

SECURITY GUARD SUPPLEMENTAL APPLICATION

140 2nd Street, Suite 230 | Petaluma, CA 94952 | (888) 744-9810 | www.tangramins.com

Named Insured:	Effective Date:	FEIN #:
Contact Name & Title	Phone Number:	
Web Address:	Contact E-mail:	

CONTACT NAME AND PHONE NUMBER:

Inspections:	Phone Number:
Premium Audit:	Phone Number:
Claims:	Phone Number:

PAYROLL AND PREMIUM HISTORY:

	Total Annual Payroll	Premium \$
Current Year		
1st Prior Year		
2nd Prior Year		
3rd Prior Year		
4th Prior Year		

VEHICLE & DRIVER INFORMATION:

Is there a driving/delivery exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is frequency? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: <input type="checkbox"/>
Radius of Operations/travel: <50 miles <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+ <input type="checkbox"/>	
Any group transportation of employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how provided? Car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Bus <input type="checkbox"/>
Do you perform MVR checks? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how frequent? <input type="checkbox"/>
Are there driver standards in place? Yes <input type="checkbox"/> No <input type="checkbox"/>	
# of employees transported per vehicle:	# of vehicles used to transport:
Frequency: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: <input type="checkbox"/>	Is a PUC/DMV filing required? PUC <input type="checkbox"/> DMV <input type="checkbox"/> N/A <input type="checkbox"/>
Are vehicles company owned? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, types of vehicles:
If yes, are vehicles taken home? Yes <input type="checkbox"/> No <input type="checkbox"/>	# of vehicles: <input type="checkbox"/>
Vehicle/fleet maintenance program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do employees use personal vehicles for company business? Yes <input type="checkbox"/> No <input type="checkbox"/>	

OPERATIONS AND BENEFITS:

# of employees:	Full time:	Part time:	Seasonal:	Volunteers:
<i>(Verify number is consistent with number on Acord App)</i>				
Any day laborers or temporary/employee leasing? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<i>(If yes, please provide detail on separate page.)</i>				
% of union employees:		% of non-union employees:		Paid Sick Leave? Yes <input type="checkbox"/> No <input type="checkbox"/>
Paid Vacation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Retirement / Pension Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does employer contribute? Yes <input type="checkbox"/> No <input type="checkbox"/>		Group Medical Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
% of employees enrolled:			% paid by employer:	
CPR training provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		# employees certified:		
RTW Program? Yes <input type="checkbox"/> No <input type="checkbox"/>		Does it include salary continuance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has the ownership of the applicable entity changed within the past 5 years?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:				

HIRING PRACTICES - EMPLOYEE SECTION - CLAIMS:

Written applications? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-hire drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reference checks? Yes <input type="checkbox"/> No <input type="checkbox"/>	Post Accident drug testing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Pre/post employment physicals? Yes <input type="checkbox"/> No <input type="checkbox"/>	Formal job descriptions on file? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have formal written accident reports? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are personnel files documented for pre-existing injuries? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there set procedures for reporting claims? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any interchange of labor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain: Another Business <input type="checkbox"/> Subsidiary <input type="checkbox"/> Between Departments <input type="checkbox"/> Other: <input type="checkbox"/>	
Is job specific training provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employee Orientation Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, is the orientation Verbal Only? <input type="checkbox"/> Verbal and Documented? <input type="checkbox"/>	
Employee to Supervisor Ratio: Better than 4-1 <input type="checkbox"/> 5-1 <input type="checkbox"/> 6-1 <input type="checkbox"/> 7-1 <input type="checkbox"/> >7-1 <input type="checkbox"/>	
Subcontractors used? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, are certificates of insurance obtained and kept on file? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain:	
Independent Contractors Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, how are they paid? 1099's? <input type="checkbox"/> Other? <input type="checkbox"/>	
Please explain:	

SAFETY PROGRAM AND ORGANIZATION - WORK PREMISES AND ENVIRONMENT:

Are owners active in daily operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, are they excluded from coverage? Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Active injury & illness prevention program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Has loss control services been performed in the last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Please explain:					
Active safety incentive program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are safety meetings conducted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, does it encompass all employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how often? Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	
What type of incentive?			Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Other <input type="checkbox"/>
Do employees receive safety training/orientation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, is the training: Formal/Documented <input type="checkbox"/>	Informal <input type="checkbox"/>	
Do you have a safety director or risk manager?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name/Title:		
If yes, is the position full time or an additional responsibility of another employee?					
Any material handling exposures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, please explain:					
Any lifting exposures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, <25 lbs <input type="checkbox"/>	25-40 lbs <input type="checkbox"/>	40+ lbs <input type="checkbox"/>
If 40+, manual lifting or with assistance? Please explain:					
Personal protection equipment provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	If yes, strict enforcement of utilization? Yes <input type="checkbox"/>	No <input type="checkbox"/>
What types of PPE?					
What is the maximum height at which you will work?					
What is used?	Ladder <input type="checkbox"/>	Scaffolding <input type="checkbox"/>	Scissor Lifts <input type="checkbox"/>	N/A <input type="checkbox"/>	
If scaffolding used, does the insured build their own? Yes <input type="checkbox"/>					No <input type="checkbox"/>

SECURITY GUARDS:

Provide the names of your five (5) largest revenue producing clients, and a description of your duties.	
Are the majority of your clients under contract? Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, how many included hold harmless clauses?
<i>Please include sample copies of your standard contracts and agreements.</i>	
Do you subcontract work? Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, do you require certificates and/or proof of Errors & Omissions and Commercial General Liability Insurance? Yes <input type="checkbox"/>
No <input type="checkbox"/>	
Are you named as an additional insured on the subcontractor's policy? Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the principals perform Guard/Investigative Operations? Yes <input type="checkbox"/>	No <input type="checkbox"/> Number of supervisors
Annual guard turnover rate:	
Training program consists of:	
<input type="checkbox"/> Written Manual	<input type="checkbox"/> On Job
<input type="checkbox"/> Report Writing	<input type="checkbox"/> Powers of Arrest
<input type="checkbox"/> Firearms	<input type="checkbox"/> Classroom
<input type="checkbox"/> CPR	<input type="checkbox"/> Other:
<input type="checkbox"/> Films	
<input type="checkbox"/> De-Escalation Training	
Describe your training program:	

SECURITY GUARDS CONTINUED:

Pre-employment screening procedures (check the following):

<input type="checkbox"/> Polygraph	<input type="checkbox"/> Prior Employer Contacted	<input type="checkbox"/> Criminal Background
<input type="checkbox"/> Drug Screening	<input type="checkbox"/> Fingerprint Check	<input type="checkbox"/> Driving Record
<input type="checkbox"/> Psychological Test	<input type="checkbox"/> Personal References	<input type="checkbox"/> Other:

Describe your pre-employment screening procedures:

Total number of guard hours billed to client(s) annually		Unarmed:	Armed:
Total number of Guards	Supervisors	Unarmed	Armed
Full Time			
Part Time			

Do you use any equipment or golf carts for patrol? Yes No If yes, how many?

Will the public be transported? Yes No If yes, are driving records checked on drivers? Yes No

Do you deploy the use of body cameras? Yes No

Do you anticipate using dogs? Yes No **Must be leashed and not to exceed 6ft.*

If yes, number of dogs used with handlers: _____ number of dogs used with handlers without handlers: _____

for what purpose will the dogs be used? Bombs Drugs Airports Other: _____

Are all armed employees licensed by the state to carry firearms? Yes No

If yes, how often will they have to be re-certified?

Is any other non-lethal weaponry deployed (i.e. batons, pepper spray, tasers, etc.)?

Any firearm management policy in place (weapon ownership, proper storage and maintenance)?

Please provide Total Payroll and Billable Hours for the past five years:

	Year: 2023	Year: 2022	Year: 2021	Year: 2020	Year: 2019
Total Payroll					
Total Billable Hrs					

Has any company canceled or declined to renew in the past five (5) years? Yes No
If yes, please explain.

Has the insured ever had a lapse in coverage? Yes No
If yes, please explain.

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

Printed Name: _____ Signature: _____ Date: _____ License #: _____

LIST ANNUAL PAYROLL SEPARATELY BY CATEGORY

SUPERVISORY	ARMED PAYROLL	UNARMED PAYROLL
GUARD SERVICES		
Airports - describe operations		
Banks for other financial institutions		
Construction or Demolition Sites		
Conventions		
Escort Service / Body Guard Service		
Fast Food Restaurants		
Government Contracts - office building, Public Parks		
Hotels / Motels		
Apartment Complexes - Residential		
Housing/Residential - Low Income/HUD		
Industrial - warehouses, factories		
Institutions - schools, hospitals, other:		
Liquor Establishments - bars, restaurants, other:		
Malls / Theaters / Arcades		
Office Buildings		
Patrol Cars - alarm response, patrol, other:		
Retail - parking lots, outside patrol, other:		
Retail - shoplifting, surveillance, inside, other:		
Special Events - sports, concerts, other:		
Strike Work		
Traffic Control		
Utilities - Electrical		
Other - Describe:		
TRANSPORTATION SERVICES		
Armored Car		
ATM Services		
Courier - describe commodity transported		
Other - Describe:		
PRIVATE INVESTIGATIONS		
Auto Repossession		
Bank Checks - pre-employment screening		
Body Guard Protection		
Bounty Hunter		
Computer Fraud		
Criminal		
Divorce / Domestic		
Executive Protection		
General Background Checks		
Missing Persons		
Polygraph		
Process Serving		
Psychological Stress Evaluator		
Security Consultation		
Other - Describe:		
OTHER		
Clerical		
Outside Sales		
Other - Describe:		
TOTAL		

SERVICES DETAILS

(Please complete this section if you provide services to any of these clients.)

AIRPORTS / CRUISESHIP LINES

Please list the airports/cruise ship lines being serviced and a description of the services provided. Advise if it will include either passenger/baggage screening and/or skycap services.

BODYGUARD / EXECUTIVE PROTECTION

Will these services involve protection of entertainers/athletes or other high profile individuals? Yes No
Please provide a brief description of the services provided to these clients (i.e. estate security, 24/7 protection, etc.).

SCHOOLS / COLLEGES / UNIVERSITIES

Please provide a listing of these clients and a description of the services provided to these clients (i.e. vehicle patrol, security in the dormitories, security at special events, etc.).

HOSPITALS

Please provide a listing of these clients serviced and a description of the services provided (i.e. parking lot patrol, security in the ER, patient restraint services, etc.).

HOTELS / MOTELS

Please provide a listing of the hotels/motels being serviced and provide a description of the services provided to these clients (i.e. vehicle patrol, security at hotel lounge, student chaperone services, etc.).

RESIDENTIAL

Please provide a listing of the properties serviced, their locations and a description of the services provided to these clients (vehicle patrol, gate guard, etc.). Also indicate the residential mix and percentage of work for each (high/mid income, gated communities, senior subsidized, section 8, low income, other).

SPECIAL EVENTS / SPORTING EVENTS / ARENA/STADIUMS / CONVENTIONS

Please provide a listing of these clients and a description of the services provided to these clients.

CLUBS / BARS / LIQUOR ESTABLISHMENTS

Please provide a listing of these clients and a description of the services provided.

OTHER OPERATIONS

Please provide a listing of these clients and a description of the services provided to these clients.