



**ONE RISK GROUP, LLC**  
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 And Insurance Services, LLC*

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**Insurance unlike anyone.**  
 www.oneriskgroup.com  
 License No: 0G66614

## Security Guard Application

### GENERAL INFORMATION

LEGAL NAME (As should appear on policy including Inc., Corp., etc.) \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_ WEBSITE: \_\_\_\_\_ FEIN: \_\_\_\_\_

INSPECTION CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

AUDIT CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CLAIMS CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

ENTITY TYPE  Sole Proprietor  Partnership  Corporation  LLC  Other

Policy Proposed Effective Date: \_\_\_\_\_ to \_\_\_\_\_ Current Coverage Expires On: \_\_\_\_\_

Limit of Liability Desired:  \$300,000  \$500,000  \$1,000,000  Other \_\_\_\_\_

Deductible:  \$1,000  \$2,500  \$5,000  Other \_\_\_\_\_

Applicant Classification:  Security Service  Consulting  Investigations  Alarm Service and Monitoring

In regards to your clients, do you assume any duties not related to security, i.e. janitorial, maintenance, housekeeping, etc? If yes, please explain

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

Provide the names of your (5) five largest revenue producing clients, and a description of your duties.

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

Are the majority of your clients under contract?

Yes  No If Yes, how many include harmless clauses? \_\_\_\_\_

If Yes, Please include samples of your standard contracts and agreements.

Do you subcontract work?  Yes  No

If yes, do you require certificates and/or proof of Errors & Omissions and Commercial General Liability Insurance?  Yes  No

Are you named as an additional insured on the subcontractor's policy?  Yes  No

**SECURITY SERVICE/PATROL**

What background do the principals of this organization have in the Security Industry? (Please attach resume)

Will the principals perform Guard/Investigative Operations?  Yes  No

Number of Supervisors \_\_\_\_\_ Describe duties of Supervisors: \_\_\_\_\_

Average number of guards per supervisor \_\_\_\_\_

Annual guard turnover rate \_\_\_\_\_

Training program consists of:

- Written Manual       On Job                       CPR
- Report Writing       Powers of Arrest       Films
- Firearms               Classroom               Other \_\_\_\_\_

Describe your training program:

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Pre-employment screening procedures (check the following):

- Polygraph               Prior Employer Contacted       Criminal Background
- Drug Screening       Fingerprint Check               Driving Record
- Psychological Test       Personal References               Other \_\_\_\_\_

Describe your pre-employment screening procedures

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Total number of guard hours billed to client(s) annually: Unarmed \_\_\_\_\_ Armed \_\_\_\_\_

Total number of Guards:

	Full Time	Part Time
Unarmed		
Armed		
Supervisors		

Do you use any equipment or golf carts for patrol?  Yes  No If yes, how many? \_\_\_\_\_

Will the public be transported?  Yes  No If yes, are driving records checked on drivers?  Yes  No

Do you anticipate using dogs? (must be leashed not to exceed 6 ft.)  Yes  No

If yes, number of dogs used with handlers \_\_\_\_\_ without handlers \_\_\_\_\_

What purpose will the dogs be used?

- Bombs                       Drugs
- Airports                       Other \_\_\_\_\_

Are all armed employees licensed by the state to carry firearms?  Yes  No If yes, how often will they have to be recertified? \_\_\_\_\_

Employee Pay Scale (Hourly)

	Minimum	Maximum	Average
Supervisors			
Unarmed Guards			
Armed Guards			

Please provide total payroll and billable hours for the past five years (Insert Years on Top Row)

Total Payroll					
Armed Guards					

LIST ANNUAL PAYROLL SEPARATELY BY CATEGORY

	ARMED PAYROLL	UNARMED PAYROLL
<b>GUARD SERVICES</b>		
Airports (describe operations)		
Banks or other financial institutions		
Construction or Demolition Sites		
Conventions		
Escort Service/Body Guard Service		
Fast Food Restaurants		
Government Contracts (office building, courts, military base)		
Hotels/Motels		
Housing/Residential – Mid/High Income		
Housing/Residential – Low Income/HUD		
Industrial (warehouses, factories)		
Institutions (schools, hospitals, other _____)		
Liquor Establishments (bars, restaurants, other _____)		
Malls/Theaters/Arcades		
Office Buildings		
Patrol Cars (alarm response, patrol, other _____)		
Retail (parking lots, outside patrol, other _____)		
Retail (shoplifting, surveillance, inside, other _____)		
Special Events (sports, concerts, other _____)		
Strike Work		
Traffic Control		
Utilities (water, electrical, nuclear)		
Other Describe:		
<b>TRANSPORTATION SERVICES</b>		
Armored Car		
ATM Services		
Courier (describe commodity transported)		
Other Describe:		
<b>PRIVATE INVESTIGATIONS</b>		
Auto Repossession		
Bank Checks (pre-employment screening)		
Body Guard Protection		
Bounty Hunter		
Computer Fraud		
Criminal		
Divorce/Domestic		
Executive Protection		
General Background Checks		
Missing Persons		
Polygraph		
Process Serving		
Psychological Stress Evaluator		
Security Consultation		
Other Describe:		
<b>OTHER</b>		
Clerical		
Outside Sales		
Other Describe:		
<b>TOTAL</b>		

## SERVICE DETAILS (COMPLETE IF YOU PROVIDE SERVICES TO ANY OF THESE CLIENTS)

### AIRPORTS/CRUISE SHIP LINES

Please list the airports/cruise ship lines being serviced and a description of the services provided and advise if it will include either passenger/baggage screening and/or skycap services.

### BODYGUARD/EXECUTIVE PROTECTION

Will these services involve protection of entertainers/athletes or other high profile individuals?  Yes  No

Please provide a brief description of the services provided to these clients (i.e. estate security, 24x7 protection, etc).

### SCHOOLS/COLLEGES/UNIVERSITIES

Please provide a listing of these clients and a description of the services provided to these clients (i.e. vehicle patrol, security in the dormitories, security at special events, etc).

### HOSPITALS

Please provide a listing of these clients serviced and a description of the services provided (i.e. parking lot patrol, security in the ER, patient restraint services, etc).

### HOTELS/MOTELS

Please provide a listing of the hotels/motels being serviced and provide a description of the services provided to these clients (i.e. vehicle patrol, security at hotel lounge, student chaperone services, etc).

### RESIDENTIAL

Please provide a listing of the properties serviced, their locations and a description of the services provided to these clients (vehicle patrol, gate guard, etc). Also indicate the residential mix and percentage of work for each (high/mid income, gated communities, senior subsidized, Section 8, low income, other).

### SPECIAL EVENTS/SPORTING EVENTS/ARENA/STADIUMS/CONVENTIONS

Please provide a listing of these clients and a description of the services provided.

### CLUBS/BARS/LIQUOR ESTABLISHMENTS

Please provide a listing of these clients and a description of the services provided.

### OTHER OPERATIONS

Please provide a listing of any other clients and a description of the services provided.

**ADDITIONAL COVERAGES**

**CHECK ALL THAT APPLY**

- Additional Insureds  Individual  Blanket
- Waiver of Subrogation  Individual  Blanket
- Primary Wording  Individual  Blanket
- Per Project Aggregate  Employee Benefits Liability
- Stop Gap  Hired/Non-Owned Auto

**CURRENT GENERAL LIABILITY INFORMATION**

Please provide name of carriers, premiums paid, limits, sales, deductibles and loss runs for the past five years (Insert Years on Top Row)

Carrier					
Premium					
Payroll					
Ded/SIR					
Losses					

Has any company canceled or declined to renew in the past 5 years?  Yes  No If yes, please explain

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Has the insured ever had a lapse in coverage?  Yes  No If yes, please explain

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**CLAIM INFORMATION**

Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application)

Do you require staff to report all unusual incidents and are all incident reports reviewed by Management?  Yes  No

Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which may give rise to a future claim?  Yes  No

**UMBRELLA/EXCESS QUESTIONNAIRE (PLEASE COMPLETE ONLY IF DESIRED)**

Explain all "Yes" responses.

- 1. With the exception of lienholders, are any vehicles not solely owned by and registered to the applicant?  Yes  No
- 2. Do over 50% of the employees use their autos in the business?  Yes  No
- 3. Is there a vehicle maintenance program in operation?  Yes  No
- 4. Are any vehicles leased to others?  Yes  No
- 5. Are any vehicles customized, altered or have special equipment?  Yes  No
- 6. Do operations involve transporting hazardous material?  Yes  No
- 7. Any vehicles used by family members or non employees? If so, please identify in remarks.  Yes  No
- 8. Does the applicant obtain MVR verifications?  Yes  No
- 9. Does the applicant have a specific driver recruiting method?  Yes  No
- 10. Are any drivers not covered by Workers Compensation?  Yes  No
- 11. Any vehicles owned but not scheduled on this application?  Yes  No

Remarks:

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**WORKERS' COMPENSATION**

Information Required with Submission: (Please attach)

1. ACORD Workers' Compensation application
2. Location Coding – see attached pages
3. Financials for accounts over \$100,000
4. Insurance Carrier Premium and Loss statements which are currently valued (5 years required).
5. Drivers schedule: Names, Dates of Birth & Driver's License Number required.
6. Experience Mod. Worksheet
7. Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund:

Annual employee turnover rate \_\_\_\_\_%

Is the current coverage now in Assigned Risk, State Fund or Voluntary Market?  Yes  No

Has any insurance carrier canceled or refused to renew within the past 3 years?  Yes  No If yes, please explain.

Do you report all WC claims, regardless of payment having been made on the claim?  Yes  No If no, please explain.

Employee Benefits Program:  Group Medical  401K  Other \_\_\_\_\_

Describe your Employee Benefits Program:

Do you have a transitional duty (light duty) program?  Yes  No If yes, describe:

Who is responsible for safety? \_\_\_\_\_

Do you have a formal safety committee?  Yes  No If yes, how frequently does it meet and who attends?

Do you have a medical or physicians network in place for WC claims?  Yes  No If yes, describe in detail:

Auto/Fleet Exposures (Complete if auto is not submitted with the workers' compensation.)

- a. Number of Drivers: \_\_\_\_\_
- b. Number of and types of vehicles: \_\_\_\_\_
- c. How are vehicles used? \_\_\_\_\_
- d. What time of the day are vehicles used? \_\_\_\_\_
- e. Who is allowed to drive vehicles? \_\_\_\_\_
- f. How often are MVR's pulled on all drivers? \_\_\_\_\_
- g. Describe MVR policy as it relates to vehicle usage: \_\_\_\_\_
- h. Are vehicles taken home?  Yes  No  
If yes, what limitations are in place for personal use? \_\_\_\_\_
- i. Is there a maintenance program?  Yes  No

WAIVER SUBROGATION – Provide the names, addresses & class codes/payroll of all contracts requiring a waiver of subrogation.

If the Insured has no exposure to any of the High Profile Locations, please note "no exposure, and sign/date the form.

Location/Exposure Type	Yes	Comments
Airports		
Public Transportation (Incl. Rail, Subway Stations)		
Monuments & Other Historically Significant Locations		
Convention Centers		
Major Religious Structures		
Stadiums, Arenas or Sporting Complexes		
Museums/Aquariums/Zoos		
Stock Exchanges or Financial Centers		
Nationally Recognized Hospitals/Medical Centers		
Amusement Parks (high profile)		
"Marquis" Buildings		
Utilities/Energy		
Refineries/Fuel Depots		
Dams		
Hazardous Chemical Manufacturing		
Weapons/Defense Manufacturing		
Military Bases or Locations		
Major Casinos		
Mail Handling or Delivery		
High Rise Buildings		
Tier 1: Nationally Recognized		
Tier 2: Over 35 Stories		
Tier 3: Between 20 and 35 stories		
Other Specialty Situations		
Example: Olympic Venues, Other Special Events		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**CRIME/EMPLOYEE DISHONESTY QUESTIONNAIRE (PLEASE COMPLETE ONLY IF DESIRED)**

- 1. Do you have an audited financial statement prepared annually?  Yes  No
- 2. Are internal financial statements prepared?  Yes  No  
If yes, how often are they reviewed by the owner? \_\_\_\_\_
- 3. Describe your "Separation of Duties" and "Countersignature" procedures: \_\_\_\_\_

Indicate the number of employees who handle, have custody or maintain records of money, securities or other property:  
\_\_\_\_\_  
\_\_\_\_\_

- 4. Are officer-shareholders active in the day to day oversight of business operations?  Yes  No
- 5. Do employees who reconcile the bank statement also:      Make deposits?  Yes  No      Make withdrawals?  Yes  No      Sign Checks?  Yes  No
- 6. Is countersignature of checks required?  Yes  No If yes, what is the dual signing limit? \_\_\_\_\_

7. Is segregation of duties practiced in the following areas:

- Inventory management?  Yes  No
- Wire transfer receipts and payments?  Yes  No
- Purchase order approval and payment?  Yes  No
- Vendor approval?  Yes  No
- Oversight of blank check stock?  Yes  No
- Payroll?  Yes  No
- Retail checks and Credit Card receipts?  Yes  No
- Cash receipts?  Yes  No

8. Are all incoming checks stamped "for deposit only" immediately upon receipt?  Yes  No

9. Are inventory records computerized?  Yes  No

10. Is a physical count of inventory conducted at least annually?  Yes  No

11. Are the duties of computer programmers and operators separated?  Yes  No

12. Are computer passwords changed frequently?  Yes  No

13. For new employees, do you perform any of the following types of background checks:

- Prior employment?  Yes  No
- Education?  Yes  No
- Criminal history?  Yes  No
- Drug testing?  Yes  No
- Credit history?  Yes  No

14. Are the controls indicated in 5-13 above imposed at all locations?  Yes  No

If no, please explain exceptions.

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

15. List all Crime/Fidelity Losses in the last three years:

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

16. Please indicate the coverages, limits, and deductibles desired:

- \$25,000 limit, \$1,000 deductible
- \$50,000 limit, \$1,500 deductible
- \$75,000 limit, \$2,500 deductible
- \$100,000 limit, \$5,000 deductible
- Other \_\_\_\_\_

17. List any qualified benefit plans

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

18. Are you interested in Fiduciary Liability Coverage?  Yes  No If yes, please attach Form 5500's for each plan to be covered.

Current Fidelity Carrier? \_\_\_\_\_ Premium? \_\_\_\_\_ Limits? \_\_\_\_\_ Deductible? \_\_\_\_\_