



## TANGRAM SECURITY GUARD APPLICATION

Name   
(Complete name as it should appear on the policy including the Inc., Corp., Ltd., etc.)

Address      
Street City State Zip Code

Primary Contact  Telephone (  )

Telephone (  )  Fax (  )

Website  FEIN

Date Established  License No.

Sole Proprietor  Corporation  Partnership  Other

Policy proposed effective date  to

Current coverage expires/expired on

Check limit of liability desired  \$300,000  \$500,000  \$1,000,000  Other

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

**Applicant Classification:**

- Security Service  Investigations  
 Consulting  Alarm Service and Monitoring

**Prior Payroll and Premium Information**

	Total Annual Payroll	Premium S
<b>Current Year:</b>		
<b>Prior Year:</b>		
<b>Prior Year:</b>		
<b>Prior Year:</b>		
<b>Prior Year:</b>		

Do you provide any services outside the scope of "security services"?

Provide the names of your five (5) largest revenue producing clients, and a description of your duties.

Are the majority of your clients under contract?  Yes  No

a. If yes, how many include hold harmless clauses?

b. **Please include sample copies of your standard contracts and agreements.**

Do you subcontract work?  Yes  No

If yes, do you require certificates and/or proof of Errors & Omissions and Commercial General Liability Insurance?  Yes  No

Are you named as an additional insured on the subcontractor's policy?  Yes  No

## SECURITY SERVICE/PATROL

What background do the principals of this organization have in the security industry? (Please attach resume.)

Will the principals perform Guard/Investigative Operations?  Yes  No

Number of supervisors

Describe duties of supervisors

Average number of guards per supervisor

Annual guard turnover rate

Training program consists of:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Written Manual | <input type="checkbox"/> On Job           | <input type="checkbox"/> CPR                    | <input type="checkbox"/> Other <input style="width: 80px;" type="text"/> |
| <input type="checkbox"/> Report Writing | <input type="checkbox"/> Powers of Arrest | <input type="checkbox"/> Films                  |  |
| <input type="checkbox"/> Firearms       | <input type="checkbox"/> Classroom        | <input type="checkbox"/> De-Escalation Training |  |

Describe your training program

Do you provide applicable employee training around sexual abuse and molestation prevention?  Yes  No

Does the training provided exceed the state/federal mandatory minimum?  Yes  No

Pre-employment screening procedures (check the following):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Polygraph          | <input type="checkbox"/> Prior Employer Contacted | <input type="checkbox"/> Criminal Background                             |
| <input type="checkbox"/> Drug Screening     | <input type="checkbox"/> Fingerprint Check        | <input type="checkbox"/> Driving Record                                  |
| <input type="checkbox"/> Psychological Test | <input type="checkbox"/> Personal References      | <input type="checkbox"/> Other <input style="width: 80px;" type="text"/> |

Describe your pre-employment screening procedures:

Total number of guard hours billed to client(s) annually:

Unarmed  Armed

Total number of Guards

	Full Time	Part Time
Armed		
Unarmed		
Supervisors		

Do you use any equipment or golf carts for patrol?  Yes  No

If yes, how many?

Will the public be transported?  Yes  No

If yes, are driving records checked on drivers?  Yes  No

Do you deploy the use of body cameras?  Yes  No

Do you anticipate using dogs? \*Must be leased not to exceed 6ft.  Yes  No

a. If yes, number of dogs used with handlers  without handlers

b. And, for what purpose will the dogs be used?  Bombs  Drugs  Airports  Other

Are all armed employees licensed by the state to carry firearms?  Yes  No

If yes, how often will they have to be re-certified?

Is any other non-lethal weaponry deployed (i.e. batons, pepper spray, tasers, etc.)?

### Employee Pay scale (Hourly)

	Minimum	Maximum	Average
Supervisors			
Unarmed Guards			
Armed Guards			

Please provide Total Payroll and Billable Hours for the past five years:

	Year:	Year:	Year:	Year:	Year:
Total Payroll					
Total Billable Hrs					

## LIST ANNUAL PAYROLL SEPARATELY BY CATEGORY

SUPERVISORY	ARMED PAYROLL	UNARMED PAYROLL
<b>GUARD SERVICES</b>		
• Airports (describe operations)		
• Banks for other financial institutions		
• Construction or Demolition Sites		
• Conventions		
• Escort Service/Body Guard Service		
• Fast Food Restaurants		
• Government Contracts (office building, courts, military base)		
• Hotels/Motels		
• Housing/Residential - Mid/High Income		
• Housing/Residential - Low Income/HUD		
• Industrial (warehouses, factories)		
• Institutions (schools, hospitals, other _____)		
• Liquor Establishments (bars, restaurants, other _____)		
• Malls/Theaters/Arcades		
• Office Buildings		
• Patrol Cars (alarm response, patrol, other _____)		
• Retail (parking lots, outside patrol, other _____)		
• Retail (shoplifting, surveillance, inside, other _____)		
• Special Events (sports, concerts, other _____)		
• Strike Work		
• Traffic Control		
• Utilities (water, electrical, nuclear)		
• Other - Describe		
<b>TRANSPORTATION SERVICES</b>		
• Armored Car		
• ATM Services		
• Courier (describe commodity transported)		
• Other - Describe		
<b>PRIVATE INVESTIGATIONS</b>		
• Auto Repossession		
• Bank Checks (pre-employment screening)		
• Body Guard Protection		
• Bounty Hunter		
• Computer Fraud		
• Criminal		
• Divorce/Domestic		
• Executive Protection		
• General Background Checks		
• Missing Persons		
• Polygraph		
• Process Serving		
• Psychological Stress Evaluator		
• Security Consultation		
• Other - Describe		
<b>OTHER</b>		
• Clerical		
• Outside Sales		
• Other - Describe		
<b>TOTAL</b>		

## SERVICES DETAILS

(Please complete this section if you provide services to any of these clients.)

### AIRPORTS/CRUISE SHIP LINES

Please list the airports/cruise ship lines being serviced and a description of the services provided and advise if it will include either passenger/baggage screening and/or skycap services.

### BODYGUARD/EXECUTIVE PROTECTION

Will these services involve protection of entertainers/athletes or other high profile individuals?

Yes  No

Please provide a brief description of the services provided to these clients (i.e. estate security, 24/7 protection, etc.).

### SCHOOLS/COLLEGES/UNIVERSITIES

Please provide a listing of these clients and a description of the services provided to these clients (i.e. vehicle patrol, security in the dormitories, security at special events, etc.).

### HOSPITALS

Please provide a listing of these clients serviced and a description of the services provided (i.e. parking lot patrol, security in the ER, patient restraint services, etc.).

### HOTELS/MOTELS

Please provide a listing of the hotels/motels being serviced and provide a description of the services provided to these clients (i.e. vehicle patrol, security at hotel lounge, student chaperone services, etc.)

### RESIDENTIAL

Please provide a listing of the properties serviced, their locations and a description of the services provided to these clients (vehicle patrol, gate guard, etc.). Also indicate the residential mix and percentage of work for each (high/mid income, gated communities, senior subsidized, section 8, low income, other).

### SPECIAL EVENTS/SPORTING EVENTS/ARENA/STADIUMS/CONVENTIONS

Please provide a listing of these clients and a description of the services provide to these clients.

### CLUBS/BARS/LIQUOR ESTABLISHMENTS

Please provide a listing of these clients and a description of the services provided.

### OTHER OPERATIONS

Please provide a listing of these clients and a description of the services provided to these clients.

## ADDITIONAL COVERAGES

CHECK ALL THAT APPLY

- |                       |                                     |  |
|-----------------------|-------------------------------------|--|
| Additional Insureds   | <input type="checkbox"/> Individual | <input type="checkbox"/> Blanket                     |
| Waiver of Subrogation | <input type="checkbox"/> Individual | <input type="checkbox"/> Blanket                     |
| Primary Wording       | <input type="checkbox"/> Individual | <input type="checkbox"/> Blanket                     |
| Per Project Aggregate | <input type="checkbox"/>            | Employee Benefits Liability <input type="checkbox"/> |
| Stop Gap              | <input type="checkbox"/>            | Hired/Non-owned Auto <input type="checkbox"/>        |

### Current General Liability Information

Please provide name of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past five (5) years.

	Year:	Year:	Year:	Year:	Year:
<b>Carrier</b>					
<b>Premium</b>					
<b>Payroll</b>					
<b>Ded./SIR</b>					
<b>Losses</b>					

Has any company canceled or declined to renew in the past five (5) years?  Yes  No  
 If yes, please explain.

Has the insured ever had a lapse in coverage?  Yes  No  
 If yes, please explain.

Name (type or print)

Signature

Date

**NOTICE TO PRODUCERS:** THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

Name (type or print)

Signature

Date

License #

## OPTIONAL COVERAGES

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Property                  | <input type="checkbox"/> Contractors Equipment        | <input type="checkbox"/> EDP             |
| <input type="checkbox"/> Business Auto             | <input type="checkbox"/> Workers Compensation         | <input type="checkbox"/> Umbrella/Excess |
| <input type="checkbox"/> Crime/Employee Dishonesty | <input type="checkbox"/> Employment Related Practices |  |

## UMBRELLA/EXCESS QUESTIONNAIRE

Explain all "Yes" responses.

1. With the exception of lienholders, are any vehicles not solely owned by and registered to the applicant?  Yes  No
2. Do over 50% of the employees use their autos in the business?  Yes  No
3. Is there a vehicle maintenance program in operation?  Yes  No
4. Are any vehicles leased to others?  Yes  No
5. Are any vehicles customized, altered or have special equipment?  Yes  No
6. Do operations involve transporting hazardous material?  Yes  No
7. Any vehicles used by family members or non-employees?  
If so, please identify in remarks.  Yes  No
8. Does the applicant obtain MVR verifications?  Yes  No
9. Does the applicant have a specific driver recruiting method?  Yes  No
10. Are any drivers not covered by Workers Compensation?  Yes  No
11. Any vehicles owned but not scheduled on this application?  Yes  No

Remarks:

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## WORKERS' COMPENSATION

1. Annual employee turnover rate \_\_\_\_\_%
2. Is the current coverage now in Assigned Risk, State Fund, or Voluntary Market?  Yes  No
3. Has any insurance carrier canceled or refused to renew within the past three (3) years?  Yes  No  
If yes, please explain:
4. Do you report all WC claims, regardless of payment having been made on the claim?  Yes  No  
If no, please explain:
5. Employee Benefits Program:  Group Medical  401K  Other   
Describe your Employee Benefits Program:
6. Do you have a transitional duty (light duty) program?  Yes  No  
If yes, describe:
7. Who is responsible for safety?
8. Do you have a formal safety committee?  Yes  No  
If yes, how frequently does it meet and who attends?
9. Do you have a medical or physicians network in place for or worker's comp. claims?  Yes  No  
If yes, describe in detail:
10. Auto/Fleet Exposures (Complete if auto is not submitted with the workers' compensation.)
  - a. Number of drivers:
  - b. Number of and types of vehicles:
  - c. How are vehicles used?
  - d. What time of the day are vehicles used?
  - e. Who is allowed to drive vehicles?
  - f. Do you provide driver training for all drivers?  Yes  No
  - g. How often are MVRs pulled on all drivers?
  - h. Describe MVR policy as it relates to vehicle usage:
  - i. Are vehicles taken home?  Yes  No  
If yes, what limitations are in place for personal use?
  - j. Is there a maintenance program?  Yes  No

If the Insured has no exposure to any of the High Profile Locations, please note "no exposure," and sign/date the form.

### WCM WORKERS COMPENSATION High Profile locations/Exposures

Location/Exposure Type	Yes	Comments
Airports		
Public Transportation (Incl. rail, subway stations)		
Monuments & other historically significant locations		
Convention Centers		
Major Religious Structures		
Stadiums, Arenas or Sporting Complexes		
Museums/Aquariums/Zoos		
Stock Exchanges of Financial Centers		
Nationally Recognized Hospitals/Medical Centers		
Amusement Parks (high profile)		
"Marquis" Buildings		
Utilities/Energy Generating Stations		
Refineries/Fuel Depots		
Dams		
Hazardous Chemical Manufacturing		
Weapons/Defense Manufacturing		
Military Bases or Locations		
Major Casinos		
Mail Handling or Delivery		
High-Rise Buildings		
Tier 1: National Recognized (e.g. Sears Tower)		
Tier 2: Over 35 Stories		
Tier 3: Between 20 and 35 Stories		
Other Specialty Situations		
Example: Olympic Venues, other Special Events		

Signature:  Date:



## CRIME/EMPLOYEE DISHONESTY QUESTIONNAIRE

1. Do you have an audited financial statement prepared annually?  Yes  No  
2. Are internal financial statements prepared?  Yes  No

If yes, how often are they reviewed by the owner?

3. Describe your "Separation of Duties" and "Countersignature" procedures:

4. Indicate the number of employees who handle, have custody or maintain records of money, securities

or other property:

5. Are officer-shareholders active in the day to day oversight of business operations?  Yes  No  
6. Do employees who reconcile the bank statement also:  
Make deposits?  Yes  No    Make withdrawals?  Yes  No    Sign checks?  Yes  No  
7. Is countersignature of checks required?  Yes  No

If yes, what is the dual signing limit?

8. Is segregation of duties practiced in the following areas:

Inventory management?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wire transfer receipts and payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase order approval and payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oversight of blank check stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payroll?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retail checks and Credit Card receipts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash receipts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Are all incoming checks stamped "for deposit only" immediately upon receipt?  Yes  No  
10. Are inventory records computerized?  Yes  No  
11. Is a physical count of inventory conducted at least annually?  Yes  No  
12. Are the duties of computer programmers and operators separated?  Yes  No  
13. Are computer passwords changed frequently?  Yes  No  
14. For new employees, do you perform any of the following types of background checks:  
Prior employment?  Yes  No    Education?  Yes  No  
Criminal history?  Yes  No    Drug testing?  Yes  No  
Credit history?  Yes  No

15. Are the controls indicated in 5-13 above imposed at all locations?  Yes  No

If no, please explain exceptions.

16. List all Crime/Fidelity Losses in the last three years:

17. Please indicate the coverages, limits, and deductibles desired:

- \$25,000 limit, \$1,000 deductible  
 \$50,000 limit, \$1,500 deductible  
 \$75,000 limit, \$2,500 deductible  
 \$100,000 limit, \$5,000 deductible

Other

18. List any qualified benefit plans:

19. Are you interested in Fiduciary Liability Coverage?  Yes  No

If yes, please attach Form 5500 's for each plan to be covered.

20. Current Fidelity Carrier?

Premium?

Limits?

Deductible?