**APPLICANT**

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

**SUPPLEMENTAL QUESTIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | |
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**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](mailto:tot.cgl@tottengroup.com) .  
Our team will be happy to see if we can help you with your risk!