



A member of the Crum & Forster Enterprise

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SEND SUBMISSIONS TO:

MICHIGAN

coverxuw@coverx.com

Producer: Time Insurance Agency, Inc.

Producer Is: ☐ Wholesaler ☒ Retailer

Address: 1405 E. Riverside Dr.

Austin, Texas 78741

Telephone: 512-447-7773

Fax: 512-440-0989

Email: cperez@timeinsurance.com

Proposed Effective Date:

If Renewal, Provide Current Policy No.:

Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:

SL License State: Texas

SL License No.: 257795

SL License Expiration Date: 11-30-17

SL Licensee Name: John W. Schuler

Affiliation with Producer (e.g., Owner, Executive Officer, Employee): Owner

SL Licensee Agency Name (if Entity License):

**SECURITY GUARD, ARMORED CAR, PATROL, DETECTIVE OR INVESTIGATIVE
GENERAL LIABILITY APPLICATION**

1. Applicant:

2. Street Address:

Mailing Address (if different than above):

Additional Locations (if any):

a.

b.

c.

d. If additional space is necessary, please provide additional worksheet.

Please help us keep our records up-to-date. If it is possible that we have your company listed in our files under a different name or address, please write the old name and address here:

3. Name of contact person for inspection/audit: Telephone No.:

4. Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other (Describe):

5. Coverages:

6. Limits: \$ Each Occurrence \$ Aggregate

7. Deductible: \$ Including Loss Adjustment Expense

8. Applicant Operations: _____ % Security Guard
 _____ % Armored Car
 _____ % Patrol
 _____ % Detective/Investigative

9. **Payroll by Operation:** Please provide percentage breakdown of guard, armored car, patrol, detective and investigative operations by following categories that are applicable.

_____ % Hospitals	_____ % Shopping Malls – Interior Patrol
_____ % Schools	_____ % Shopping Malls – Parking Lot Patrol
_____ % Car Dealerships	_____ % Bail Bonds
_____ % Churches	_____ % Bounty Hunting
_____ % Government Facilities (Describe Below)	_____ % Concerts (Describe Below)
_____ % Banks	_____ % Athletic Events (Describe Below)
_____ % Office	_____ % Armored Car/Courier/Money Escort
_____ % Airports (Describe Below)	_____ % Traffic Control
_____ % Body Guard (Describe Below)	_____ % Shoplifting Surveillance
_____ % Hotels/Motels	_____ % Employee Surveillance
_____ % Construction Sites	_____ % Process Serving
_____ % Residential Patrol	_____ % Polygraph Administration/Validation
_____ % Apartments (Describe Below)	_____ % Consulting (Describe Below)
_____ % Condominiums	_____ % Training Schools (Describe Below)
_____ % Low Income Housing Projects	_____ % Repossession/Collection work
_____ % Warehouses	_____ % Record Checks
_____ % Manufacturing Plants	_____ % Credit/Pre-employment Checks
_____ % Strike Work	_____ % Child/Missing Person Searches
_____ % Fast Food Restaurants	_____ % Insurance Investigation
_____ % Restaurants Other Than Fast Food	_____ % Arson Investigation
_____ % Liquor Stores	_____ % Alarm Response
_____ % Bars/Lounges	_____ % Other – Please Describe: _____
_____ % Retail Stores (Describe Below)	

Government Facilities – Please describe all facilities where work is performed (i.e., offices, train station): _____

Airport Work – Please describe all operations/duties performed: _____

Body Guard Work – Please describe duties performed. Celebrities, Entertainers or Athletes? If so, who? _____

Apartment Work – Please fully describe duties. Any subsidized/low income housing locations? ☐ Yes ☐ No

Retail Work – Please describe types of stores, duties performed, and hours that guard(s) are on duty: _____

Shoplifting Surveillance? ☐ Yes ☐ No If Yes, please fully detail arrest/detention responsibilities: _____

Concerts – Please fully describe performers and locations, as well as duties (i.e., crowd control, traffic control): _____

Athletic Events – Please describe event, location and duties (i.e., crowd control, traffic control): _____

Consulting – Please describe who you are consulting for and the scope of consulting services you are providing: _____

Training Schools – Please describe who you are training and the scope/purpose of the training being provided: _____

10. Rating Information:

a. Annual Guard, Armored Car, Patrol and Investigative Payroll: \$ _____ Receipts: \$ _____

of Full-Time Guards: _____ Full-Time Payroll: \$ _____

of Part-Time Guards: _____ Part-Time Payroll: \$ _____

Independent Contractors – Cost: \$ _____

b. Annual Number of Billed Hours: _____

c. Average Hourly Wage: Full-Time: \$ _____ per hour

Part-Time: \$ _____ per hour

d. Number of Armed Guards: _____ Number of Unarmed Guards: _____

Where are guards stationed: _____

e. Number of Canines: _____ Attended _____ Unattended _____

How and where are canines used? Please describe any drug or bomb sniffing activities: _____

f. Number of Supervisors: _____ Total Payroll: \$ _____

Describe duties performed: _____

g. Training – Please describe how guards are trained (i.e., on-the-job, formal training program): _____

11. General Information:

a. How long has Applicant owned this business: _____

b. How many years experience does Applicant have in this field? _____

c. Please describe duties of the Owner(s): _____

d. Is Applicant involved in any other operations? ☐ Yes ☐ No If Yes, please describe: _____

e. Has any carrier cancelled or refused to renew Applicant's business? ☐ Yes ☐ No If Yes, for what reason? _____

12. Claim/Loss History over Last Five (5) Years: If none, so state. **(Carrier Loss Runs Required)**

Date	Description of Loss	Amount Incurred	Open/Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Policy Information:

Carrier	Policy Period	Limits of Liability	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Trade Association Membership held? _____

WORKERS COMPENSATION SUPPLEMENT

Information Required with Submission: [please attach]

1. Acord Workers Compensation Application.
2. Premium and loss statements currently valued within past 90 days [4 years required].
3. Most current experience mod worksheet.

If Alarm Operations Exist – Are there any installers performing at heights above 20 feet? ☐ Yes ☐ No

Do you adhere to strict “observe and report” guidelines? ☐ Yes ☐ No

If No, please explain: _____

How many employees are armed? _____

Who owns the weapons for the armed employees? _____

Describe your gun control program: _____

Are any employees over the age of 60? ☐ Yes ☐ No If Yes, how many? _____

If Yes, please explain their job responsibilities: _____

Are physicals required? ☐ Yes ☐ No

How many autos are used in your business? _____ Are MVR's obtained annually? ☐ Yes ☐ No

Has any insurer cancelled or refused to renew within the past three years? ☐ Yes ☐ No

If Yes, please explain: _____

Does your company have the following:

- | | | |
|---|------------------------------|-----------------------------|
| a. A written drug and alcohol policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do you do criminal background checks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. A written safety & training program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. A vehicle safety program for drivers & vehicles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. A designated safety coordinator? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Prompt reporting of all employee injuries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. A formal accident review & investigation program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Any group transportation involved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Transitional duty/light duty program in place for injured workers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Physicals required at time of hiring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Random drug testing takes place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Are employees provided health plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Any work performed by subcontractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTICE TO OREGON APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

_____ Applicant	_____ Date	_____ Producer	_____ Date
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