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SECURITY & PROTECTION INDUSTRY PROGRAMME APPLICATION

Name of Applicant: _____

Is the Applicant a: Corporation Partnership Limited Liability Partnership
 Individual Joint Venture
 Other (Specify) _____
Website: _____

Address of Applicant: Street _____
(Mailing address) City _____
Province _____ Postal code _____

Contact person: (for inspection) _____
Phone: _____ Fax: _____

Quote required by: _____ Coverage effective date: _____

1. BUSINESS OF THE APPLICANT

Please describe fully and attach separate sheet if necessary. Attach brochure(s) if any.

How long in business? _____

Details of any predecessor companies: _____

Provide experience of Principal(s) in the industry:

Do you own or operate any business other than as stated above? Yes No

If Yes, provide name and descriptions of operations:

Do these businesses have separate insurance? Yes No

If No, and coverage is required, confirm full operations and revenue.

What is your geographical area of operation? _____

Is any work or sales anticipated outside of Canada Yes No If Yes, provide full details:

Does your firm provide welding service? Yes No If Yes, describe the work being done:

2. PREVIOUS INSURANCE

Carrier: _____ Policy No: _____ Expiry Date: _____

Expiring Premium: \$ _____ Expiring Limit: \$ _____ Claims Made or Occurrence: _____

If claims made, retro date: _____

Has cover been cancelled or declined in the past? Yes No If Yes, why?

3. CLAIMS AND CIRCUMSTANCES

Please provide 5 year claims experience including details of any incidents or events known to the Applicant that may give rise to a claim. (Attach separate sheets as necessary)

DATE	DESCRIPTION	PAID	AMOUNTS OUTSTANDING	EXPENSE	STATUS
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

4. EMPLOYEES AND VOLUNTEERS

Estimated annual payroll & head count:

(a) Administrative \$ _____ # _____ (b) Sales \$ _____ # _____
 (c) Operations \$ _____ # _____ (d) Plant \$ _____ # _____

Give number and types of employees not covered by Workers Compensation: # _____ Type _____

Is Employers' Liability required for the employees not covered by worker's compensation? Yes No

If Yes, indicate limit of liability required: \$ _____ Payroll of these employees? \$ _____

5. PREMISES LIABILITY

Please describe each location occupied by the Applicant:

ADDRESS	SQUARE FOOTAGE	OCCUPIED	TLL REQUIRED?	LIMIT
a)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
b)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
c)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
d)		<input type="checkbox"/> By Insured <input type="checkbox"/> By Tenant <input type="checkbox"/> Vacant /Idle	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

If Tenants Legal Liability is required for any location please provide C.O.P.E. details:

If any of the above premises, in whole or in part, are leased or rented to others, please confirm that evidence of premises liability insurance is obtained from all tenants. Yes No

Please provide details. _____

Are any premises outside of Canada? Yes No If Yes, Specify:

Describe standard housekeeping and maintenance procedures:

Describe any special features at any location such as docks, swimming pools, water bodies, allurements, recreational facilities, roads, bridges, railways, dams, trespass activity, transfer facilities or other unusual hazards:

6. CONTRACTORS PROTECTIVE

Cost of work Sub-Let: \$ _____ Type of work: _____

Is evidence of liability insurance collected from subcontractors? Yes No If Yes, specify limits: \$ _____

Does the Applicant enter into formal contractual agreements with Sub-contractors? Yes No

If Yes, is a "Hold Harmless" clause in the Applicant's favour used? Yes No

7. LIMITS OF LIABILITY REQUESTED

Commercial General Liability Form

CGL each occurrence Limit \$ _____

Personal Injury and Advertising Injury Limit \$ _____

Medical expense Limit (any one person) \$ _____

General Aggregate Limit \$ _____

Products- Completed Operations Aggregate limit \$ _____

Deductible Options \$ _____

\$ _____

8. NON-OWNED AUTOMOBILE LIABILITY

Number of employees using their automobile on company business: Regularly # _____ Occasionally # _____

Estimated annual cost of hired automobiles: \$ _____

Estimated annual cost of automobiles operated under contract: \$ _____

Any inflammable, caustic or explosive substances carried? Yes No

If Yes, specify: _____

Any Long Haul operations? Yes No

If Yes, specify: _____

PLEASE COMPLETE THE SUPPLEMENTAL WHICH APPLIES TO YOUR BUSINESS/OPERATION

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

9. SECURITY GUARD OPERATIONS	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Security Guards – quantify number of Guards _____	\$ _____	\$ _____
Any Guard Dogs – quantify number of Dogs _____ *Please complete section 15. Canines	\$ _____	\$ _____
Any Armed Guards – quantify number of Guards _____	\$ _____	\$ _____
Patrol Services (Residential and Commercial)	\$ _____	\$ _____
Armoured Car (Please complete supplemental)	\$ _____	\$ _____
Transport Money/Securities	\$ _____	\$ _____
By-Law Enforcement	\$ _____	\$ _____

SECURITY GUARD	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Alarm Response	\$	\$
Concierge	\$	\$
Bars and Night clubs – *Please complete section 16. Door Security	\$	\$
Airports- Provide full service being offered	\$	\$
Cruise Ships, Watercraft or Port Authorities – Provide full service being offered	\$	\$
Crowd control/Special Event Security	\$	\$
VIP protection	\$	\$
Labour actions	\$	\$
Critical facilities such as power plants	\$	\$
Security Guard Training	\$	\$
Security Consulting	\$	\$
Other specify _____	\$	\$

Is your guard operation licensed by the province? Yes No

Confirm the total number of security guards: _____

Are patrol logs time dated and records maintained? Yes No

If Yes, for how long are they retained? _____

What is the maximum value of Money/Securities transported \$ _____

Describe employee recruitment process (credentials, screening and background checks, training provisions):

10.

PRIVATE INVESTIGATION OPERATION	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
General P.I. Service	\$	\$
Insurance	\$	\$
Process Serving	\$	\$
Paralegal	\$	\$
Debt Collection, Repossession or Bailiff Service	\$	\$
Retail Store Investigation	\$	\$
Private Investigation Training	\$	\$
Other specify _____	\$	\$

Is your private investigation operation licensed by the province? Yes No

Confirm the total number of licensed private investigators: _____

11. SECURITY SYSTEMS INSTALLATION AND SERVICE	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Fire, Smoke and Burglar Alarms	\$	\$
Medical Alarms	\$	\$
Alarm Monitoring Sales (Sub-contractor)	\$	\$
Close Circuit Television Systems	\$	\$
Card Access	\$	\$
Locksmiths	\$	\$
Home Automation/Intercoms	\$	\$
Standard Electrical	\$	\$
Security Consulting	\$	\$
Manufacturing (Please complete supplemental)	\$	\$
Distribution of Security Products (Please provide details of products sold on separate sheet)	\$	\$
Critical (describe: ie. temperature) _____	\$	\$

Are alarms, equipment and monitoring ULC Listed? Yes No

Is your firm responsible for connecting the alarm to the central monitoring station? Yes No

Confirm which central provides the monitoring service: _____

Are all alarms or equipment installed in accordance with manufacturers instructions? Yes No

Does the Applicant's service 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

12. CONTRACTING OPERATIONS	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Sprinkler installation and service (Please complete supplemental)	\$	\$
Kitchen suppression system installation and service	\$	\$
Portable fire extinguisher installation and servicing	\$	\$
Fire Hydrant, Stand Pipe installation and servicing	\$	\$

Does the Applicant's service 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 work inspected and a written acceptance obtained from the customer? Yes No

Who collects this? _____

13. MONITORING SERVICE	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Call Centre Service(s)	\$	\$
Central Station Monitoring	\$	\$
Telephone Answering Service	\$	\$
Telephone Answering Emergency call (911)	\$	\$

Is your station ULC Listed? Yes No

Does the monitoring and call centre operations have a backup power source? Yes No

Please describe: _____

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

Does the Applicant have incident reporting procedures in place? Yes No

Is there a formal training program for operators? Yes No

What is the minimum training required? _____

Is your monitoring system computerized Yes No

Is access to monitoring facilities strictly controlled? Yes No

Are runners/guards dispatched? Yes No

Are these runners/guards your own employees? Yes No

If No, please give details: _____

Are customer keys kept? Yes No

If Yes, how are they stored and identified? _____

14. MISCELLANEOUS	PROJECTED GROSS ANNUAL RECEIPTS	PAYROLL
Self Defence Training	\$	\$
Weapons Training	\$	\$
Other Specify: _____	\$	\$

Confirm expertise of individual providing the training:

List customers for which training is provided:

15. CANINES

Is the Applicant licensed for the use of dogs? Yes No If Yes, please provide evidence of licensing.

Describe training/qualifications of dogs/handlers: _____

Please describe canine operations thoroughly:

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

Are dogs in presence of handlers at all times? Yes No If No, please describe:

Are dogs used for detection of drugs or explosives? Yes No

If Yes, please describe contract details and responsibilities

16. DOOR SECURITY

Are all employees provided as door security licensed, and copies of each individual's license on file with the Applicant?

Yes No

Please describe training provided to door staff:

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

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.

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

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

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

Yes No

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

Confirm the responsibilities assumed by the Applicant's staff:

Monitoring Patrol Yes No

Identification verification Yes No

Use metal detectors/wands Yes No

Complete incident reports Yes No

Describe scope of services provided:

Door Yes No

Dance floor Yes No

Rest rooms Yes No

Have any use of force reports been filed? Yes No

If Yes, describe and advise outcome of hearings:

17. PLEASE PROVIDE BRIEF DETAILS OF KEY CLIENTELE/CONTRACTS LAST YEAR

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

Please use this space for any additional information (where the space provided was insufficient).

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: _____



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