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**SECURITY SERVICES LIABILITY INSURANCE
 SECURITY GUARD SUPPLEMENTAL APPLICATION**

**This Supplemental Application must be submitted along with
 our main Security Service Liability Insurance Application**

1. Applicant Name: _____

DESCRIPTION OF OPERATIONS

2. Is your operation licensed by the Province? Yes No

Describe years of experience in guard service business _____

3. Are guards supervised? _____

4. Do guards report to Central Station or a Supervisor? _____

5. What training/experience are guards required to meet? _____

6. a) Do you have any formalized training procedures? _____

b) Do you provide any training to third party customers/guards? _____

7. Are guards provided with a job procedure manual? _____

8. Do you have a documented "USE of FORCE" policy? _____

9. Do you provide guard services for any of the following? If Yes, please list clients and describe the operations provided **Use separate sheet as necessary**

a) Airports Yes No

b) Cruise Ships / Watercraft /Port authorities Yes No

c) Employment Strikes /Labour Unrest Yes No

d) Consulates, Embassies, Military Facilities, Nuclear Facilities or other Government buildings Yes No

Please describe _____

e) High value Stock or Cash on premises, Jewellery Stores, Car Lots, Warehouses Yes No

f) Concerts, Sporting Events, Night Clubs, Bars, Socials Yes No

g) Threat assessments Yes No

h) Escort / Body guard services Yes No

i) Any Consulting services Yes No

10. Do you guard money and/or securities at any of the sites in the above question? Yes No

If yes, describe responsibilities and customers for which this service is offered _____

11. Do you provide any services whereby the guards are required to do passenger screening body searches, Badge or I.D. checks or purse/bag checks? Yes No

If yes, provide name of customer and contract details _____

12. Do any guards carry firearms? Yes No If yes, number of employees carrying firearms _____

If yes, describe firearm/ammunition storage _____

Is there documentation or record kept if use of firearm? Yes No

Describe specific firearm training _____

Provide list of customer contracts requiring armed guard service _____

13. Do employees use guard dogs? Yes No Number of Dogs _____

If yes, confirm annual receipts for canine security operations \$ _____

Are guard dogs used with handlers at all times? Yes No

Confirm guard dog handler training _____

Are dogs left with customers? Yes No

Are dogs used for detection of drugs, explosives etc.? Yes No

14. Are any of your guards required to drive clients' vehicles? Yes No

Describe _____

15. Are guards required to patrol customer's properties? Yes No

If yes, are rounds recorded/documented? _____

16. Are guards required to do crowd control? Yes No

If yes, describe crowd control training _____

Provide list of client contracts requiring crowd control and describe event _____

17. Do the guards transport any Monies, Securities, Valuables, etc. for customers? Yes No

Provide details _____

18. Please list your largest five (5) clients and describe the operations performed for them

This supplement attaches to and is part of the Liability Application that shall form the basis of the contract, should a policy be issued.

Date _____ Applicant's Signature _____

Title _____

IMPORTANT MANDATORY INDICATOR – CHOOSE ONE **New Business Application** **Renewal Application**

SUBMITTED BY: _____

E-MAIL ADDRESS: _____

Edelivery: Do you want all Policy Documentation Delivered by Email to this address? Yes No _____