



Texas Specialty Underwriters, Inc.
 510 Turtle Cove Blvd., Suite 200
 Rockwall, Texas 75087
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Security Guards and Related Operations General Liability Application

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

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): _____

LIMITS OF LIABILITY REQUESTED

PREMIUMS

| | | |
|--|----|-------------------------------|
| General Aggregate | \$ | Premises/Operations |
| Products & Completed Operations Aggregate | \$ | \$ |
| Personal & Advertising Injury | \$ | Products/Completed Operations |
| Each Occurrence | \$ | \$ |
| Fire Damage (any one fire) | \$ | Other |
| Medical Expense (any one person) | \$ | \$ |
| Other Coverages, Restrictions, and/or Endorsements | | Total |
| Deductible | \$ | \$ |

A. How long has applicant been in business? _____

B. Branch offices and locations:

1. _____
2. _____
3. _____

C. Operations conducted in the following states:

State _____ Licensed with state? Yes No License #* _____
 State _____ Licensed with state? Yes No License #' _____
 State _____ Licensed with state? Yes No License #* _____

D. Risk contact, title, phone number: _____

E. Total number of employees: _____

F. 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

G. Total number of hours billed to clients annually: _____

H. Are ALL armed personnel certified for use of firearms by a state agency or a firearms certification school?
 Yes No

I. Does applicant have Workers' Compensation coverage in force? Yes No

J. Does applicant lease employees? Yes No

K. 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: _____

L. Are background investigations and checks conducted on new employees? Yes No
If yes, describe procedures used for pre-employment checks: _____

M. Does the applicant have a training program for employees? Yes No If yes, describe: _____

Does applicant have a training manual? Yes No

N. Does applicant use a record keeping log for each job? Yes No

O. Does applicant use dogs? Yes No If yes, number with handlers: _____ without handlers: _____

P. List the applicant's ten largest clients. Indicate type of operation performed and duties involved:
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Q. Number of supervisors: _____ Describe duties: _____

Do they perform investigative or guard duties? Yes No

Does the applicant bill hours to the client? Yes No

R. Is applicant involved in any other operations or businesses? Yes No If yes, describe: _____

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

T. Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

| Private Investigation | Armed Payroll | Unarmed Payroll | Private Investigation | Armed Payroll | Unarmed Payroll |
|---------------------------------|---------------|-----------------|------------------------|---------------|-----------------|
| Arson investigation | | | Records check | | |
| Computer fraud | | | Surveillance-describe: | | |
| Corporate—employee dishonesty | | | | | |
| Credit pre-employment screening | | | | | |
| Domestic | | | Undercover operations | | |
| Insurance claim investigation | | | Other-describe: | | |
| Legal | | | | | |
| Missing person | | | | | |

Provide annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

| Guard Services | Armed Payroll | Unarmed Payroll | Guard Services | Armed Payroll | Unarmed Payroll |
|---|---------------|-----------------|--|---------------|-----------------|
| Airport security | | | Housing: Apartments-Public housing authorities, Section 8, HUD Apartments-middle to high income Condominiums Homeowners associations Private residences | | |
| Alarm monitoring: Burglary/fire Medical emergency | | | | | |
| Alarm response | | | | | |
| Bagging handling security | | | | | |
| Banks | | | | | |
| Construction sites | | | Immigration detention centers | | |
| Criminal detention centers | | | Manufacturing/warehousing | | |
| Fast food restaurants | | | Motels/hotels | | |

| Guard Services | Armed Payroll | Unarmed Payroll | Guard Services | Armed Payroll | Unarmed Payroll |
|---|----------------------|------------------------|--|----------------------|------------------------|
| Offices, hospitals, churches | | | Schools | | |
| Parking lot security | | | Special events: Athletic events-describe type: Concerts—describe (rock & roll, hard rock, rap, country, other): Other—describe: | | |
| Restaurants, night clubs, discos, bars Bouncers | | | | | |
| Retail operations: Clothing Department stores Liquor stores Shopping centers Supermarket/convenience stores All other | | | | Strike work | |
| | | | Utility property security | | |
| | | | Other-describe: | | |

| Miscellaneous Services | Armed Payroll | Unarmed Payroll | Miscellaneous Services | Armed Payroll | Unarmed Payroll |
|--|----------------------|------------------------|---|----------------------|------------------------|
| Alarm installation, service or repair | | | Drug Testing | | |
| | | | Firearms certification school | | |
| Auto repossession | | | Insurance adjusters | | |
| Ball bond operations | | | Polygraph work | | |
| Bounty hunters | | | Process servers | | |
| Bodyguards | | | Repossession/collection work | | |
| Courier or escort services: Armored car service Courier-non-negotiable Courier-negotiable Courier escort Funeral escort | | | School crossing guards | | |
| | | | Security consulting | | |
| | | | Security guard school training for others | | |
| | | | Shopping service | | |
| | | | Traffic control | | |
| Dog services: With handler Without handler | | | Other-describe: | | |
| | | | | | |
| Drug surveillance | | | | | |

U. 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.

V. 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: _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

| YEAR | COMPANY | POL. # | PREMIUM | LOSSES PAID | LOSSES RESERVED | DESCRIPTION |
|------|---------|--------|---------|-------------|-----------------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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.

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.

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.

APPLICANT'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.

ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE