SECURITY, ALARM & INVESTIGATION SUPPLEMENTAL

Covers security guard, private investigation, alarm and fire suppression operations. Complete with CWCO-SUP-CORE and ACORD 125/126. Complete only the operational sections that apply; check the skip b

APPLICANT NAME	EFFECTIVE DATE REQUESTED	YEARS IN BUSINESS UNDER THIS NAME

STREET ADDRESS	CITY	STATE / ZIP	MAILING ADDRESS (IF DIFFERENT)

WEBSITE ADDRESS	INSPECTION / AUDIT CONTACT NAME	TELEPHONE	EMAIL

Applicant is:

☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other

A BUSINESS INFORMATION

DESCRIBE THE DUTIES OF THE OWNER(S), INCLUDING HOURS ON SITE AND DIRECT FIELD INVOLVEMENT

YEARS OF EXPERIENCE IN THIS FIELD	OTHER STATES OF OPERATION	TRADE ASSOCIATION MEMBERSHIPS HELD

A1 Is the applicant involved in any other operations? ☐ Yes ☐ No

IF YES, EXPLAIN

A2 Is the company a division of a larger corporation, or a subsidiary? ☐ Yes ☐ No

IF YES, EXPLAIN

A3 Are the applicant and all employees and subcontractors lawfully licensed in every jurisdiction in which they operate? ☐ Yes ☐ No

IF YES, EXPLAIN

THREE LARGEST CLIENTS	DESCRIPTION OF DUTIES PERFORMED FOR THEM	ANNUAL REVENUE FROM CLIENT ($)

B EMPLOYEE SELECTION & TRAINING

Screening and training quality is the primary underwriting differentiator in this class.

Pre-employment screening procedures used:

☐ Prior employment check ☐ Personal reference check ☐ Psychological testing
☐ Criminal background check ☐ Drug screening ☐ Motor vehicle record
☐ Credit check ☐ Fingerprinting ☐ Other

Training program includes:

☐ Written manual ☐ Report writing ☐ CPR / first aid
☐ On the job training ☐ Firearms training ☐ Use of force
☐ Powers of arrest ☐ De-escalation techniques ☐ Annual recertification

NUMBER OF SUPERVISORS	TOTAL PAYROLL ($)	HOURS OF INITIAL TRAINING REQUIRED	FREQUENCY OF REFRESHER TRAINING

DESCRIBE THE DUTIES PERFORMED BY SUPERVISORS, INCLUDING FIELD INSPECTION FREQUENCY AND SPAN OF CONTROL

C COVERAGE REQUESTED & PRIOR CARRIERS

GENERAL LIABILITY — OCCURRENCE LIMIT ($)	GENERAL LIABILITY — AGGREGATE ($)	DEDUCTIBLE INCLUDING LAE ($)	EXCESS LIABILITY LIMIT REQUESTED ($)

C1 Is hired and non-owned auto coverage requested? ☐ Yes ☐ No

INSURER	POLICY PERIOD	LIMITS OF LIABILITY	DEDUCTIBLE	PREMIUM ($)

List general and professional liability coverage carried during the past five years, including any periods without coverage.

UNDERLYING POLICY TYPE	CARRIER	POLICY NUMBER	EFF. DATE	EXP. DATE	LIMITS

List primary policies to be considered as underlying insurance: automobile liability, general liability, employers' liability. Indicate N/A if none.

D OPERATIONAL HAZARDS

D1 Are canines used in the operation? ☐ Yes ☐ No

IF YES, EXPLAIN

NUMBER OF CANINES — ATTENDED	NUMBER OF CANINES — UNATTENDED	CANINE BREEDS USED	DRUG OR BOMB DETECTION WORK?

DESCRIBE HOW AND WHERE CANINES ARE USED

D2 Do any officers use tasers or other less-lethal weapons in their operations? ☐ Yes ☐ No

IF YES, EXPLAIN

D3 Are golf carts, ATVs, mules or similar off-road vehicles used in the business? ☐ Yes ☐ No

IF YES, EXPLAIN

D4 Does the applicant perform any work at facilities where explosives are handled or stored, or at chemical plants, refineries, nuclear power plants, or similar hazardous occupancies? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to D4, state for whom and in what year the work was done, or whether such work is intended.

D5 Does the applicant carry or use firearms in any capacity? ☐ Yes ☐ No

IF YES, EXPLAIN

D6 Is a written use-of-force policy in place, with documented incident reporting? ☐ Yes ☐ No

IF YES, EXPLAIN

E SUBCONTRACTORS

E1 Does the applicant use any subcontractors? ☐ Yes ☐ No

E2 Is a written contract used with all subcontractors? ☐ Yes ☐ No

IF YES, EXPLAIN

E3 Are certificates of insurance obtained from all subcontractors? ☐ Yes ☐ No

E4 Is the applicant always added as an additional insured by subcontractors? ☐ Yes ☐ No

IF YES, EXPLAIN

If not always, state the percentage of subcontractors that name the applicant as additional insured.

TYPE OF WORK SUBCONTRACTED	TOTAL PROJECTED SUBCONTRACT COST ($)	CONTRACTUALLY REQUIRED MINIMUM LIMITS

F SECURITY GUARD OPERATIONS

Check the box below and skip this section if there are no security guard operations.

Section applicability:

☐ No security guard operations — skip section

ANNUAL SECURITY GUARD PAYROLL ($)	ANNUAL SECURITY GUARD RECEIPTS ($)	INDEPENDENT CONTRACTOR COST ($)	ANNUAL NUMBER OF BILLED HOURS

# FULL-TIME FIELD EMPLOYEES	# PART-TIME FIELD EMPLOYEES	# ARMED GUARDS	# UNARMED GUARDS

ACCOUNT TYPE GUARDED	% OF OPERATIONS	ACCOUNT TYPE GUARDED	% OF OPERATIONS

Account types (must total 100%): armored car/courier; banks/offices; banquet facilities/bars/lounges/restaurants/night clubs/gentlemen's clubs; cannabis operations; car dealerships; casinos; churches; constru

G PRIVATE INVESTIGATION OPERATIONS

Check the box below and skip this section if there are no private investigation operations.

Section applicability:

☐ No private investigation operations — skip s

ANNUAL INVESTIGATION PAYROLL ($)	ANNUAL INVESTIGATION RECEIPTS ($)	INDEPENDENT CONTRACTOR COST ($)	ANNUAL NUMBER OF BILLED HOURS

# FULL-TIME FIELD EMPLOYEES	# PART-TIME FIELD EMPLOYEES	# ARMED INVESTIGATORS	# UNARMED INVESTIGATORS

INVESTIGATION TYPE	% OF OPERATIONS	INVESTIGATION TYPE	% OF OPERATIONS

Investigation types (must total 100%): accident/arson investigation; accident/arson reconstruction; asset searches; background/pre-employment checks; bail bonding/bounty hunting; child custody/missing pers

G1 If polygraph testing is conducted, is the applicant certified through the American Polygraph Association or American Polygraph Services? ☐ Yes ☐ No

IF YES, EXPLAIN

G2 Does the applicant give required notifications with background checks in compliance with the Fair Credit Reporting Act? ☐ Yes ☐ No

IF YES, EXPLAIN

H ALARM OPERATIONS

Check the box below and skip this section if there are no alarm operations.

Section applicability:

☐ No alarm operations — skip section

ANNUAL ALARM PAYROLL ($)	ANNUAL ALARM RECEIPTS ($)	INDEPENDENT CONTRACTOR COST ($)	ANNUAL NUMBER OF BILLED HOURS

CATEGORY	BREAKDOWN ITEM	% (MUST TOTAL 100%)	BREAKDOWN ITEM	% (MUST TOTAL 100%)

Operations: new installation; retrofit design; service/repair; inspection; other. Market segments: commercial/industrial; restaurants; institutional; habitational; residential; computer rooms. Alarm systems: fir

% OF CUSTOMERS UNDER APPLICANT'S STANDARD CONTRACT	% UNDER MODIFIED CONTRACTS OR CONTRACTS OF OTHERS	TOTAL PROJECTED COST FOR SUBCONTRACTED MONITORING ($)

H1 Do standard contracts include hold-harmless or indemnification language? ☐ Yes ☐ No

H2 Does the contract include a liquidated damages amount? ☐ Yes ☐ No

IF YES, EXPLAIN

H3 Is monitoring provided by the applicant, or subcontracted to another provider? ☐ Yes ☐ No

IF YES, EXPLAIN

H4 Is there a written contract with the monitoring provider? ☐ Yes ☐ No

H5 Does the applicant provide security or patrol response to customers when local police, fire or EMS do not respond? ☐ Yes ☐ No
IF YES, EXPLAIN

H6 Do any employees or subcontractors providing security response carry firearms? ☐ Yes ☐ No
IF YES, EXPLAIN

I FIRE SUPPRESSION OPERATIONS

Check the box below and skip this section if there are no fire suppression operations.

Section applicability:

☐ No fire suppression operations — skip sectio

ANNUAL FIRE SUPPRESSION PAYROLL ($)	ANNUAL FIRE SUPPRESSION RECEIPTS ($)	INDEPENDENT CONTRACTOR COST ($)	ANNUAL NUMBER OF BILLED HOURS

CATEGORY	BREAKDOWN ITEM	% (MUST TOTAL 100%)	BREAKDOWN ITEM	% (MUST TOTAL 100%)

Operations: new installation; retrofit design; service/repair; inspection; grease/duct cleaning; other. Market segments: commercial/industrial; restaurants; institutional; habitational; residential; computer roo

% OF JOBS USING CPVC PIPE	LAST YEAR RESIDENTIAL WORK WAS PERFORMED	ARE FITTERS TRAINED ON CURE TIMES FOR EACH PIPE SIZE?

I1 Does the applicant install, service or repair fire suppression systems aboard aircraft, automobiles, mobile equipment or boats? ☐ Yes ☐ No
IF YES, EXPLAIN

I2 Does the applicant fill any type of oxygen tanks? ☐ Yes ☐ No
IF YES, EXPLAIN

I3 Does the applicant install systems in buildings over four stories? ☐ Yes ☐ No
IF YES, EXPLAIN

I4 Does the applicant manufacture any fire protection equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

I5 Does the applicant sell any product, including protective clothing or life support equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

I6 Is the applicant covered as an additional insured under vendors coverage by the manufacturer? ☐ Yes ☐ No
IF YES, EXPLAIN

J AUTO & DRIVER EXPOSURE

VEHICLE TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	% 0–50 MI	% 50–200 MI	% 200+ MI

Vehicle types: private passenger; light trucks; medium trucks; heavy trucks; extra-heavy trucks; truck-tractors heavy; truck-tractors extra-heavy.

J1 Does the applicant have a business auto policy in force? ☐ Yes ☐ No

J2 Are there any drivers under age 21 or over age 70? ☐ Yes ☐ No
IF YES, EXPLAIN

J3 Do any employees use their own vehicle for company purposes, excluding commuting? ☐ Yes ☐ No
IF YES, EXPLAIN

J4 Do any employees drive their own vehicle to and from work sites? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to J4, state the number of employees, average trips per day, and average distance traveled.

J5 Does the applicant verify that employee vehicles are in good working order and regularly maintained? ☐ Yes ☐ No

J6 Are certificates of personal auto insurance collected from employees annually? ☐ Yes ☐ No

J7 Are motor vehicle records ordered pre-hire and annually, with a written MVR evaluation program in effect? ☐ Yes ☐ No
IF YES, EXPLAIN

J8 Is disciplinary action taken for poor drivers? ☐ Yes ☐ No

J9 Are explosives, caustics, flammables or other dangerous cargo hauled? ☐ Yes ☐ No
IF YES, EXPLAIN

J10 Are any vehicles leased or rented to others, or any units not insured by underlying policies? ☐ Yes ☐ No
IF YES, EXPLAIN

MINIMUM AUTO LIABILITY LIMIT REQUIRED OF EMPLOYEES ($)	BUSINESS AUTO COVERAGE SYMBOL FOR LIABILITY	STATES WHERE EMPLOYEES ARE SUBJECT TO WC REGULATIONS

J11 Is the applicant self-insured in any state? ☐ Yes ☐ No
IF YES, EXPLAIN

J12 Is the applicant subject to the Jones Act or FELA? ☐ Yes ☐ No
IF YES, EXPLAIN

K ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — ACCREDITATION, CONTRACT QUALITY, CLIENT RETENTION, OR PLANNED CHANGES

L REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. The undersigned represents they are authorized to complete and sign this application on behalf of the applicant.

FRAUD NOTICE: 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 and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE