

PROTECTION SERVICES - GENERAL LIABILITY INSURANCE - APPLICATION

Name of applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website address: _____

List Name of all Principals: _____

Contact Name and Tel and Fax #: _____

Years in operation: _____ Member of an association: Yes No If yes, list: _____

Years Experience: _____ Explain: _____

License Number: _____ Any infractions / breaches? Yes No Explain: _____

Are all your employees covered by Workers Compensation? Yes No Explain: _____

Are employees organized under a union: Yes No Total N# of Employees: _____

Description of Operations or Services: _____

Nature of Work:	Actual Revenues for expiring term:	Est. Annual Revenue -next 12 months:	Underwriters use-Calculations:
Concierge Services			
Patrol Services – Office, Condo, Apartments, Parking Lots			
Patrol Services – Retail Stores, Malls, etc.			
Patrol Services – Warehousing, Manufacturing, and other industrial settings			
By-law Enforcement/Parking Enforcement			
Crowd Control Services			
Armed Guard Services (firearms)			
Cash / Valuable Escorts (armed)			
Private Investigators			
Alarm Install/Monitoring – RESIDENTIAL (burglary & fire)			
Alarm Install/Monitoring – COMMERCIAL (burglary & fire)			
Alarm Install/Monitoring – MEDICAL (burglary & fire)			
Alarm Install/Monitoring – AGRICULTURAL/MANUFACTURING (burglary & fire)			
Alarm Install/Monitoring – CRITICAL (ie temperature, water levels, etc.)			
Fire Suppression Systems			
Sprinkler Service & Install			
Locksmiths			
Electrical Wiring and Data/Telephone Cabling Work			
Central/Vac Sales and Service			
Home Automation (garage door openers, intercom, voice activated, remote control curtains, etc)			
Fire Extinguisher Equipment Sales and Servicing			
Consulting Services – Security, Fire Protection, etc			
Paralegal Services			
Airport Security			
Self Defense Training			
Debt Collection			
Design or Alteration to Security Systems			
Other – describe -			
Other – describe -			
Total:			

Do you provide any services at any bars, night clubs or any liquor licensed venues? Yes No

Do you have any contract where there is a forcible eviction exposure? Yes No

If yes to either of the above questions, please describe, in detail, what exactly the duties of the guards are as stated under (each of) this (these) contract (or contracts): _____

Described services and amount (\$) provided by sub-contractors: _____

Do you request Proof of Insurance from sub-contractors: Yes No If yes, minimum limit required \$ _____

Do your contracts or agreements contain the following clauses:

- Specific description of products or services provided Yes No
- Limitation of Liability Yes No
- Hold harmless Or indemnity Agreements (if yes, please attach copy) Yes No

Do you contract out of consequential/financial loss? Yes No If yes, please attach a copy of your standard contract forms used. (Note: rate credit/surcharge may apply – please provide full information).

Do you advertise or sell any products or services over the Internet: Yes No If yes, web-site address _____

Do you sell any products or services outside Canada: Yes No If yes, explain: _____

Do you operate vehicles for business not owned or leased in the company name: Yes No Highest value \$ _____

Do you provide design services for a fee: Yes No Explain: _____

How long do you retain customer information? _____

Do you provide services to any high profile clients? _____ Explain: _____

Current Insurer _____ Expiry date: _____ Policy Number _____

Current Policy Premium: _____ Current Deductible: _____

Please provide your five largest clients in the last 5 years

Client Name	Type of Business	Contract Value

Please provide the following details for all liability claims in the past 5 years (state none if no claims)

Date of Claim	Insurer	Amount of Damages	Closed?	Description of Loss

Has any insurer declined, cancelled or non-renewed any similar insurance in the past 5 years: Yes No

If yes, please provide the insurer and explain: _____

Is the applicant new business to the Broker? Yes No How long has the applicant known the Broker? _____

Limits Required: _____ Deductible: _____ Target Premium: _____

OPTIONAL COVERAGES – (Employee Dishonesty and Property)

Employee Dishonesty Coverage

Do you require a quote for Employee Dishonesty Coverage ? Yes No Limit Required: _____

Is Customers Interest Endorsement required: Yes No

Number of full time employees: _____ Number of Part-time Employees: _____

If yes, please provide a detailed explanation of the screening/hiring process in place and steps in place to avoid employees stealing from your customers: _____

Property Coverage

Please provide list of property **description**, and property **coverages required / target premium** in the area below:

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes were not provided.

The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The under-signed, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy.

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER.

Title of Applicant: _____

Signature: _____ Date: _____

Brokerage: _____

Broker Contact name: _____ Signature: _____

Broker telephone: _____ Broker fax: _____

Broker email: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

NOTE: a supplemental questionnaire is required in addition to this form, varying depending on the nature of work performed. Please complete one of the following supplemental forms:

- Security Guard and Patrol Guard Supplemental
- Private Investigation Firm Supplemental
- Alarm and Fire Protection System Firms Supplemental