



**CID Insurance Services**

THE BROKERS PREFERRED WHOLESALE SOLUTION

## **Security & Patrol Application**

For a complete submission, please include the following information:

- ACORD Applications 125 & 126
- Supplemental Application

If you don't see what you need or have any questions, please email your underwriter: [teresa@cidinsurance.com](mailto:teresa@cidinsurance.com)

# CID Insurance Programs Inc. DBA CID Insurance Services

## SECURITY GUARD SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:		Agency/Agent:	
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>		Policy Number:	
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

*Please attach copies of the following:*

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$10,000*
- b) *Applicant's brochure, description of operations, or marketing materials if a website is not available*

3)

Mailing address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4)

Please complete the below table regarding your sales:

	Upcoming Year (est.):	Last 12 Months:	One Year Prior:	Two Years Prior:	Three Years Prior:
<b>Revenue</b>					
<b>Billed Hours</b>					
<b>Payroll</b>					
<b>Employees</b>					

a. If more than one box in 6) is checked, please clarify what percentage of receipts is in each category: \_\_\_\_\_

\_\_\_\_\_

- 5) Audit/Inspection contact: \_\_\_\_\_  
 a. Phone number: \_\_\_\_\_  
 b. Email: \_\_\_\_\_

**OPERATIONS**

6) What are your operations? Check all that apply and provide a percentage of operations for each:

Operation	Percentage of Business - Armed	Percentage of Business - Unarmed	Operation	Percentage of Business - Armed	Percentage of Business - Unarmed
<input type="checkbox"/> Airport Security	%	%	<input type="checkbox"/> Alarm Monitoring	%	%
<input type="checkbox"/> Apartment/Condo Patrol	%	%	<input type="checkbox"/> Armored Car	%	%
<input type="checkbox"/> Bank Security	%	%	<input type="checkbox"/> Church Security	%	%
<input type="checkbox"/> Construction Site Security	%	%	<input type="checkbox"/> Detention Center	%	%
<input type="checkbox"/> Detective/ Investigative Work	%	%	<input type="checkbox"/> Event Security/ Crowd Control (not including Vehicle Traffic Control)	%	%
<input type="checkbox"/> Fast Food Restaurant Security	%	%	<input type="checkbox"/> For-Hire General Security	%	%
<input type="checkbox"/> Gas Station Security	%	%	<input type="checkbox"/> Hospital Security	%	%
<input type="checkbox"/> Hotel/Motel Security	%	%	<input type="checkbox"/> Liquor Store Security	%	%
<input type="checkbox"/> Mall/Shopping Center Security	%	%	<input type="checkbox"/> Nightclub or Bar Security/"Bouncers"	%	%
<input type="checkbox"/> Office Security	%	%	<input type="checkbox"/> Parking Lot/Deck Security or Patrol	%	%
<input type="checkbox"/> Personal Security - Bodyguard	%	%	<input type="checkbox"/> Personal Security - Residential	%	%
<input type="checkbox"/> Vehicle Traffic Control	%	%	<input type="checkbox"/> Other: _____	%	%
<input type="checkbox"/> Other: _____	%	%	<input type="checkbox"/> Other: _____	%	%
<b>TOTAL</b>			<b>100%</b>		

7) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)? \_\_\_\_\_

- 8) Do you hire or contract with off-duty law officers ("moonlighting")? Yes  No   
 a. If yes, do officers carry their service firearms? Yes  No   
 b. Do you contract K9 unit officers who bring their dog on the job? Yes  No

9) How many of your employees are state licensed private investigators? \_\_\_\_\_

- 10) Do you hire subcontractors? Yes  No   
 a. Are all subcontractors required by contract to hold you harmless and provide a COI evidencing Liability coverage under which you are granted Additional Insured status? Yes  No

b. What operations do you hire subcontractors for? \_\_\_\_\_

c. What are your typical annual subcontractor costs? \_\_\_\_\_

11) Do you utilize dogs in your operations? Yes  No

12) What weaponry are employees or contractors permitted to carry on duty? Check all that apply:  
 Firearms                       Batons                       Stun Guns/Tasers  
 Mace/Pepper Spray               Less-than-lethal Projectiles       Irritant Smoke Grenades  
 Other \_\_\_\_\_

13) Please complete the following table for your five largest clients and the work performed for them:

Client	Description of Work

14) Do you have a signed, written contract with all customers? Yes  No

a. If yes, please attach a sample.

**EMPLOYEE INFORMATION**

15) Do you have a formal training program? Yes  No

a. If yes, does this training program include a written procedural manual? Yes  No

+ Are employees tested on their understanding of this manual? Yes  No

b. Do you conduct a road test for anyone operating a vehicle? Yes  No

c. Do you conduct a proficiency test for anyone carrying a firearm? Yes  No

d. Do you train employees in de-escalation techniques? Yes  No

e. Are employees trained in restraint techniques? Yes  No

+ Are employees provided or allowed to carry handcuffs or zip ties? Yes  No

+ Do you train on or allow the use of chokeholds/airway constrictive holds? Yes  No

f. Are employees trained on detainment and false arrest? Yes  No

g. Are employees trained on when to call law enforcement to the scene? Yes  No

+ If yes, does this training require employees to alert law enforcement of all physical altercations and threats of violence? Yes  No

h. Do you train employees in first aid and CPR? Yes  No

+ Are employees trained in recognizing signs of head injury? Yes  No

+ Are employees provided first aid kits and regular kit maintenance? Yes  No

- + If yes, do first aid kits contain Narcan/Naloxone which the employee is trained to use? Yes  No
- + Are employees instructed to call 911 for all medical emergencies and injuries? Yes  No

16) Which of the following procedures do you use for hiring/screening employees? Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Psychological testing  | <input type="checkbox"/> Polygraph test                             |
| <input type="checkbox"/> Check of previous employers – In writing   | <input type="checkbox"/> Check of previous employers – By telephone |
| <input type="checkbox"/> Criminal background check – State  | <input type="checkbox"/> Criminal background check – Federal        |
| <input type="checkbox"/> Driver’s license verification  | <input type="checkbox"/> MVR Check                                  |
| <input type="checkbox"/> Drug screening   | <input type="checkbox"/> Alcohol screening                          |
| <input type="checkbox"/> Abuse screening  | <input type="checkbox"/> Reference verification                     |
| <input type="checkbox"/> Verification of license validity, suspensions, revocations, citations, or pending disciplinary actions |   |
| <input type="checkbox"/> Verification of any pending disciplinary actions by current or previous employers                      |   |
| <input type="checkbox"/> Other: _____   |   |

## LOSS HISTORY

- 17) Have you had any Liability claims that were or were not covered by insurance? **If yes, please attach an explanation.** Yes  No
- 18) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? **If yes, please attach an explanation.** Yes  No
- 19) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? **If yes, please attach an explanation.** Yes  No

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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 policyholder or claiming with regard to a settlement or award payable for 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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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 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 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 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 MEXICO 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 civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 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/she 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 a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE 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 VIRGINIA 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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

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

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_