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|--|--------------|------------|------------------------------|--|--|
| Business Name | | | Contact Name | | |
| Applicant Name (owner/officer/partner) | | | Contact Number | | |
| Mailing Address | | | Business Number | | |
| City | State | Zip | Fax Number | | |
| Email Address | | | Cell Number | | |
| Website Address | | | EIN/SSN | | |
| Preferred Contact Method (Emailing is the preferred document delivery including policy) | | | Date Started Business | | |
| Organization Type Individual Partnership Corporation LLC PLLC LTD | | | Effective Date | | |

| Physical Address | City | State | County |
|------------------|------|-------|--------|
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| Additional Insured Name and Address (Attach list if needed) | City | State | Zip |
|---|------|-------|-----|
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| | | | |

| Prior Insurance Company | Policy Dates | Premium | Occurrence or Claims-Made | Claims (Yes/No) |
|-------------------------|--------------|---------|---------------------------|-----------------|
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| | |
|---------------------------|----------------------|
| States Licensed In: _____ | License Number _____ |
| States Licensed In: _____ | License Number _____ |
| States Licensed In: _____ | License Number _____ |
| States Licensed In: _____ | License Number _____ |

Have you ever operated under another business name? Yes No

If yes please describe: _____

Is applicant involved in any other operations? Yes No

If yes please describe: _____

Description of Investigative Operations Performed

| | | | | | |
|----------------------|--|-----------------------|--|--------------|--|
| Background Checks | | Loss Control Services | | Surveillance | |
| Employment Checks | | Claims Adjusting | | Other | |
| Insurance/Work Comp | | Process Services | | Other | |
| Legal Investigations | | Records/Research | | Other | |

Description of Security Operations

| Scope of Work | % Armed | % of Receipts |
|---------------------------------------|---------|---------------|
| Patrol Service Contracts | | |
| Site Security | | |
| Large Site Security (+ 1 acre) | | |
| Plain clothes security | | |
| Executive Protection | | |
| Armored Car | | |
| Government Contracts | | |
| Airports and/or other transportation | | |
| Canine Operations | | |
| Certified Training/Training Center | | |
| Total Operations to Equal 100% | | 100% |

Contracts Include

| Contracts Include | YES | NO |
|--|-----|----|
| 1) Housing Authority or Subsidized | | |
| 2) Airport cargo or passenger screening X-Ray | | |
| 3) Border Patrol (Contract required) | | |
| 4) Consulting over 50% of operations * | | |
| 5) Utility Station and/or Power Plants | | |
| 6) Armed retail security ** | | |
| 7) Large Venue Concerts | | |
| 8) Burglary & Fire System Installations | | |
| 9) Abortion or Family Planning Centers | | |
| 10) Non-Armored Car Security of Gems/Documents/Coins | | |

If Yes to questions 1-10 describe and include a copy of your contract:

NA

Airport or transportation contracts describe Services:

NA

Canine Operations: Dogs are Certified Y N

Monthly Training Y N

No prior bite or aggressive history Y N

Strike Work - describe clients for which services are performed:

NA

Concerts - describe type of contracts:

NA

Describe Retail Products Sold (other than those products included in a client billing/contract)

NA

* Consulting Operations and Receipts are described as those which security systems are design or engineering services are performed.

** Armed Retail Security is described as premises protection while open for business to the public for the exchange of goods. This does not include food services.

Exclusion of operations: Security for Bars, Taverns, Restaurants for the purpose of Bar Services, Bouncers and Doorman. Armed Retail Security as defined, Executive Protection for Celebrities, Entertainers and Athletics. Bail Enforcement and Bail Bonding Companies.

| Payroll for Owners fixed at \$25,000 ~ Employees maximum for any one employee \$25,000 | | | | | | |
|---|--------------|-------------------------------|--------------------------|----------|----------------|----------|
| Owner/Officers/Partners | # of Unarmed | _____ | # of Armed | _____ | | |
| Unarmed Security | # Part Time | _____ | # Full Time | _____ | Payroll | \$ _____ |
| Armed Security | # Part Time | _____ | # Full Time | _____ | Payroll | \$ _____ |
| Patrol Officers | # Part Time | _____ | # Full Time | _____ | Payroll | \$ _____ |
| Investigative Employees | # Armed | _____ | # Unarmed | _____ | Payroll | \$ _____ |
| Number of Canine Handlers | | | | | | # _____ |
| Insured Subcontractors (Must obtain a certificate of insurance) | | | | | Projected Cost | \$ _____ |
| Last Years Gross Receipts | \$ _____ | | Total Projected Receipts | \$ _____ | | |
| | | | Consulting Receipts | \$ _____ | | |
| | | Of your projected receipts => | Retail Products Sold | \$ _____ | | |
| | | | Alarm Installations | \$ _____ | | |

Optional Coverage

| | | | | | |
|--------------------------|---|------------------------------------|--|------------------------------------|-----------|
| <input type="checkbox"/> | Liability Increased | \$ _____ | Occurrence | \$ _____ | Aggregate |
| <input type="checkbox"/> | Care, Custody & Control Increased | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$500,000 | |
| <input type="checkbox"/> | Assault & Battery Increased | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000 | | |
| <input type="checkbox"/> | Hired and Non-Owned Auto \$1,000,000 | | | | |
| <input type="checkbox"/> | Employers Liability - Stop Gap \$1,000,000 (ND, OH, WA, WV, WY States Only) | | | | |
| <input type="checkbox"/> | Employee Benefits \$1,000,000 | | | | |
| <input type="checkbox"/> | Blanket Additional Insured (included up to 5) | | # of Certificate Holders/Clients Requiring | _____ | |
| <input type="checkbox"/> | Primary Additional Insured | | # of Certificate Holders/Clients Requiring | _____ | |
| <input type="checkbox"/> | Scheduled Additional Insured | | # of Certificate Holders/Clients Requiring | _____ | |
| <input type="checkbox"/> | Waiver of Subrogation | | # of Certificate Holders/Clients Requiring | _____ | |
| <input type="checkbox"/> | Completed Operations Additional Insured | | # of Certificate Holders/Clients Requiring | _____ | |

Subcontractors

| | Yes | No | NA | |
|---|--------------------------|--------------------------|--------------------------|--|
| 1) Do all subcontractors carry limits equal to yours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No Subcontractors Hired <input type="checkbox"/> |
| 2) Obtain certificates naming your business as an additional insured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3) Do you have a signed contracts with hold harmless in your favor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4) Do you require incident reports? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5) Do you verify subcontractors have workman's comp | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6) Verify no filed claims within (3) years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Employees Hiring Practices

| | Yes | No | NA | |
|--|--------------------------|--------------------------|--------------------------|---|
| 1) Do you require background confirmation and disclosure of training? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No Employees Hired <input type="checkbox"/> |
| 2) Prior Employment Check? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3) Do you verify driving abstract for new hires and annually thereafter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4) Obtain auto insurance verification for employees that drive personal autos onto client sites? Minimum Limits \$ _____ (Note \$100,000 is minimum when driving for the business) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5) Do you have drug testing procedures in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6) Employee handbooks are given to each employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7) Workman's comp coverage in place for employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Professional Associations or Organization member of: _____

(Our insurance is only offered to members of an approved association)

How many years to you keep records? _____

Correct

Incorrect

- 1) You require signed contracts with each client with a hold harmless in your favor.
- 2) The applicant and/or its employees have never discharged a firearm during operations.
- 3) We require a minimum of five years firearm experience when hiring armed employees.
- 4) On going firearm logs kept with a minimum 16 hours a year not to include qualification time.
- 5) A probationary period to confirm experience and/or senior team placement required for new hires.
- 6) On going training to include safety is performed.
- 7) Job site inspections are performed at least one a month for on going contracts.
- 8) Daily reports if client requires and incident logs are kept at least 3 years.

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If any answer to questions 1-7 are incorrect, please advise why action is not taken.

Has any insurance carrier cancelled or declined to renew your coverage in the past three years?

Yes No

If yes, why? _____

Please detail any claims or potential claims within the past three years?

No knowledge of claim's)

Please list your experience for each owner/officer: _____

Other Coverage Needs

- Workman's Compensation
- Business Property
- Business Auto
- License Bonding

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List your current carrier and expiration date

This policy is being placed with a SURPLUS LINES MARKET which is not regulated by the State Insurance Guaranty Fund. In the Event of the insolvency of the SURPLUS LINES insurer, losses will not be paid by the STATE INSURANCE GUARANTY FUND. The undersigned hereby acknowledges that InsuranceTek, Inc. has explained this to the applicant. InsuranceTek, Inc. will only place coverage with a Best "A" Rated or better insurance carriers). Any person who, with intent to defraud or knowing that he/she 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.

I have read and understand the above statements.

Applicant's Signature _____
 Authorized Person - Print and Sign

Date _____

Producer Signature _____

Date _____

Please read and sign the bottom

RE: No Known Loss Letter

To Whom it May Concern;

This letter is to comply with the request for my prior claims history to date. For the last three years, there have been no known losses with respects to General Liability and/or Professional E&O Coverage. We have requested our report from the insurance company and have not had a response to our requests.

During the most recent three years, I/we represent, warrant, and affirm as a consideration of receiving General Liability and/or Professional E&O Insurance coverage that:

- 1) I/we have had no losses; and,
- 2) I/we have had no claims or notices of claims made against me/us; and,
- 3) I/we have not had similar general liability/professional coverage cancelled or Non-renewed by any insurer; and,
- 4) I/we have no knowledge of any pending claim, or reason to expect a claim or loss resulting from our business activities. These representations are given to induce the insurance company to provide General Liability and/or Professional E&O Coverage and are true and correct.

_____ There are no exceptions.

_____ Exception (Explain fully): _____

Sincerely,

X _____
Sign here

Dated

Business Name _____

Authorized Signer (Print Name) _____

Claims-Made Statement Release Form

Today's Date: _____

Name of Applicant/Business _____

InsuranceTek, Inc.
108 Union Street
PO Box 70
Snohomish WA 98291-0070
Phone 888-505-1555
Fax 800-521-1528

A claims-made policy will have a discovery period that is time restrictive and is outlined within the policy terms. If a claim is discovered outside of this claims-made period, the claim will not be covered. I understand I have the option to request a quote from the prior agent to purchase this "tail" or extended discovery period.

I understand the new policy will be written on an occurrence form and will not provide protection for claims dated prior to this policy being effective. I may have an option to purchase a 12 month "nose" or prior acts gap endorsement, if conditions are met. I can accept or reject the gap endorsement based on the proposal form offered by InsuranceTek Inc.

This release form is to confirm InsuranceTek Inc has discussed the restrictions with the termination of a claims-made policy.

X _____

Date _____

Authorized Signer Print _____

This release form is required when converting from a claims-made policy to an occurrence policy. Should I fail to notify InsuranceTek Inc that prior coverage was in place and/or the insurance form was claims-made, I agree and understand that even without signature, InsuranceTek Inc will be held harmless.