

DETECTIVE AND SECURITY AGENCY APPLICATION

Date _____
Business Name _____
Owners Name _____
Applicant is Individual Partnership Corporation
Business Address _____

Broker Name and Address
Aberdeen Insurance Group
1364 Welsh Rd., Suite E 2
North Wales, PA 19454
1-800-845-4150 (Voice)
215-641-1456 (Fax)

Business Phone _____
Proposed Effective _____ to _____

1. PROPERTY

Bldg Limit _____ Form: _____

Cnts limit _____ Form: _____

Business Income Limit _____ Coinsurance _____ or (Monthly Limit) _____
Deductible _____

Other occupants of building _____

Location s: Rented Owned

Is there a Mortgagee Loss Payee Contract of sale?

If yes - Name _____

Address _____

Building Construction Frame Masonry Noncombustible Fire resistive

Building Age _____ Protection Class _____

Year of last update _____ Heating _____ Plumbing _____ Electrical _____ Roof _____

Condition of building Very Good Good Other (explain)

II. LIABILITY

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

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

Firearms Coverage

Professional

Other: _____

Employee Information:

Class	Payroll	Class	Payroll
Armed Guards		Armed Detective	
Unarmed Guards		Unarmed Detective	
Clerical & Administrative		Other:	

Total Anticipated Annual Receipts \$ _____

III LOSS HISTORY

General Liability insurer and claims history for past five years. (Even if there are no losses, please provide insurer history and premiums)

Insurer & Policy Term	Annual Premium	Date of Loss	Type & Description	Am't Paid	Am't Reserved

LOSS REMARKS: _____

PLEASE ANSWER ALL OF THE FOLLOWING:

1. What is the experience of the firm's investigators? Is the agency licensed by the state? (If applicable) _____

2. Are policies concerning invasion of privacy established and enforced? Does the insured follow appropriate legal channels of investigation?

3. What are the overall conditions of the insured office premises? (i.e., stairs, floors and parking) _____
4. Does the insured screen employees? If so, what is the procedure and to what extent? _____

5. Does anyone carry guns? If so, are they licensed?

DETECTIVE & SECURITY AGENCY EMPLOYEE INFORMATION

NAME: _____ SOC. SEC. _____
HOME ADDRESS: _____
TRAINING: BY WHOM: _____ WHEN _____
*FIREARMS: _____

NAME: _____ SOC. SEC. _____
HOME ADDRESS: _____
TRAINING: BY WHOM: _____ WHEN _____
*FIREARMS: _____

NAME: _____ SOC. SEC. _____
HOME ADDRESS: _____
TRAINING: BY WHOM: _____ WHEN _____
*FIREARMS: _____

* If yes, license number and issuing agency; indicate level of proficiency; type & caliber of firearm; frequency of refresher practice. (Use additional sheet, if necessary)

For additional employees, add sheet

6. Is the applicant involved in any of the following?

	Yes	No		Yes	No
airport security	<input type="checkbox"/>	<input type="checkbox"/>	insurance investigation	<input type="checkbox"/>	<input type="checkbox"/>
alarm installation	<input type="checkbox"/>	<input type="checkbox"/>	liquor stores	<input type="checkbox"/>	<input type="checkbox"/>
alarm monitoring	<input type="checkbox"/>	<input type="checkbox"/>	low income housing	<input type="checkbox"/>	<input type="checkbox"/>
apartment buildings or grounds	<input type="checkbox"/>	<input type="checkbox"/>	malls	<input type="checkbox"/>	<input type="checkbox"/>
armored cars	<input type="checkbox"/>	<input type="checkbox"/>	manufacturing plants	<input type="checkbox"/>	<input type="checkbox"/>
arson investigation	<input type="checkbox"/>	<input type="checkbox"/>	money escorts	<input type="checkbox"/>	<input type="checkbox"/>
banks	<input type="checkbox"/>	<input type="checkbox"/>	nightclubs or bars	<input type="checkbox"/>	<input type="checkbox"/>
body guards	<input type="checkbox"/>	<input type="checkbox"/>	while open	<input type="checkbox"/>	<input type="checkbox"/>
child search/missing persons	<input type="checkbox"/>	<input type="checkbox"/>	while closed	<input type="checkbox"/>	<input type="checkbox"/>
churches	<input type="checkbox"/>	<input type="checkbox"/>	offices	<input type="checkbox"/>	<input type="checkbox"/>
collection agencies	<input type="checkbox"/>	<input type="checkbox"/>	polygraph operators	<input type="checkbox"/>	<input type="checkbox"/>
concerts/special events	<input type="checkbox"/>	<input type="checkbox"/>	repossessions/collection	<input type="checkbox"/>	<input type="checkbox"/>
(if yes explain: _____)			residential patrols	<input type="checkbox"/>	<input type="checkbox"/>
_____			retail stores	<input type="checkbox"/>	<input type="checkbox"/>
construction sites	<input type="checkbox"/>	<input type="checkbox"/>	while open	<input type="checkbox"/>	<input type="checkbox"/>
courier service	<input type="checkbox"/>	<input type="checkbox"/>	while closed	<input type="checkbox"/>	<input type="checkbox"/>
department stores	<input type="checkbox"/>	<input type="checkbox"/>	schools	<input type="checkbox"/>	<input type="checkbox"/>
fast food stores/restaurants	<input type="checkbox"/>	<input type="checkbox"/>	strike work	<input type="checkbox"/>	<input type="checkbox"/>
fingerprinting	<input type="checkbox"/>	<input type="checkbox"/>	traffic control	<input type="checkbox"/>	<input type="checkbox"/>
government facilities	<input type="checkbox"/>	<input type="checkbox"/>	supermarkets	<input type="checkbox"/>	<input type="checkbox"/>
guard dogs	<input type="checkbox"/>	<input type="checkbox"/>	training schools	<input type="checkbox"/>	<input type="checkbox"/>
hospitals	<input type="checkbox"/>	<input type="checkbox"/>	utilities	<input type="checkbox"/>	<input type="checkbox"/>
hotels/motels	<input type="checkbox"/>	<input type="checkbox"/>	undercover work	<input type="checkbox"/>	<input type="checkbox"/>
			warehouses	<input type="checkbox"/>	<input type="checkbox"/>
			other: _____	<input type="checkbox"/>	<input type="checkbox"/>
			_____	<input type="checkbox"/>	<input type="checkbox"/>
			_____	<input type="checkbox"/>	<input type="checkbox"/>

Indicated percentage of work performed here: _____

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE INSURANCE COMPANY NOR REQUIRE THEM TO ISSUE COVERAGE.

Signature of Officer or Applicant

Date

Producer or Broker

Date

Address & Phone Number: _____