



Undercover Surveillance _____ %
 Workforce Infiltration _____ %
 Other (Describe) _____ %
 Total = 100 _____ %

2) Do you currently carry liability insurance? Yes No

If yes, please list the following:

a. Carrier: _____ Premium: \$ _____
 b. Limits: _____ Deductible: \$ _____

3) What is the annual payroll? \$ _____

4) Is your agency licensed? Yes No

5) Is your agency licensed by the state? Yes No

If yes, which state(s)? _____

6) Do you belong to any associations? Yes No

If yes, please list _____

7) Have you or any employee ever had a license revoked, suspended, or non-renewed? Yes No

If yes, please explain: _____

8) Please indicate number of employees*: full time _____ part time _____

*Employees include: Sole Proprietors, Partners, Executive officers, Seasonal employees, Part-time employees, Full-time employees.

Please provide the name and the experience of each employee. Please include all training the employee has received that would relate to his/her position. If additional space is needed, please attach a separate piece of paper.

9) Do you ever hire sub-contractors/independent contractors? Yes No

If yes, please provide details: _____
 _____ Total Cost: \$ _____

10) Do you or any of your employees carry firearms? Yes No

If yes, please provide the name of each person and the caliber of weapon:



11) What pre-employment screening measures do you use?

12) Does the business to be insured title any automobiles or other operating vehicles in the business name?

Yes No

If yes, please explain. _____

13) Do any of the employees drive personally owned automobiles/other vehicles while in the course of their work?

Yes No

If yes, how many? _____

Are they required to carry personal auto insurance? _____

Yes No

Limits? _____

IF YOU ARE A SECURITY AGENCY, please complete the following questions:

14) Do you use guard dogs?

Yes No

15) Do employees carry non-lethal weapons such as mace, pepper spray, nightsticks or tazers? Yes No

If yes, please explain _____

16) Do you provide security for any special events with more than 10,000 people per day?

Yes No

If yes, please describe: _____

17) Do you provide security at any building exceeding 20 stories?

Yes No

If yes, please describe: _____

18) Do you provide any services outside the United States?

Yes No

If yes, please describe: _____

IF YOU ARE A SECURITY AGENCY IN **MISSOURI**, please complete the following questions:

19) Does the insured work in Kansas City or St. Louis?

Yes No

If yes, please answer the following:

a. Is the insured licensed in compliance with Title 17 of the Code of State Regulations?

If yes, please provide a copy of their license.

Yes No



- i. Do they hold a Class A or B license (applicable in Kansas City)? Yes No
 - ii. Are they classified as Corporate Security Advisors, Private Security Officers, Couriers or Private Watchmen (applicable in St. Louis)? Yes No
If yes, please specify exactly which classification(s) apply.
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- b. Are any entities such as a board of police commissioners requiring additional insured status? Yes No
Provide the full name(s) and address(es) of the additional insureds.
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- c. What type of training is provided for the insured and employees?
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- i. Is it conducted by the insured? Yes No
 - ii. Is it done by an outside firm? Yes No
If yes, what is the name of the firm?
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20) What percentage of the insured's work force is comprised of off-duty or retired police officers?

21) What percentage of the insured's work force is comprised of other than off-duty or retired police officers?

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature	Date
Agent's Signature	Date
Agency Name	