ☐ Yes ☐ No
- j) If Yes, do you obtain proof of insurance from the employee? ☐ Yes ☐ No
**The employee must not have the "no business use exclusion" on their Personal Auto Policy

Workers Compensation Section (if desired, please indicate ☐)

1. Employers Liability Limits (circle one) 100/100/500 500/500/500 1M/1M/1M
2. Current Experience Modification _____ New Experience Modification _____ Effective Date _____
3. Maximum number of guards for any one site at any one time _____
4. Do you have a formal Safety Program? ☐ Yes ☐ No If yes, describe below. If no, are you willing to develop one? ☐ Yes ☐ No
-
5. Payroll: List totals for each category
- | | | | |
|---------------------------|----------|---------------|----------|
| Guards/ Investigators | \$ _____ | Clerical | \$ _____ |
| Owners/Executive Officers | \$ _____ | Outside Sales | \$ _____ |
6. Ownership Data: List each Owner, Partner or Officer:
- | <u>Name</u> | <u>Title</u> | <u>Duties</u> | <u>Is Coverage Desired?</u> |
|-------------|--------------|---------------|--|
| _____ | _____ | _____ | ☐ Yes ☐ No |
| _____ | _____ | _____ | ☐ Yes ☐ No |
| _____ | _____ | _____ | ☐ Yes ☐ No |
7. How many do you employ who are under 16 or older than 65? _____ If any, are physicals required and in your file? ☐ Yes ☐ No
8. Does your company have the following:
- | | | | |
|--|--|---|--|
| a) A written drug and alcohol policy? | ☐ Yes ☐ No | j) Physicals and periodic random drug testing? | ☐ Yes ☐ No |
| b) A vehicle safety program for drivers and vehicles? | ☐ Yes ☐ No | k) Do you lease employees to or from other employers? | ☐ Yes ☐ No |
| c) A designated safety coordinator? | ☐ Yes ☐ No | l) Designated employee to coordinate claim activities? | ☐ Yes ☐ No |
| d) Prompt reporting of all employee injuries? | ☐ Yes ☐ No | m) Is there a labor interchange with any other business? | ☐ Yes ☐ No |
| e) A formal accident review and investigation program? | ☐ Yes ☐ No | n) Are employees provided Health Insurance? | ☐ Yes ☐ No |
| f) Employee involvement in inspection/safety committees? | ☐ Yes ☐ No | o) Any employees with physical handicaps? | ☐ Yes ☐ No |
| g) Any work performed underground or above 15 feet? | ☐ Yes ☐ No | p) Are athletic teams sponsored? | ☐ Yes ☐ No |
| h) Any group transportation involved? | ☐ Yes ☐ No | q) Working w/ injured worker and insurer's physician panel? | ☐ Yes ☐ No |
| i) A transitional duty/light duty program for injured workers? | ☐ Yes ☐ No | r) Any tax liens or bankruptcy within the last 5 years? | ☐ Yes ☐ No |
9. Does applicant own or use airplanes in business or conduct any operations dockside, shipboard or for railroads? ☐ Yes ☐ No
If yes, explain _____
10. How many autos used in business _____ How? _____ Any emergency response? ☐ Yes ☐ No
11. Are Motor Vehicle Records run annually with the requirement of no more than 3 incidents over a three-year period? ☐ Yes ☐ No

Prior Liability Insurance Information (if applicable)

- a) During the past 4 years have you had any claims for damages and/or incidents which may result in one? ☐ Yes ☐ No
If yes, you must complete a claim addendum for each claim or suit.
- b) Has your Liability insurance coverage been cancelled, declined or non-renewed? (question not applicable in MO) ☐ Yes ☐ No
If yes, please explain

c)	<u>Policy Period</u>	<u>Name of Insurer</u>	<u>Premium</u>	<u>Losses</u>	<u># of Claims</u>
Expiring	_____	_____	_____	_____	_____
1 st Prior	_____	_____	_____	_____	_____
2 nd Prior	_____	_____	_____	_____	_____
3 rd Prior	_____	_____	_____	_____	_____

Prior Workers Compensation Insurance Information (if applicable)

- a) Has any insurer cancelled or refused to renew within the past three years? ☐ Yes ☐ No
- b) Are you in debt to any broker, agent or insurance company for any unpaid premiums for workers compensation coverage? ☐ Yes ☐ No
If yes, please explain

c)	<u>Policy Period</u>	<u>Name of Insurer</u>	<u>Premium</u>	<u>Losses</u>	<u># of Claims</u>
Expiring	_____	_____	_____	_____	_____
1 st Prior	_____	_____	_____	_____	_____
2 nd Prior	_____	_____	_____	_____	_____
3 rd Prior	_____	_____	_____	_____	_____

THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES. Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued.

FRAUD WARNINGS

- AR Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- CO 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 insurance 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.
- DC *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 fine. In addition, an Insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant*
- FL 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 of the third degree.
- KY 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.
- LA *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.*

ME	<i>It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties may include imprisonment, fines or a denial of insurance benefits.</i>
NJ	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
NM	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 AND CRIMINAL PENALTIES.
NY	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.
OH	Any person who, with intent to defraud or knowing that he 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.
OK	WARNING: 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.
OR	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
PA	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 persons to criminal and civil penalties.
TN	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.
VA	<i>It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines and denial of insurance benefits.</i>

IMPORTANT - YOU MUST INCLUDE WITH APPLICATION:

1. **Copy of Declaration Page of Current Policy**
2. **4-year Loss Information**
2. **Current Experience Modification Worksheet (if applying for Workers Compensation)**
3. **Post Orders or Detailed Job Duties of Your Five Largest Accounts.**
4. **Standard Contract or Contract with Your Largest Producing Client.**
5. **I hereby authorize the release of our claims history and experience modification worksheet to Costanza Insurance Agency, Inc., our Federal I.D. # is _____”.**

Signature of Applicant

Title

Date

Signature of Agent

Title

Date

