

**APPLICATION FOR GENERAL LIABILITY INSURANCE – PROTECTION SERVICES**

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 \_\_\_\_  
 Description of Operations or Services: \_\_\_\_\_  
 \_\_\_\_\_

Nature of Work:	Annual Revenue -last 12 months:	Est. Annual Revenue -next 12 months:	Underwriters use-Calculations:
Concierge Services			
Guard / Patrol Services (office, mercantile, etc.)			
Crowd Control Services			
Armed Guard (any work if employee carrying firearms)			
Body Guard Services			
Private Investigation Services			
Alarm Installation / Monitoring (excl fire suppression)			
Alarm Installation/Monitor CRITICAL(Water/Temp/Etc)			
Fire Extinguishers Equipment Sales & Service			
Electrical Wiring & Data/Telephone Cabling			
Central Vacuum Sales & Service			
Home Automation			
Fire Suppression System work			
Locksmith			
Consulting Services			
Airport Security			
Traffic Control			
Self Defense Training			
Cash Escorts			
Debt Collection			
Design or Alteration to Security Systems			
CCTV (Close Circuit)			
Access Control, Distribution			
Other – describe -			
Other – describe -			
Other – describe -			
<b>Total</b>			

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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: \_\_\_\_\_

Do you provide services to any high profile clients? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

Current Insurer \_\_\_\_\_ Expiry date: \_\_\_\_\_ Policy Number \_\_\_\_\_

Current Policy Premium: \_\_\_\_\_ Current Deductible: \_\_\_\_\_

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: \_\_\_\_\_

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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.

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: \_\_\_\_\_

**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