

Agent Name _____	Address _____
Phone _____ Fax _____	_____
Email _____	_____

## GENERAL INFORMATION

Proposed Effective Date \_\_\_\_\_

Applicant Name (Legal) \_\_\_\_\_ Applicant Name (DBA) \_\_\_\_\_

Applicant Email \_\_\_\_\_ Applicant Phone \_\_\_\_\_

Web Address \_\_\_\_\_

Number of years experience \_\_\_\_\_ Number of years the business has been in this location \_\_\_\_\_

Number of years the applicant has owned this business \_\_\_\_\_ Check if New Venture

Hours of Operation From \_\_\_\_\_ To \_\_\_\_\_ Number of days business is open per week \_\_\_\_\_

Have you owned another business under a different name or entity?  Yes  No

If yes, please explain \_\_\_\_\_

Do you own any other businesses or have any other locations?  Yes  No

If yes, please explain \_\_\_\_\_

State(s) of Operation \_\_\_\_\_

Licensed?  Yes  No License #: \_\_\_\_\_

Total number of unarmed employees \_\_\_\_\_ Estimated Payroll \_\_\_\_\_ Gross Sales \_\_\_\_\_

Total number of armed employees \_\_\_\_\_ Estimated Payroll \_\_\_\_\_ Gross Sales \_\_\_\_\_

Total number of employees \_\_\_\_\_ Total number of hours billed to clients annually \_\_\_\_\_

Yes  No Do any of the armed guards have arrest authority?

Yes  No Are all armed personnel certified for use of firearms by a state agency or a firearms certification school?

Yes  No Does the applicant have Workers' Compensation coverage in force?

Yes  No Does the applicant lease employees?

Yes  No Does the applicant sub-contract work?

If yes, what type \_\_\_\_\_ Annual cost of sub-contracted work \_\_\_\_\_

Yes  No Are certificates required from all sub-contractors?

Yes  No Are background investigations and checks conducted on new employees?

Yes  No If yes, please describe procedure \_\_\_\_\_

Yes  No Does the applicant have a training program for employees?

If yes, please describe \_\_\_\_\_

Yes  No Does the applicant have a training manual?

Yes  No Does the applicant use a record keeping log for each job?

# Security Guard Supplemental Application



Does the applicant use trained guard dogs?  Yes  No

If yes, number with handlers \_\_\_\_\_ without handlers \_\_\_\_\_

Number of supervisors \_\_\_\_\_ Describe duties \_\_\_\_\_

Is the applicant involved in any other operations or businesses  Yes  No

If yes, describe \_\_\_\_\_

**Please list the 5 largest projects you have completed in the last 3 years:**

	Description of Project	Cost	Duration
1			
2			
3			
4			
5			

**If operations are done, or intended to be done, please check box in front of the operation:**

<input checked="" type="checkbox"/>	Security Guard Operations	Payroll Armed	Payroll Unarmed	<input checked="" type="checkbox"/>	Security Guard Operations	Payroll Armed	Payroll Unarmed
<input type="checkbox"/>	Airport Security			<input type="checkbox"/>	Immigration Detention Centers		
<input type="checkbox"/>	Alarm Installation: Service or Repair			<input type="checkbox"/>	Industrial Risks		
<input type="checkbox"/>	Farm monitoring: Burglary/ Fire Medical Emergency			<input type="checkbox"/>	Insurance Adjusters		
<input type="checkbox"/>	Alarm Response			<input type="checkbox"/>	Law Enforcement Agencies		
<input type="checkbox"/>	Armored Car Service			<input type="checkbox"/>	Motels/ Hotels		
<input type="checkbox"/>	Athletic Events Describe: _____			<input type="checkbox"/>	Manufacturing		
<input type="checkbox"/>	Auto Repossession			<input type="checkbox"/>	Nuclear Power Plants		
<input type="checkbox"/>	Baggage Handling Security			<input type="checkbox"/>	Offices		
<input type="checkbox"/>	Bail Bond Operations			<input type="checkbox"/>	Parking Lot Security		
<input type="checkbox"/>	Banks			<input type="checkbox"/>	Parole Officers		
<input type="checkbox"/>	Bodyguards			<input type="checkbox"/>	Polygraph Work		
<input type="checkbox"/>	Border Patrol			<input type="checkbox"/>	Prisons		
<input type="checkbox"/>	Bouncers: Restaurants, Night Clubs, Discos, Bars, Teen Centers, Taverns			<input type="checkbox"/>	Process Servers		
<input type="checkbox"/>	Bounty Hunters			<input type="checkbox"/>	Repossession / Collection Work		

✓	Security Guard Operations	Payroll Armed	Payroll Unarmed	✓	Security Guard Operations	Payroll Armed	Payroll Unarmed
<input type="checkbox"/>	Churches			<input type="checkbox"/>	Retail Operations: Clothing, Department Stores, Liquor Stores, Shopping Centers, Supermarkets, Convenient Stores		
<input type="checkbox"/>	Concerts Describe Type: _____ _____ _____			<input type="checkbox"/>	Schools/ Schools Crossing Guards		
<input type="checkbox"/>	Construction Sites			<input type="checkbox"/>	Security Consulting		
<input type="checkbox"/>	Courier - Non-Negotiable Courier - Negotiable Courier Escort			<input type="checkbox"/>	Security Personnel		
<input type="checkbox"/>	Credit Investigators			<input type="checkbox"/>	Security Guard School / Training for Others		
<input type="checkbox"/>	Criminal Detention Centers			<input type="checkbox"/>	Shopping Service		
<input type="checkbox"/>	Detective and Personal Investigator Operations			<input type="checkbox"/>	Special Events Describe: _____ _____ _____		
<input type="checkbox"/>	Drug Surveillance			<input type="checkbox"/>	Strike Work		
<input type="checkbox"/>	Drug Testing			<input type="checkbox"/>	Traffic Control		
<input type="checkbox"/>	Fast Food Restaurants			<input type="checkbox"/>	Undercover Operations		
<input type="checkbox"/>	Fire Arms Certification School			<input type="checkbox"/>	Utility Property Security		
<input type="checkbox"/>	Funeral Service *must have Commercial Auto in place			<input type="checkbox"/>	Warehouses		
<input type="checkbox"/>	Apartments: Public Housing, Section 8, HUD			<input type="checkbox"/>	Apartments: Middle to High Income		
<input type="checkbox"/>	Condominium/ Townhouse			<input type="checkbox"/>	Homeowners Associations		
<input type="checkbox"/>	Private Residence			<input type="checkbox"/>	Other Describe: _____ _____ _____		
<input type="checkbox"/>	Other Describe: _____ _____ _____			<input type="checkbox"/>	Other Describe: _____ _____ _____		
<input type="checkbox"/>	Other Describe: _____ _____ _____			<input type="checkbox"/>	Other Describe: _____ _____ _____		

**FRAUD WARNING**

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 act, which is a crime and subjects such a person to criminal and civil penalties.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant \_\_\_\_\_ Producer \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_