



Mt. Hawley Insurance Company
A Subsidiary of RLI Insurance Company

General Liability Insurance Application For Security Guard And Detective/Private Investigators

(Submissions email: securitysubs@rllicorp.com)

9025 N. Lindbergh Drive
Peoria, IL 61615
www.rlisecurity.com

General Information

1. Name _____
2. Physical address _____
3. Mailing address _____
4. Effective date requested _____ Date current coverage expires _____
5. Contact Person _____ Telephone # _____
Email address _____
6. Date established _____ FEIN # _____
License # _____ Website _____
7. Individual Partnership Joint Venture Trust Limited Liability Company
 Organization (Other than Partnership, Joint Venture, or Limited Liability Company)
8. Have you ever operated under another name? Yes No
Name of entity _____
9. Industry experience _____
10. Please list any non-security related operations. _____
11. Do you subcontract work to others? Yes No
 - a. What operations are subcontracted? _____
 - b. What is the payroll for the subcontracted work? _____
 - c. Do you require GL or WC certificates from subcontractors? Yes No
 - d. Do the subcontractors carry GL limits equal to or greater than the limits requested on this application? Yes No
 - e. Are you named as an additional insured on all subcontractor policies? Yes No
 - f. If either of the above questions are "No," is your subcontracted payroll included in your total payroll estimate? Yes No
12. What does your pre-employment screening process include?
 Criminal Background Driving Record Drug Screen Fingerprint Check Polygraph
 Prior Employment Contacted Psychological Test Other _____
13. Do you have a new employee training program? Yes No
Please describe _____
14. Number of employees _____ Full time _____ Part time _____ Armed _____ Unarmed _____
Do you employ any off duty police officers? Yes No How many? _____
15. Please describe your gun control program if employees are armed. _____
16. Do your operations involve the use of drones, unmanned aircraft or robots? Yes No
If "Yes," please explain _____
17. Do your security officers have power of arrest or detention authority? Yes No
Please describe _____

18. Do you sell products? Yes No
 If "Yes," what type of products do you sell? _____
19. Do you operate a training school for guards that are not your employees? Yes No
20. Do you provide any alarm installation or monitoring service? Yes No
 If "Yes," please also submit the Alarm/Electronic Security application (SGL 201).
21. Do you enter into a standard contract with clients? Yes No
 Percentage under contract _____%
- Please attach a copy of your standard contract to this application for review.**

Coverage & Limits Section

22. Limits requested \$1M/\$2M \$1M/\$3M \$1M/\$4M \$1M/\$5M Other _____
23. Deductible requested \$0 \$1,000 \$2,500 \$5,000
24. Do you require any of the below coverages to fulfill client contract requirements?
Please note that some of these coverages may require additional premium.
 Additional Insured Employee Benefits Liability Hired/Non-owned Auto
 Per Project Aggregate Primary Wording Stop Gap Waiver of Subrogation
 Do you have a primary commercial auto policy in force? Yes No
25. Do you require excess/umbrella coverage? Yes No
 If "Yes," what limit is needed? _____
If excess/umbrella coverage is required please complete the excess portion of the application.

Security Guard Section

26. Estimated annual security guard payroll. \$ _____
27. Do you use canines? Yes No
28. Do you have a written procedure for reporting incidents? Yes No
29. Are security officers provided with any of the following equipment for use in their duties?
 Aerosol chemicals Yes No Flashlights Yes No Handcuffs Yes No
 Night Stick – PR24 or ASP Yes No Night Stick – Standard Yes No
30. Do you use mobile equipment such as, but not limited to, golf carts? Yes No
31. Please provide percentage breakdown for all security guard and armored car operations below. Some operations may require further explanation.

Operations	% Armed	% Unarmed	Operations	% Armed	% Unarmed
Airports	%	%	Hotels/Motels	%	%
Apartments – Low Income/HUD/Section 8 Housing	%	%	Industrial/Warehouses/ Factories	%	%
Apartments – Mid/High Income Housing	%	%	Liquor Stores	%	%
Armored Cars	%	%	Movie Theaters	%	%
Auto Dealerships	%	%	Museums/Galleries	%	%
Banks	%	%	Parking Garages	%	%
Bars/Nightclubs/Taverns	%	%	Residential – HOA/Condos/Townhomes	%	%
Bodyguard/Executive Protection	%	%	Restaurants	%	%
Cannabis Industry	%	%	Retail Stores – Inside/Surveillance	%	%
Casinos	%	%	Retail Stores – Outside/Parking Lots	%	%
Churches	%	%	Security Consulting	%	%

Colleges/Universities Churches	%	%	Shipping Ports/Piers/Marinas	%	%
Concerts	%	%	Special Events/Sporting Events	%	%
Construction Sites	%	%	Strike Duty/Protests	%	%
Convenience Stores	%	%	Traffic Control	%	%
Convention/Trade Shows	%	%	Transportation Terminals	%	%
Fast Food Restaurants	%	%	Utilities – Water/Electrical/Nuclear	%	%
Golf Clubs	%	%	Other	%	%
Government Contracts	%	%	Please describe:		
High School or Lower Grades	%	%			
Hospitals/Medical Facilities	%	%			

Detective/PI Section

- 32.** Estimated annual Detective/Private Investigator Payroll. \$ _____
- 33.** Do your final reports include recommendations or an appropriate course of action? Yes No
- 34.** If involved in background/credit checks, are all employees trained in fair credit reporting act compliance? Yes No
- 35.** Does your firm have procedures in place to protect against clerical errors? Yes No
- 36.** Does your firm attach standard disclaimers to all completed reports? Yes No
- 37.** Please provide percentage breakdown for all detective and private investigator operations below. Some operations may require further explanation.

Operations	% Armed	% Unarmed	Operations	% Armed	% Unarmed
Arson Investigation	%	%	Legal	%	%
Auto Repossessions	%	%	Missing Person Searches	%	%
Bail Bonding	%	%	Polygraph/Lie Detection	%	%
Bounty Hunting	%	%	Pre-Employment Screening/Credit Checks	%	%
Civil/Criminal Investigation	%	%	Process Serving	%	%
Computer Investigations	%	%	Psychological Evaluation	%	%
Corporate/Trademark Infringement	%	%	Undercover	%	%
Domestic	%	%	Other	%	%
Drug Testing	%	%	Please describe:		
Fraud Auditing	%	%			
Insurance Investigation	%	%			

Policy Information

- 38.** Please provide prior year policy information below.
Please attach five (5) years of currently valued loss history.

Category	Current Year	First Prior	Second Prior	Third Prior	Fourth Prior
Carrier					
Premium					
Payroll					
Deductible					
Incurred Losses					

39. Have any claims been made over the last five (5) years? Yes No
40. Do you have any knowledge of incidents that could lead to a claim in the future? Yes No
If "Yes," please explain. _____
41. Has your insurance been cancelled, declined or non-renewed in the last three (3) years? Yes No
If "Yes," please explain. _____
42. Total number of clients. _____
43. Please list your six (6) largest clients:

Additional Operations Information

Some operations indicated earlier need additional explanation. If you are involved in any of the below listed operations, please provide additional details.

Airports

Please provide a list of any airports where you provide services.

- Do you provide assistance to passengers with disabilities? Yes No
- Do you provide passenger or personnel screening? Yes No
- Do you provide baggage screening services? Yes No
- Do you provide screening of cargo or take custody of any cargo? Yes No

Executive Protection/Bodyguarding

Do you provide security for any public figures such as celebrities, athletes, entertainers or politicians? Yes No
If "Yes," please describe for who and what services are provided. _____

Special Events

If you provide services at any special events including but not limited to sporting events, concerts, conventions, trade shows, parties and/or weddings, please list the events below.

- Do you security check the public entering the event? Yes No
- What is the maximum number of people attending the events where you provide security? _____
- Are you responsible for crowd control? Yes No

Apartments/Residential

Please list the name of your apartment complexes including addresses.

Name of Apartment	Address
_____	_____
_____	_____
_____	_____

Is your company involved in providing security services at low income, government owned, HUD or Section 8 housing? Yes No

Schools & Colleges

Please provide a list of any schools or colleges where you provide security services.

- Do you physically check students entering buildings? Yes No
- Do you have any work at dormitories or student housing? Yes No
- Do security officers working at these locations receive site specific pre-screening and training? Yes No

Restaurants

Please provide a list of any restaurants where you provide security services.

Name of Restaurant	Address	Hours of Operation
_____	_____	_____
_____	_____	_____

- Do any serve alcohol past 11PM? Yes No
- Do any have a dance floor and/or live entertainment? Yes No

Fraud Warnings

Warning – Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Alabama – 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 restitution fines or confinement in prison, or any combination thereof.

Arkansas – 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.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. [DC Code]

Florida – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky – 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.

Louisiana – 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.

Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Maryland – 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.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – 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 civil fines and criminal penalties.

New York – 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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.

Oklahoma – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania – 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.

Rhode Island – 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 of a crime and may be subject to fines and confinement in prison.

Tennessee – 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.

Virginia – 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.

Washington – 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.

West Virginia – 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.

Signature Section

Notice to applicants: this application must be completed in full as the quote will be based solely on the information provided. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. By signing this application, the signor warrants that to their best knowledge all information given is true and accurate.

Principal, Owner or Officer Signature

Title

Principal, Owner or Officer Printed Name

Date