



**CRUM & FORSTER®**  
A FAIRFAX COMPANY

www.cfins.com

**SEND SUBMISSIONS TO:** CFSecurity@cfins.com

Please select Non-Admitted Coverage(s) to be Quoted	
General Liability <input type="checkbox"/>	Excess Liability <input type="checkbox"/>
Hired & Non-Owned Auto <input type="checkbox"/>	

Producer: \_\_\_\_\_

Producer Is: ☐ Wholesaler ☐ Retailer

Email: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

If Renewal, Provide Current Policy No.: \_\_\_\_\_



**SECURITY GUARD, PRIVATE INVESTIGATIVE, ALARM, OR FIRE SUPPRESSION OPERATIONS**

**GENERAL INFORMATION**

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. Web-Site Address: \_\_\_\_\_
4. Name of contact person for inspection/audit: \_\_\_\_\_ Tele No.: \_\_\_\_\_ Email: \_\_\_\_\_
5. Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other (Describe): \_\_\_\_\_
6. Business Information:
  - a. Years In Business under this name: \_\_\_\_\_ Years experience in this field: \_\_\_\_\_
  - b. Please describe duties of the Owner(s): \_\_\_\_\_  
\_\_\_\_\_
  - c. Is Applicant involved in any other operations? ☐ Yes ☐ No If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
  - d. Any other states of operations: \_\_\_\_\_
  - e. Is the Company a division of a larger corporation or a subsidiary? ☐ Yes ☐ No
  - f. Has any carrier cancelled or refused to renew Applicant's business? (Not applicable in Missouri) ☐ Yes ☐ No  
If Yes, for what reason? \_\_\_\_\_

7. Provide the names of Applicant's five largest clients and a description of your duties for them:

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_  
(5) \_\_\_\_\_

8. Does your company have the following in place:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. A written drug and alcohol policy?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Criminal background checks?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. A designated safety coordinator?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Prompt reporting of all employee injuries?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. A formal accident review & investigation program?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any group transportation involved?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Transitional duty/light duty program in place for injured workers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Physicals required at time of hiring?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Random drug testing takes place?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Company sponsored health insurance plans offered?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Personal Protective Equipment provided to employees?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Regularly scheduled safety and training meetings?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

9. Employee Selection and Training

a. Pre-employment Screening Procedure (check all applicable):

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Prior Employment Check | <input type="checkbox"/> Personal Reference | <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Drug Screening         | <input type="checkbox"/> MVR                | <input type="checkbox"/> Other: _____          |   |

b. Training Program Includes (check all applicable):

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Written Manual | <input type="checkbox"/> Report Writing | <input type="checkbox"/> CPR              | <input type="checkbox"/> On the Job   |
| <input type="checkbox"/> Firearms       | <input type="checkbox"/> Use of force   | <input type="checkbox"/> Powers of Arrest | <input type="checkbox"/> Other: _____ |

c. Training – Please describe how field employees are trained (i.e., on-the-job, formal training program):

\_\_\_\_\_

d. Trade Association Membership held?

\_\_\_\_\_

e. Are you and all of your employees and/or subcontractors lawfully licensed in the jurisdictions in which you operate? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

f. Officer Training – If required by the state, how many hours does the Applicant participate in annually?

- ☐ 8 hrs or less ☐ 8-15 hrs ☐ 15-30 hrs ☐ 30 hrs or more ☐ training is not required by the state

10. a. Annual Security Armed Guard Operations Payroll: \$ \_\_\_\_\_ Receipts: \$ \_\_\_\_\_  
 Annual Security Unarmed Guard Operations Payroll: \$ \_\_\_\_\_ Receipts: \$ \_\_\_\_\_  
 Annual Investigative Operation Payroll: \$ \_\_\_\_\_ Receipts: \$ \_\_\_\_\_  
 Annual Alarm Operation Payroll: \$ \_\_\_\_\_ Receipts: \$ \_\_\_\_\_  
 Annual Fire Suppression Operation Payroll: \$ \_\_\_\_\_ Receipts: \$ \_\_\_\_\_  
 # of Full-Time Field Employees: \_\_\_\_\_ Full-Time Payroll: \$ \_\_\_\_\_  
 # of Part-Time Field Employees: \_\_\_\_\_ Part-Time Payroll: \$ \_\_\_\_\_  
 Independent Contractors – Cost: \$ \_\_\_\_\_
- b. Annual Number of Billed Hours: \_\_\_\_\_
- c. Number of Armed Guards: \_\_\_\_\_ Number of Unarmed Guards: \_\_\_\_\_

11. Security Officer Billing:

Average hourly Guard <u>billing</u> rate:			
<input type="checkbox"/> Less than \$15/hr	<input type="checkbox"/> \$15-\$20/hr	<input type="checkbox"/> \$21-\$30/hr	<input type="checkbox"/> greater than \$30/hr
Average hourly Guard <u>pay</u> rate:			
<input type="checkbox"/> Less than \$10/hr	<input type="checkbox"/> \$10-\$15/hr	<input type="checkbox"/> \$16-\$20/hr	<input type="checkbox"/> greater than \$20/hr
Average hourly Supervisor <u>pay</u> rate:			
<input type="checkbox"/> Less than \$12/hr	<input type="checkbox"/> \$12-\$20/hr	<input type="checkbox"/> \$21-\$30/hr	<input type="checkbox"/> greater than \$30/hr

12. **SECURITY GUARD OPERATIONS** Please provide percentage breakdown of operations by following categories that are applicable (Operations must equal 100%)  
 If no Security Guard Operations, check here ☐ and move down to 14.

Operations	Payroll	Percentage
Airports / Seaports (no passenger or baggage screening, no tarmac or buildings access)	\$	%
Alarm response	\$	%
Apartments - middle to high income	\$	%
Armored Car / Courier Services	\$	%
Banks	\$	%
Banquet facilities	\$	%
Bars, Lounges, Night Clubs, Gentlemen's Clubs	\$	%
Block Associations	\$	%
Body Guarding/Personal Protection - High Profile Individuals (athletes, entertainers, celebrities)	\$	%
Bus Stations / Train Stations / Mass Transit	\$	%
Canine (with handlers)	\$	%
Car Dealerships (after hours)	\$	%
Casinos	\$	%
Churches	\$	%
Condominium Buildings/ Associations	\$	%
Construction Sites	\$	%
Convenience Stores / Liquor Stores	\$	%
Conventions/ Trade Shows	\$	%
Courthouses	\$	%
Executive/Personal Protection - Low Profile	\$	%
Fast Food Establishments / Restaurants engaged in the sales / consumption / serving of alcohol	\$	%

<b>Operations</b>	<b>Payroll</b>	<b>Percentage</b>
Federal / State/ Municipal buildings	\$	%
Golf Tournament / Tennis Tournament	\$	%
Government Contracts / Facilities - office buildings	\$	%
Hospitals / Medical Facilities / Medical Dispensary / Medical Labs / Abortion Clinics	\$	%
Hotels / Motels (no bars/ lounges inside or attached to hotel that provide weekend entertainment)	\$	%
Low Income / Government Owned or Subsidized / Section 8 housing	\$	%
Malls	\$	%
Manufacturing Plants	\$	%
Marijuana	\$	%
Military Bases	\$	%
Movie Theaters	\$	%
Museums / Galleries	\$	%
Office Buildings	\$	%
Parking Garages / Lots / Facilities	\$	%
Parks and/or Recreation	\$	%
Religious Institutions (without a school)	\$	%
Residential Patrol / Home Owners Associations	\$	%
Resort Community	\$	%
Restaurants - other than Fast Food or establishments engaged in the sales/consumption/serving of alcohol	\$	%
Retail stores (including grocery, strip centers)	\$	%
School - After hours only - No events	\$	%
Schools- During operating hours (colleges, universities, high schools, elementary, daycare, private care)	\$	%
Security consulting (for a fee with approved contract)	\$	%
Senior Housing	\$	%
Shelters	\$	%
Special events (concerts, crowd control, carnivals, circuses, sporting events, speedways, racetracks, etc.)	\$	%
Sports Clubs	\$	%
Stage Theaters	\$	%
Strike work / Employee Termination Escort	\$	%
Town Hall Meetings	\$	%
Traffic Control	\$	%
Trucking Terminals	\$	%
TV or Movie Set Security (no body guarding)	\$	%
Utility Facilities / Industrial	\$	%
Warehousing	\$	%
Other	\$	%
<b>TOTAL:</b>	<b>\$</b>	<b>%</b>
Description of Other:		

**Airport Work** (baggage handling, screening of people and/or cargo, skycap or wheelchair work) – Please describe duties, all locations, total number of guards at any given time:

**Apartment Work** – Please fully describe duties. Any subsidized/low income housing locations?

☐ Yes ☐ No

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

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

**Construction/Demolition Sites** – Please describe duties performed. Outside perimeter, lobby access security, traffic control?

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

**Hospitals** – Please describe duties, all locations, and total number of guards at any given time:

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

**Schools** – Please describe duties, all locations, and total number of guards at any given time:

**Shoplifting Surveillance?** ☐ Yes ☐ No If Yes, please fully detail arrest/detention responsibilities:

**Special Events** – Please describe events, location and duties, and total number of guards at any given time:

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

**Globally Recognized Buildings** – Please describe duties, all locations, and total number of guards at any given time:

**Government Facilities** – Please describe duties, all locations, and total number of guards at any given time:

**Infrastructure Work** (prominent bridges, tunnels, dams, subways/ train systems) – Please describe duties, all locations, total number of guards at any given time:

**Power, Water, Communications, Refineries** – Please describe duties, all locations, and total number of guards at any given time:

13. Where do your guard services primarily take place? (choose only one):

- ☐ 75% or greater in Metropolitan (inner city) ☐ fixed location (desk or office building)  
☐ 50%-75% in Metropolitan (inner city) ☐ 25%-50% in Metropolitan (inner city)

**14. PRIVATE INVESTIGATION OPERATIONS** (Operations must equal 100%):

If no Private Investigation Operations, check here ☐ and move down to 18.

Operations	Payroll	Percentage	Operations	Payroll	Percentage
Accident Reconstruction	\$	%	Forensic Accounting Investigation	\$	%
Accident Reconstruction Investigation	\$	%	Genealogical Searches	\$	%
Arson Investigation	\$	%	Identity Theft Investigations	\$	%
Arson Reconstruction	\$	%	Insurance/Legal/Litigation Investigation	\$	%
Background Checks and/or Screening	\$	%	Kidnap & Ransom Investigation	\$	%
Bail Bonding Operations	\$	%	Matrimonial/Domestic Investigation	\$	%
Body Guarding (high profile)	\$	%	Mystery Shopping	\$	%
Bounty Hunting	\$	%	Polygraph testing/administration	\$	%
Child/Child Custody/ Missing Person Investigation	\$	%	Pre-employment checks	\$	%
Computer Fraud Investigation	\$	%	Process Service	\$	%
Corporate/ Due Diligence	\$	%	Record Checks	\$	%
Counterfeit Products Investigation	\$	%	Repossession/ Collection Investigation	\$	%
Credit Report	\$	%	Security Consulting (with approved contract)	\$	%
Criminal /Fraud Investigation	\$	%	Security Training	\$	%
Debugging	\$	%	Shoplifting Surveillance	\$	%
Domestic Violence Investigation	\$	%	Spousal Investigation	\$	%
Drug Testing	\$	%	Sub-Rosa	\$	%
Eavesdropping	\$	%	Undercover/ Workplace Infiltration	\$	%
Executive Protection (low profile)	\$	%	Video Surveillance	\$	%
Expert Witness Testimony	\$	%	Other	\$	%
Description of Other:			<b>TOTAL:</b>	<b>\$</b>	<b>%</b>

15. Does the Applicant conduct Lie Detection services?

☐ Yes ☐ No

16. Has the Applicant received their Polygraph Certification through the American Polygraph Association or American Polygraph Services?

☐ Yes ☐ No

17. Does the applicant give individual notifications with background checks in compliance with the Fair Credit Reporting Act?

☐ Yes ☐ No

**18. ALARM OPERATIONS** (Operations must equal 100%):  
 If no Alarm Operations, check here ☐ and move down to 27.

Alarm Operations by Construction Type (Receipts)	New Construction	Rehab/ Retrofit/ Service / Repair
Commercial	\$	\$
Industrial	\$	\$
Institutional- Medical/ Penal	\$	\$
Institutional- Schools/ Colleges	\$	\$
Apartments	\$	\$
Single Family / Tract Housing	\$	\$
Condos	\$	\$
Custom Homes	\$	\$
<b>Total:</b>	\$	\$

Alarm Operations by Type (Receipts)	Sales/ Installation/ Service/ Repair	Monitoring
Fire/ Smoke/ Heat Detection	\$	\$
Burglary (Perimeter/ Internal/ Motion Detector)	\$	\$
Personal Emergency Response System	\$	\$
Medical Emergency Pendants	\$	\$
Medication Reminder Service	\$	\$
Carbon Monoxide Detection	\$	\$
Utility Monitors (HVAC/ Water/ Gas)	\$	\$
Water Flow on Sprinkler Systems	\$	\$
Temperature Control	\$	\$
Closed Circuit TV	\$	
Central Vacuum/ Home Theater/ Intercom	\$	
Interior Tele-Com/ Network	\$	
Access Control/ Card Key Entry	\$	
Preconstruction Wiring/ Conduit	\$	
Other:	\$	\$
<b>Total:</b>	\$	\$

- 19.** Percent of customers under YOUR standard contract: \_\_\_\_\_ %  
 Percent of customers under modified contracts or contracts of others: \_\_\_\_\_ %
- 20.** Monitoring Provider: ☐ Applicant ☐ Other Who: \_\_\_\_\_
- 21.** Written contract with Monitoring Provider? ☐ Yes ☐ No
- 22.** Total projected cost for subcontracted monitoring: \$ \_\_\_\_\_
- 23.** Does Applicant perform any design work for a fee (not associated with your installation)? ☐ Yes ☐ No  
 If Yes, fully describe: \_\_\_\_\_
- 24.** Does Applicant provide security/patrol response to their customers if and when local Police/Fire/EMTs do not respond? ☐ Yes ☐ No
- 25.** If Yes, are the alarm responders employees, or are they hired/contracted for this service? ☐ Yes ☐ No  
 If responders are not employees, does Applicant have a written contract with the security company that provides the response? (If Yes, provide a copy of contract.) ☐ Yes ☐ No

26. Do any employees or subcontractors providing security response carry firearms?

☐ Yes ☐ No

**27. FIRE SUPPRESSION OPERATIONS** (Provide Breakdown of Applicable Operations)

If no Fire Suppression Operations, check here ☐ and move down to **COMMERCIAL GENERAL LIABILITY**.

Operation Type	Payroll	Receipts
New Installation	\$	\$
Retrofit Design	\$	\$
Service/Repair	\$	\$
Inspection	\$	\$
Grease/Duct Cleaning	\$	\$
Other:	\$	\$
<b>Total:</b>	\$	\$

**Gross Receipts Breakdown:**

Operations	Percentage	Market Segments	Percentage	Systems	Percentage
New Installation	%	Commercial	%	Wet/Dry Sprinklers	%
Retrofit Design	%	Restaurants	%	Foam/ Chem Systems	%
Service/Repair	%	Institutional	%	Special Hazards	%
Inspection	%	Habitational	%	Portable Extinguishers	%
Grease/Duct Cleaning	%	Residential	%		
Other:	%	Computer Rooms	%		
<b>Total:</b>	%		%		%

	Current Year	Last Year	Prior Year	2 Years Prior
Receipts:	\$ _____	\$ _____	\$ _____	\$ _____
Total Payroll:	\$ _____	\$ _____	\$ _____	\$ _____

**28. Percent of jobs including:**

Fire Pumps\_\_\_\_\_%   Foam\_\_\_\_\_%   Gas/Chemical\_\_\_\_\_%   Fire Hydrants or Stand Pipes\_\_\_\_\_%   Other\_\_\_\_\_%

**29. Approximately what percentage of jobs use CPVC pipe? \_\_\_\_\_%**

a. Are all of your fitters trained on the various cure times for different size pipes? ☐ Yes ☐ No

**30. If residential work is not currently done, please indicate the last year that residential work was done: \_\_\_\_\_**

**31. Does Applicant install, service or repair fire suppression systems aboard aircrafts, automobiles, mobile equipment, boats?** ☐ Yes ☐ No

If Yes, please describe:

\_\_\_\_\_  
If No, Does Applicant anticipate performing such work in the future? ☐ Yes ☐ No

**32. Does Applicant fill any type of oxygen tanks?** ☐ Yes ☐ No

**33. If retrofit work is done, describe the type of retrofit work, occupancy, number of stories, reason, etc:**

\_\_\_\_\_  
**34. If retrofit work is done, do the job proposals and contracts include an asbestos clause mandating the removal of asbestos by a third party prior to the work commencement?** ☐ Yes ☐ No

**35. Does Applicant install systems in buildings over four (4) stories?** ☐ Yes ☐ No



36. Does Applicant manufacture any fire protection equipment? ☐ Yes ☐ No
37. Does Applicant sell any type of product including protective clothing or life support equipment? ☐ Yes ☐ No
38. Are you covered as Additional Insured under Vendors coverage by manufacturer? ☐ Yes ☐ No
39. Does Applicant design fire suppression/extinguishing systems? (If yes, answer the following) ☐ Yes ☐ No
- a. Are employees with Level III or IV Certificates used? ☐ Yes ☐ No
- b. Is there a licensed and/or registered Professional Engineer (P.E.) on staff?  
(If yes, answer the following) ☐ Yes ☐ No
- i. Does the P.E. stamp and seal their own plans? ☐ Yes ☐ No
- ii. Does the P.E. stamp and seal plans for outside firms? ☐ Yes ☐ No
- c. Are outside firms used for design work? ☐ Yes ☐ No  
If Yes, what percent of total design? \_\_\_\_\_%
- d. Does Applicant do any design work for other firms? ☐ Yes ☐ No  
If yes, what percent of design work done for other and describe: \_\_\_\_\_
40. Does the plan owner or draftsman approve any changes to the specifications? ☐ Yes ☐ No
41. Does the insured management (job foreman) approve any changes to the specifications? ☐ Yes ☐ No
42. Does Applicant prepare drawings for suppression system installations? ☐ Yes ☐ No  
If Yes, describe how such drawings are checked for compliance with specifications of the system and the local building and life safety codes:  
  
\_\_\_\_\_
43. Are detailed records kept on all jobs? (If yes, answer the following) ☐ Yes ☐ No
- a. Please check what records contain: ☐ Type of work performed ☐ Replaced or recharged parts  
☐ Materials used ☐ Dates when system was activated
- b. How long are records retained? \_\_\_\_\_
- c. Are duplicate records kept at another location? ☐ Yes ☐ No
- d. Does Applicant use electronic field inspection system? ☐ Yes ☐ No
44. Describe any fuels, chemicals, or other hazardous materials stored at the jobsite, how they are stored/protected, and spill prevention methods:  
  
\_\_\_\_\_

## **COMMERCIAL GENERAL LIABILITY**

**Information Required with Submission:** [please attach]

- Any contracts used in the course of business
- Currently valued Carrier Loss Runs valued within past 60 days [5 years required]

1. Coverage Limits Requested: Each Occurrence \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_
2. Deductible: \$ \_\_\_\_\_ Including Loss Adjustment Expense
3. Please list the Applicant's General / Professional Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. ☐ (check here if Applicant has no prior coverage)

Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium

4. Hired and Non-Owned Auto Coverage requested? (if yes, please fill out Commercial Auto Section below) ☐ Yes ☐ No
5. Number of Supervisors: \_\_\_\_\_ Total Payroll: \$ \_\_\_\_\_  
Describe duties performed: \_\_\_\_\_
6. Number of Canines: \_\_\_\_\_ Attended \_\_\_\_\_ Unattended \_\_\_\_\_  
How and where are canines used? Please describe breed and any drug or bomb sniffing activities: \_\_\_\_\_
7. Do any of your officers use tasers in their operations? ☐ Yes ☐ No
8. Any Golf Carts, All-Terrain Vehicles, Mules, or similar Off-Road Vehicles used in the business? ☐ Yes ☐ No  
Please describe type and use: \_\_\_\_\_
9. Does Applicant perform any work at facilities where explosives are handled or stored, chemical plants, refineries, nuclear power plants, or similar hazardous occupancies? ☐ Yes ☐ No  
If Yes, describe for whom and year done, or if you intend to perform such work: \_\_\_\_\_
10. Does Applicant use any subcontractors? ☐ Yes ☐ No
  - a. What kind of work is subcontracted? \_\_\_\_\_
  - b. Total Projected costs: \_\_\_\_\_ Percentage of Total Work Subcontracted: \_\_\_\_\_
  - c. Does Applicant use a written contract with all of your subcontractors? (if yes, please attach a copy) ☐ Yes ☐ No
  - d. Does Applicant obtain Certificates of Insurance from all of your subcontractors? ☐ Yes ☐ No
  - e. Are you always added as an additional insured by your subcontractors? ☐ Yes ☐ No  
If No, give percentage: \_\_\_\_\_%
  - f. Indicate contractually required minimum limit of liability insurance: \_\_\_\_\_

## **COMMERCIAL FOLLOWING FORM EXCESS LIABILITY**

**Information Required with Submission:** [please attach]

- Currently valued Carrier Loss Runs valued within past 60 days [5 years required] for all underlying policies

### **LIMIT OF EXCESS LIABILITY REQUESTED**

- ☐ \$1,000,000      ☐ \$3,000,000      ☐ \$5,000,000      ☐ \$7,000,000      ☐ \$9,000,000  
☐ \$2,000,000      ☐ \$4,000,000      ☐ \$6,000,000      ☐ \$8,000,000      ☐ \$10,000,000

### **PRIOR CARRIER INFORMATION**

CATEGORY	CURRENT TERM	1ST PRIOR	2ND PRIOR	3RD PRIOR	4TH PRIOR
CARRIER					
POLICY NUMBER					
EFF-EXP DATE					
PREMIUM					

LIST PRIMARY POLICIES TO BE CONSIDERED AS UNDERLYING INSURANCE (please indicate if N/A)					
TYPE	CARRIER POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	
AUTOMOBILE LIABILITY				CSL EA. ACC.	\$
				BI EA. ACC.	\$
				BI EA. PER.	\$
				PD EA. ACC.	\$
GENERAL LIABILITY				EACH OCCURRENCE	\$
				GENERAL AGGR	\$
				PROD & COMP OPS AGGREGATE	\$
				PERSONAL & ADV INJ	\$
				DAMAGE TO RENTED PREMISES	\$
EMPLOYERS' LIABILITY				EACH ACCIDENT	\$
				DISEASE EACH EMPLOYEE	\$
				DISEASE POLICY LIMIT	\$

### **EXPOSURES – EMPLOYERS' LIABILITY (If applicable)**

- Is Applicant self-insured in any state? ☐ Yes ☐ No If Yes, please list states: \_\_\_\_\_
- Please list states where operations are conducted, where any premises are maintained, or where employees are otherwise subject to Workers' Compensation Regulations: \_\_\_\_\_
- Subject to: ☐ Jones Act ☐ FELA

### **EXPOSURES – WATERCRAFT OR AIRCRAFT (If applicable)**

- Does Applicant own, charter, lease, borrow or otherwise operate any watercraft or aircraft? ☐ Yes ☐ No  
If Yes, please provide details: \_\_\_\_\_

### **EXPOSURES – AUTO LIABILITY (If applicable)**

- Are explosives, caustics, flammables or other dangerous cargo hauled? ☐ Yes ☐ No
- Any units not insured by underlying policies? ☐ Yes ☐ No

3. Are any vehicles leased or rented to others? ☐ Yes ☐ No
4. What is the Coverage Symbol for the Liability coverage under the Business/Commercial Auto policy?  
\_\_\_\_\_
5. Do any employees use their personal vehicles for business purposes/company business? ☐ Yes ☐ No
6. Does Applicant obtain and review driver MVRs before/during the hiring process? ☐ Yes ☐ No
7. Does Applicant regularly check driver MVRs during their employment? ☐ Yes ☐ No

#### VEHICLES

TYPE		# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	200 + MI
PRIVATE								
TRUCKS	LIGHT							
	MEDIUM							
	HEAVY							
	EX HEAVY							
TRUCKS/ TRACTORS	HEAVY							
	EX HEAVY							
BUSES								

### **HIRED & NON-OWNED AUTO** **(in support of the General Liability)**

1. Are there any drivers under the age of 21 or over the age of 70? ☐ Yes ☐ No  
If Yes, how many drive for business purposes or may commute to and from work sites? \_\_\_\_\_
2. Do any employees use their own vehicle for company purposes, excluding commute to/from premises? ☐ Yes ☐ No  
If Yes, please provide details: \_\_\_\_\_
3. Do any employees drive their own vehicle to and from any worksites? ☐ Yes ☐ No  
If Yes, please describe number of employees, average number of trips per day, and average distance traveled:  
\_\_\_\_\_
4. Does Applicant verify that the employee's vehicles are in good working order and are regularly maintained? ☐ Yes ☐ No  
If Yes, please provide details: \_\_\_\_\_
5. Does Applicant collect and maintain Certificates of Personal Auto insurance from employees annually? ☐ Yes ☐ No
6. What is the minimum limit of auto liability insurance you require your employees who use their personal vehicles for business purposes to carry? \_\_\_\_\_
7. Approximately what percentage of your time does Applicant's commercial vehicles travel:  
Within 50 miles: \_\_\_\_\_ %      Between 50-200 miles: \_\_\_\_\_ %      Over 200 miles: \_\_\_\_\_ %
8. **Driver Selection Criteria:**
- a. Does Applicant order MVRs for each employee **pre-hire** and **annually**? ☐ Yes ☐ No
- b. Is an MVR evaluation program in effect? (**please attach a copy**) ☐ Yes ☐ No
- c. Does Applicant take disciplinary action for poor drivers? ☐ Yes ☐ No

9. Does Applicant have a Business Auto Policy in force?

☐ Yes ☐ No

If Yes, please provide name of insurer and policy term: \_\_\_\_\_

### FRAUD NOTICE

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 AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

### ADDITIONAL FRAUD NOTICES

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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 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 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** 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 of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**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 denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS: 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.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Applicant Signature\*

\_\_\_\_\_  
Date

**\* ELECTRONIC SIGNATURE AND ACCEPTANCE ☐**

**PRODUCER INFORMATION:**

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Producer Signature\*

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
License Number

**\* ELECTRONIC SIGNATURE AND ACCEPTANCE ☐**

\* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.