



**BUNKER HILL INSURANCE AGENCY GREAT GUARD PROGRAM**  
Security Guard Service / Alarm Service / Detective Agency Insurance Application

**A. General Information**

1) Named Insured: \_\_\_\_\_  
(As it would appear on policy document)

2) Trade Names/ Doing Business As: \_\_\_\_\_

3) Applicant is:            Corp.           Partnership           Individual

4) Effective Date:        \_\_\_\_\_ to \_\_\_\_\_

5) FEIN: \_\_\_\_\_

6) Mailing Address : \_\_\_\_\_

Additional Locations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b><u>REQUIRED ITEMS TO BE COMPLETED &amp; ENCLOSED:</u></b>	(✓)
1. Bunker Hill "Great Guard Program" Application	<input type="checkbox"/>
2. ACORD Applications	<input type="checkbox"/>
Please complete the following apps if the coverages are required:	
Crime <input type="checkbox"/> IM <input type="checkbox"/> WC <input type="checkbox"/> UMB <input type="checkbox"/> Auto <input type="checkbox"/>	
3. Financial Statements (Income, Balance Sheet, Cash Flow)	<input type="checkbox"/>
4. Company Loss Reports	<input type="checkbox"/>
5 years, Company Generated, Currently Valued, Deductible Amount (Describe any single loss over \$10,000)	
5. Website Address:	

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7) Key Contacts:      General: \_\_\_\_\_  
                                 Accounting: \_\_\_\_\_  
                                 Claims: \_\_\_\_\_

8) Telephone Number: \_\_\_\_\_  
    Fax Number: \_\_\_\_\_  
    Email Address: \_\_\_\_\_  
    Website: \_\_\_\_\_

9) Date Established: \_\_\_\_\_

10) Licenses Held, License Numbers and State:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11) Do you have any operation outside of the state ? Yes  No  If yes, describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12) Overall Operations:    \_\_\_% Security Guard  
                                 \_\_\_% Armored Car  
                                 \_\_\_% Patrol  
                                 \_\_\_% Investigations  
                                 \_\_\_% Alarm Service  
                                 \_\_\_% Other Operations  
                                 100 %

Describe any "other" operation and potential new operation anticipated over the next year:

\_\_\_\_\_  
\_\_\_\_\_

13) Describe background of owners and key employees:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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6) Industries and services provided for your top (5) clients:

<u>Industry</u>	<u>Services Provided</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

7) Total Number of Active Accounts: \_\_\_\_\_

Is applicant involved with any of the following activities or clients? (If \* and "Yes", please explain below)

\* More Information

\*\* Decline

	Yes	No	%		Yes	No	%
Abortion Clinics**	<input type="checkbox"/>	<input type="checkbox"/>		Hotels/Motels*	<input type="checkbox"/>	<input type="checkbox"/>	
Airport Security*	<input type="checkbox"/>	<input type="checkbox"/>		Insurance Investigation	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm Installation*	<input type="checkbox"/>	<input type="checkbox"/>		Labor Dispute Intermediaries**	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm Monitoring*	<input type="checkbox"/>	<input type="checkbox"/>		Liquor Stores	<input type="checkbox"/>	<input type="checkbox"/>	
Apartments/Condos	<input type="checkbox"/>	<input type="checkbox"/>		Low Income Housing	<input type="checkbox"/>	<input type="checkbox"/>	
Armored Car**	<input type="checkbox"/>	<input type="checkbox"/>		Malls	<input type="checkbox"/>	<input type="checkbox"/>	
Arson Investigation*	<input type="checkbox"/>	<input type="checkbox"/>		Manufacturing Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
Auto Dealerships	<input type="checkbox"/>	<input type="checkbox"/>		Money Escort/Courier**	<input type="checkbox"/>	<input type="checkbox"/>	
Athletic Events	<input type="checkbox"/>	<input type="checkbox"/>		Museums/Galleries	<input type="checkbox"/>	<input type="checkbox"/>	
Banks*	<input type="checkbox"/>	<input type="checkbox"/>		Nightclubs or Bars**	<input type="checkbox"/>	<input type="checkbox"/>	
Bars/Discos/Clubs**	<input type="checkbox"/>	<input type="checkbox"/>		Offices	<input type="checkbox"/>	<input type="checkbox"/>	
Body Guards (describe clients)*	<input type="checkbox"/>	<input type="checkbox"/>		Parking Garages*	<input type="checkbox"/>	<input type="checkbox"/>	
Bouncers**	<input type="checkbox"/>	<input type="checkbox"/>		Polygraph Operators	<input type="checkbox"/>	<input type="checkbox"/>	
Check Cashing Stores*	<input type="checkbox"/>	<input type="checkbox"/>		Process Servers*	<input type="checkbox"/>	<input type="checkbox"/>	
Child Search/Missing Persons	<input type="checkbox"/>	<input type="checkbox"/>		Repossession**	<input type="checkbox"/>	<input type="checkbox"/>	
Churches	<input type="checkbox"/>	<input type="checkbox"/>		Residential Patrol	<input type="checkbox"/>	<input type="checkbox"/>	
Collection Agencies/Work**	<input type="checkbox"/>	<input type="checkbox"/>		Retail Stores While Open (Armed Guards)* (Unarmed Guards)*	<input type="checkbox"/>	<input type="checkbox"/>	
Concerts/Special Events* 5,000 max guests	<input type="checkbox"/>	<input type="checkbox"/>		Schools*	<input type="checkbox"/>	<input type="checkbox"/>	
Construction Sites	<input type="checkbox"/>	<input type="checkbox"/>		Security Consultation*	<input type="checkbox"/>	<input type="checkbox"/>	
Conventions/Trade Shows	<input type="checkbox"/>	<input type="checkbox"/>		Skip Tracers*	<input type="checkbox"/>	<input type="checkbox"/>	
Courier Service**	<input type="checkbox"/>	<input type="checkbox"/>		Social Services/Clinics	<input type="checkbox"/>	<input type="checkbox"/>	
Credit Checks	<input type="checkbox"/>	<input type="checkbox"/>		Strike Work**	<input type="checkbox"/>	<input type="checkbox"/>	
Dept. Stores	<input type="checkbox"/>	<input type="checkbox"/>		Supermarkets/Grocery/Convenience*	<input type="checkbox"/>	<input type="checkbox"/>	
Drug Searches**	<input type="checkbox"/>	<input type="checkbox"/>		Traffic Control*	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Sweeps*	<input type="checkbox"/>	<input type="checkbox"/>		Training School for Guards**	<input type="checkbox"/>	<input type="checkbox"/>	
Fast Food Restaurants*	<input type="checkbox"/>	<input type="checkbox"/>		Trucking Terminals	<input type="checkbox"/>	<input type="checkbox"/>	
Fingerprinting	<input type="checkbox"/>	<input type="checkbox"/>		Utilities	<input type="checkbox"/>	<input type="checkbox"/>	
Gated Communities	<input type="checkbox"/>	<input type="checkbox"/>		Undercover Work*	<input type="checkbox"/>	<input type="checkbox"/>	
Golf/Tennis/Yacht Clubs	<input type="checkbox"/>	<input type="checkbox"/>		Warehouses	<input type="checkbox"/>	<input type="checkbox"/>	
Government Facilities*	<input type="checkbox"/>	<input type="checkbox"/>		Waterfront/Piers/Marinas	<input type="checkbox"/>	<input type="checkbox"/>	
Guard Dogs*	<input type="checkbox"/>	<input type="checkbox"/>		Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitals/Institutions*	<input type="checkbox"/>	<input type="checkbox"/>					

Comments and Explanations per \* above:

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8) Describe hiring practices and screening:

- A) Fingerprinting Yes  No
- B) Drug Testing Yes  No
- C) Criminal Background Yes  No
- D) Prior Employment References Yes  No
- E) Personal Interview Yes  No
- F) Motor Vehicle Reports Yes  No

Other: \_\_\_\_\_  
 \_\_\_\_\_

9) Guard Training:

- A) Classroom with instruction Yes  No
- B) On the job (supervision) Yes  No
- C) Films Yes  No
- D) Written Material Yes  No

Other: \_\_\_\_\_  
 \_\_\_\_\_

10) Number of Employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

11) Approximate # of Employees per Supervisor: \_\_\_\_\_

12) Canine Operations: \_\_\_\_\_ # of Guard Dogs \_\_\_\_\_ # of Contraband Dogs

13) Do Employees use their own vehicles in your operation? Yes  No

14) Are any subcontractors used in your business? Yes  No   
 If yes, what services do they provide? \_\_\_\_\_

Certificate of insurance required from subcontractors? Yes  No

15) Do you lease employees from others? Yes  No

16) What is the maximum # of employees at any one location at the same time?

# \_\_\_\_\_ Location \_\_\_\_\_  
 # \_\_\_\_\_ Location \_\_\_\_\_  
 # \_\_\_\_\_ Location \_\_\_\_\_

**D. Inland Marine**

- |                        | Limit of Insurance | Deductible |
|------------------------|--------------------|------------|
| 1) Accounts Receivable | _____              | _____      |
| 2) Valuable Papers     | _____              | _____      |
| 3) Computer Coverage   | Hardware _____     | _____      |
|                        | Software _____     | _____      |
| 4) Miscellaneous       |                    |            |

\_\_\_\_\_  
 \_\_\_\_\_

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**E. Insurance Information**

<b>Policy Information:</b>	<u>Carrier</u>	<u>Dates</u>	<u>Limits</u>	<u>Premium</u>	<u>Basis</u>	<u>Deductible</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

1) Has any carrier ever cancelled or refused to renew your policy? Yes  No   
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

Describe all claims against you including amount paid or held in reserve over the past (5) years.

<u>Date</u>	<u>Description</u>	<u>Paid Amt.</u>	<u>Reserves</u>	<u>Open/Closed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**F. Disclosure/Authorization/ Declarations**

**WARNING NOTICE:** 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.

The undersigned Applicant authorizes the Company, its agents, and representatives to secure claims information from my current and previous insurance carriers.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSURER TO ISSUE A POLICY. IT IS AGREE, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned agent or broker additionally agrees to be responsible for any earned premium developed on any policy issued based on this application.

Signature of Agent or Broker: \_\_\_\_\_ Date: \_\_\_\_\_