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Producer: _____

Telephone No.: (____) _____ - _____

Facsimile No.: (____) _____ - _____

GREAT MIDWEST GREAT GUARD PROGRAM SECURITY GUARD SERVICE/ALARM SERVICE/DETECTIVE AGENCY INSURANCE APPLICATION

A. BUSINESS INFORMATION

1. Name of Applicant: _____

2. Street Address: _____ City: _____ State: _____

Mailing Address, if different: _____

Additional Locations, if any: _____

3. Name of contact for audit: _____ Telephone No.: (____) _____ - _____

4. Proposed Effective Date: _____ 5. Licensed and in Business Since: _____

6. Applicant is: Individual Corporation Partnership Other: _____

7. Applicant Operations: _____ % Security Guard _____ % Investigative
 _____ % Armored Car _____ % Alarm Service
 _____ % Patrol _____ % Other: Describe: _____

100 %

8. Gross Receipts/Sales: Last Year \$ _____ Anticipated Coming Year \$ _____

What is the number of active accounts/contracts you are currently servicing? _____

9. Employee Information	No. of Employees		Total Payroll	
a. Employees/Payroll	Full-Time	Part-Time	Last Year	Coming Year
Armed Guards/Detectives	_____	_____	\$ _____	\$ _____
Unarmed Guards/Detectives	_____	_____	\$ _____	\$ _____
Clerical & Administrative	_____	_____	\$ _____	\$ _____
Other	_____	_____	\$ _____	\$ _____
Total	=====	=====	\$ =====	\$ =====

b. Describe hiring practices and pre-employment screening procedures: _____

c. Do you have any employees who drive your or their autos while working for you? Yes No

d. Do you order Motor Vehicle Reports on these employees? Yes No

10. Claim/Loss History for Past 5 Years: If none, so state. (Insurer loss runs will be required.)

Date	Description	\$ Paid Amount *	\$ Reserves	Open/Closed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(* Including Legal and Adjustment Expense)

Describe any additional incidents that have occurred which may result in a claim being made against the applicant. If none, so state: _____

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

	<u>Yes</u>	<u>No</u>	<u>%</u>		<u>Yes</u>	<u>No</u>	<u>%</u>			
<input type="checkbox"/>				Abortion Clinics	*	_____		Hotels/Motels	*	_____
<input type="checkbox"/>				Airport Security	*	_____		Insurance Investigation		_____
<input type="checkbox"/>				Alarm Installation		_____		Labor Dispute Intermediaries	*	_____
<input type="checkbox"/>				Alarm Monitoring		_____		Liquor Stores		_____
<input type="checkbox"/>				Apartments/Condos		_____		Low Income Housing		_____
<input type="checkbox"/>				Armored Car	*	_____		Malls		_____
<input type="checkbox"/>				Arson Investigation	*	_____		Manufacturing Plants		_____
<input type="checkbox"/>				Auto Dealerships		_____		Money Escort/Courier	*	_____
<input type="checkbox"/>				Athletic Events		_____		Nightclubs or Bars	*	_____
<input type="checkbox"/>				Banks		_____		Offices		_____
<input type="checkbox"/>				Body Guards(describe clients)	*	_____		Parking Garages		_____
<input type="checkbox"/>				Bouncers	*	_____		Polygraph Operators	*	_____
<input type="checkbox"/>				Check Cashing Stores		_____		Process Servers		_____
<input type="checkbox"/>				Child Search/Missing Persons		_____		Repossession	*	_____
<input type="checkbox"/>				Churches		_____		Residential Patrol		_____
<input type="checkbox"/>				Collection Agencies/Work	*	_____		Retail Stores While Open		_____
<input type="checkbox"/>				Concerts/Special Events	*	_____		(Armed Guards)	*	_____
<input type="checkbox"/>				Construction Sites		_____		(Unarmed Guards)	*	_____
<input type="checkbox"/>				Courier Service		_____		Schools	*	_____
<input type="checkbox"/>				Credit Checks		_____		Skip Tracers	*	_____
<input type="checkbox"/>				Department Stores		_____		Strike Work	*	_____
<input type="checkbox"/>				Drug Searches	*	_____		Supermarkets/Grocery/Convenience	*	_____
<input type="checkbox"/>				Electronic Sweeps	*	_____		Traffic Control	*	_____
<input type="checkbox"/>				Fast Food Restaurants	*	_____		Training School for Guards	*	_____
<input type="checkbox"/>				Fingerprinting		_____		Utilities		_____
<input type="checkbox"/>				Government Facilities		_____		Undercover Work		_____
<input type="checkbox"/>				Guard Dogs	*	_____		Warehouses		_____
<input type="checkbox"/>				Hospitals	*	_____		Other:_____		_____
<input type="checkbox"/>						_____				_____

Gross Receipts Total 100%

Comments and Explanations: _____

B. INSURANCE INFORMATION

6. Policy Information:

Carrier	Dates	Limits	Premium	Basis	Deductible
_____	_____	_____	_____	_____	_____

7. Has any carrier ever cancelled or refused to renew your policy? Yes No

Please explain "Yes": _____

8. Please indicate General/Professional Liability Coverages Desired

Limits of Liability:\$_____ Occurrence \$_____ Aggregate \$_____ Deductible Amount

- Medical Payments \$1,000 \$5,000
- Firearms Coverage (excluded otherwise)
- Care, Custody & Control (excluded otherwise)
- Lost Key Coverage (excluded otherwise)

9. Other Coverages Desired (Describe limits, amounts, deductible, forms, etc.)

- a. Property: _____
- b. Crime: _____
- c. Hired and Non-Owned Auto: _____
- d. _____

C. DISCLOSURE/AUTHORIZATION/DECLARATIONS

WARNING NOTICE (OHIO): 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 applications

Signature of Agent or Broker Date