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SECURITY AND PROTECTION INDUSTRY SUPPLEMENT TO GENERAL LIABILITY INSURANCE APPLICATION

Name of Applicant: _____

1. Please describe the Applicant's operations (check each that applies and identify gross receipts):

SECURITY GUARD OPERATION	YES OR NO	# STAFF	GROSS RECEIPTS
Security Guards – quantify number of Guards _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any Guard Dogs – quantify number of Dogs _____ *Please complete section 11. Canines	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any Armed Guards – quantify number of Guards _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Patrol Services	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Residential	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Commercial	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Industrial	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Armoured Car	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transport Money/Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
By-Law Enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alarm Response	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Concierge	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bars and Night clubs *Please complete section 12. Door Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Airports	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Crowd control	<input type="checkbox"/> Yes <input type="checkbox"/> No		
VIP protection	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Labour actions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Critical facilities such as power plants	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Are patrol logs time dated and records maintained? Yes No
 If Yes, for how long are they retained? _____
3. What are the maximum values of Money/Securities transported by Armoured Cars? \$ _____
4. Describe employee recruitment process (credentials, screening and background checks, training provisions):

5. Alarm Operations

OPERATIONS	NUMBER MONITORED	INSTALLATIONS	GROSS RECEIPTS	
			MAINTENANCE	SERVICE
Residential			\$	\$
Commercial			\$	\$
Industrial			\$	\$
Medical			\$	\$
Critical (describe: e.g. temperature)			\$	\$

- Are alarms, equipment and monitoring ULC Listed? Yes No
- Are all alarms or equipment installed in accordance with manufacturers instructions? Yes No
- Does the Applicant's services contract set an inspection and service schedule in accordance with manufacturer recommendations? Yes No
- Do the Applicant's employees use checklists to assure inspection and service work is fully documented? Yes No

6. Contracting

CONTRACTING	GROSS RECEIPTS	
	INSTALLATION	SERVICE
Sprinkler installation and service	\$	\$
Fire suppression system installation and service	\$	\$
Fire extinguisher installation and servicing	\$	\$
Fire Hydrant, Stand Pipe installation and servicing	\$	\$

- Does the Applicant's services contract set an inspection and service schedule in accordance with manufacturer recommendations? Yes No
- Do the Applicant's employees use checklists to assure inspection and service work is fully documented? Yes No
- During fire protection and sprinkler servicing does the Applicant notify building owners and authorities? Yes No

Does the Applicant red tag deactivated valves? Yes No

Is the Applicant's installation or inspection work inspected and a written acceptance obtained from the customer?

Yes No Who collects this? _____

7. Miscellaneous

CONTRACTING	GROSS RECEIPTS		
	CANADIAN	U.S.	OTHER
Call Centre services:	\$	\$	\$
Paralegal Services	\$	\$	\$
Debt Collection, repossessions	\$	\$	\$
Private Investigators:	\$	\$	\$
Self Defence Training	\$	\$	\$
Weapons Training	\$	\$	\$

8. General

Do the Applicant's monitoring and call centre operations have a backup power sources? Yes No Please describe:

Please provide a copy of the Applicant's Standard Operating Policies and Procedures

Does the Applicant have an incident reporting mechanism in place? Yes No

Please provide sample of incident report form.

9. Please provide brief details of key clientele/contracts last year

NAME/DESCRIPTION	APPROXIMATE VALUE
a)	\$
b)	\$
c)	\$
d)	\$

10. Please provide a copy of any licenses held by the Applicant (for example, PSISA or SSA licensing).

11. Canines

Is the Applicant:

a) Licensed for the use of dogs? Yes No If Yes, please provide evidence of licensing.

b) Please describe training/qualifications of dogs/handlers:

c) Please describe canine operations thoroughly:

d) Are dogs muzzled at all times? Yes No If No, please describe:

e) Are dogs in presence of handlers at all times? Yes No

12. Door Security

a) Are all employees provided as door security licensed, and copies of each individuals license on file with the Applicant?

Yes No

b) Please describe training provided to door staff:

c) Are all door security operations performed in accordance with a code of conduct? Yes No

Please attach a copy of the code and written policy and procedure. This procedure must include a protocol with respect to preventing driving while intoxicated and response to unruly behaviour.

d) List of all establishments serviced, the average value of each, and the number of staff provided to each:

ESTABLISHMENT	CONTRACT VALUE	NUMBER OF STAFF
	\$	
	\$	
	\$	
	\$	

e) Does the Applicant always meet occupancy ratio requirements (e.g. 1 security personnel per 100 patrons etc)?

Yes No

f) Is a hold harmless agreement in place with each customer? Yes No Please attach a copy of each.

g) Please confirm the responsibilities assumed by the Applicant's staff:

i) Queue Monitoring Yes No

ii) Identification verification Yes No

iii) Use metal detectors/wands Yes No

iv) Complete incident reports Yes No

v) Describe scope of services provided:

Door Yes No

Dance floor Yes No

Rest rooms Yes No

vi) Have any use of force reports been filed? Yes No

If Yes, describe and advise outcome of hearings:

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This supplement, together with the General Liability application to which it is attached, constitute the Applicant's representations and will form the basis of any policy that may be issued.

Signature of Applicant _____

Dated _____