**APPLICANT**

|  |  |
| --- | --- |
| Name of applicant: |       |
|  |       |
| Mailing address: |       |
|  | *Civic number, street*      |  |       |  |       |
|  | *City* |  | *Prov.* |  | *Postal code* |

**SUPPLEMENTAL QUESTIONS**

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| **Total number of guards in your employ:** |
| Full Time: |        |  | Part Time: |        |  | Maximum number : |        |
| Average number: |       |  |  |  |  |  |  |
| **Does the applicant provide alarm response?** | [ ]  Yes [ ]  No |
| **Do guards carry firearms?** | [ ]  Yes [ ]  No |
| If **YES**, please provide the number of licensed armed guards: |       |
| Specify the minimum training requirements or certification: |       |
|       |
| Specify the list of clients or contracts and their type of business where armed guards are used: |
|       |  |       |
| *Client*      |  | *Type of business*      |
| *Client*      |  | *Type of business*      |
| *Client*      |  | *Type of business*      |
| *Client*      |  | *Type of business*      |
| *Client* |  | *Type of business* |
| Specify what percentage of total revenues: |       % |
| **Does the applicant use guard dogs?** | [ ]  Yes [ ]  No |
| Total number of dogs: |        |  | Total number of handlers: |        |
| Are dogs owned by the applicant? | [ ]  Yes [ ]  No |
| If **NO**, are dogs rented with handlers? | [ ]  Yes [ ]  No |
| Who is responsible for training dogs and handling instruction? |       |
|       |

|  |  |
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| Please specify the minimum training requirements or certification: |       |
|       |
| Specify the list of clients or contracts and their type of business where the dogs are used: |
|       |  |       |
| *Client*      |  | *Type of business*      |
| *Client*      |  | *Type of business*      |
| *Client*      |  | *Type of business*      |
| *Client*      |  | *Type of business*      |
| *Client* |  | *Type of business* |
| Specify what percentage of total revenues: |       % |
| **Does the applicant transport or escort others transporting money, securities or valuables?** | [ ]  Yes [ ]  No |
| **Does the applicant provide security for any of the following:** |
|  |  |  |  | **Revenue** |  | **Details** |
| Retail stores |  | [ ]  Yes [ ]  No |  | $       |  |       |
| Concerts or sporting events |  | [ ]  Yes [ ]  No |  | $       |  |       |
| Entertainment facilities, bars or night clubs |  | [ ]  Yes [ ]  No |  | $       |  |       |
| Strikes or labour unrest |  | [ ]  Yes [ ]  No |  | $       |  |       |
| V.I.P. protection  |  | [ ]  Yes [ ]  No |  | $       |  |       |
| Critical security areas such as power plants, dams, airports or cruise ships |  | [ ]  Yes [ ]  No |  | $       |  |       |
| **Other than already listed above, please provide five largest clients and type of business:** |
|       |  |       |
| *Client*      |  | *Type of business*      |
| *Client*      |  | *Type of business*      |
| *Client*      |  | *Type of business*      |
| *Client*      |  | *Type of business*      |
| *Client* |  | *Type of business* |
| Describe the minimum educational training and experience requirements for guards (other than armed):  |
|       |
|       |
| **Does the applicant pre-hiring process include a criminal background check?** | [ ]  Yes [ ]  No |
| **Does the applicant have a formal training and procedures manual?** | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| **Is there a procedure in case of “use of force”?** | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| **Are guards required to patrol customer’s properties?** | [ ]  Yes [ ]  No |
| **Does the applicant use any of the following methods to supervise guard patrols?** |  |
| [ ]  Watchclock service |  | [ ]  Electronic guard tour monitoring |  | [ ]  Guard’s tour supervisory service |
| Please describe any other method or procedure in place to monitor guards’ daily activities:  |
|       |
|       |

**ADDITIONAL INFORMATION**

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|       |

**STATEMENT**

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| THE APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO INFORMATION HAS BEEN SUPPRESSED OR MISSTATED. |
|       |  |       |
| *Signature of applicant* If signed in the name of a company, indicate the position occupied: |  | *MM/DD/YY*       |
| **The application must be signed by an officer, a director of the applicant Named Insured.** |
|       |  |       |

To send your quote request or to contact our team, write us at: mtl.cgl@tottengroup.com .
Our team will be happy to see if we can help you with your risk!