/ SUPPLEMENTAL APPLICATION

Security Guard & Alarm Supplemental

Guard, patrol, alarm, and investigation services.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

TYPE OF SECURITY SERVICES

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

OPERATIONS PROFILE

YEARS IN OPERATION

GUARDS (FT)

GUARDS (PT)

STATE-LICENSED PRIVATE INVESTIGATORS

STATES OF OPERATION

GUARD LICENSING AUTHORITY / LICENSE #(S)

% ARMED (OVERALL BOOK)

% UNARMED (OVERALL BOOK)

SALES CATEGORY % CLARIFICATION

OPERATIONS MATRIX

Check each service performed. For each, give the % of that service's hours that are armed vs. unarmed, and the % of total revenue it represents.

Security Services Performed

SERVICE	% ARMED	% UNARMED	% OF REVENUE
Unarmed guard / static post			
Armed guard / static post			
Patrol / mobile patrol			
Alarm response / runner			
Event / crowd control			
Bar / nightclub / bouncer			
Executive protection / bodyguard			
Private investigation / detective			
Cash-in-transit / armored car			
K-9 / canine security			
Off-duty law enforcement			
Alarm installation / monitoring			
Airport / transit security			
Bank / financial security			
Church / house-of-worship			
Construction-site security			
Detention / detention center			
Gas-station / convenience			
Hospital / healthcare			
Hotel / motel			
Liquor store			
Mall / shopping center			
Office / commercial building			
Parking lot / deck			
Apartment / condo patrol			
Residential / personal protection			
Fast-food restaurant			

SERVICE	% ARMED	% UNARMED	% OF REVENUE
Vehicle / traffic control			

Revenue & Payroll — Five-Year History

EXPOSURE	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Revenue					
Payroll					

Employee Count — Five-Year History

HEADCOUNT	UPCOMING YR (EST.)	LAST 12 MONTHS	1 YEAR PRIOR	2 YEARS PRIOR	3 YEARS PRIOR
# Employees / Guards					

OPERATIONS DETAIL

1. Are off-duty law-enforcement officers hired or used as guards? ☐ YES ☐ NO

IF YES, % OF STAFF AND WHETHER THEY WORK IN UNIFORM/ARMED

2. Do officers carry their own service firearms (rather than employer-issued)? ☐ YES ☐ NO

3. Are K-9 / contract canine officers with dogs used? ☐ YES ☐ NO

IF YES, DESCRIBE HANDLERS AND TRAINING

4. Are dogs used in any capacity in your operations? ☐ YES ☐ NO

BREED(S), PURPOSE, AND HANDLER CERTIFICATION

5. Is the applicant licensed in every state in which guards are placed? ☐ YES ☐ NO

6. Does the applicant provide guards to any premises it does not own or control? ☐ YES ☐ NO

DOGS & WEAPONRY

Weapons / equipment carried or stored by personnel (check all)

- ☐ Firearms
- ☐ Batons
- ☐ Stun guns / Tasers
- ☐ Mace / pepper spray
- ☐ Less-than-lethal projectiles (bean-bag, rubber, pepper-ball)
- ☐ Irritant / smoke grenades
- ☐ Handcuffs / zip ties
- ☐ K-9 / dogs
- ☐ None
- ☐ Other

IF 'OTHER,' DESCRIBE

WHO ISSUES & INVENTORIES WEAPONS?

ARMED / FIREARMS OPERATIONS

Complete this section only if any guards are armed or carry firearms.

% OF GUARDS ARMED	FIREARM TYPE(S) CARRIED	AMMUNITION TYPE	ARE WEAPONS EMPLOYER-OWNED? (Y/N)

7. Is a documented firearms-proficiency / qualification test required before any guard carries? ☐ YES ☐ NO

8. Is re-qualification required at least annually, and are results retained? ☐ YES ☐ NO

9. Are all armed guards individually licensed / permitted to carry by the state? ☐ YES ☐ NO

10. Is use of firearms strictly prohibited while under the influence of alcohol or drugs? ☐ YES ☐ NO

11. Is there a written use-of-force / firearm-discharge policy with mandatory incident reporting? ☐ YES ☐ NO

12. Are firearms stored securely (locked) when not deployed? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

FIVE LARGEST CLIENTS

Largest Accounts by Revenue

CLIENT NAME	DESCRIPTION OF WORK / SERVICE PROVIDED

Is a signed written contract in place with all customers? ☐ YES ☐ NO

Do customer contracts include hold-harmless / indemnification in the applicant's favor? ☐ YES ☐ NO

SUBCONTRACTORS

13. Does the applicant hire subcontractors or independent contractor guards? ☐ YES ☐ NO

IF YES, OPERATIONS SUBCONTRACTORS ARE HIRED FOR

14. Do subcontractors provide a certificate of insurance naming the applicant as additional insured? ☐ YES ☐ NO

15. Are subcontractors required to carry GL limits equal to the applicant's, and to confirm workers' comp? ☐ YES ☐ NO

16. Are signed written agreements with hold-harmless obtained from all subcontractors before work begins? ☐ YES ☐ NO

TYPICAL ANNUAL SUBCONTRACTOR COST $	WHO REVIEWS & RETAINS SUB COIS?

EMPLOYEE TRAINING

Indicate which elements are part of the applicant's formal training program and whether each is documented.

Training Matrix

TRAINING ELEMENT	PROVIDED?	DOCUMENTED / TESTED?
Firearms proficiency / qualification		
Use-of-force policy		
De-escalation techniques		
Restraint techniques		
Detainment & false-arrest / legal limits		
Chokeholds / airway-constrictive holds (trained or allowed)		
Handcuffs / zip ties (provided or allowed)		
First aid & CPR		
Recognizing signs of head injury		
Narcan / Naloxone administration		
When to call / alert law enforcement		
Road test (for anyone operating a vehicle)		

17. Is there a formal training program for all guards? ☐ YES ☐ NO

18. Does training include a written procedural manual, and are employees tested on it? ☐ YES ☐ NO

19. Are guards required to alert law enforcement of all physical altercations and threats of violence? ☐ YES ☐ NO

20. Are guards instructed to call 911 for all medical emergencies and injuries? ☐ YES ☐ NO

21. Are first-aid kits provided and regularly maintained? ☐ YES ☐ NO

HIRING / SCREENING PROCEDURES

Screening performed before hire (check all that are standard)

- ☐ Criminal background — state
- ☐ Criminal background — federal
- ☐ MVR check
- ☐ Driver's license verification
- ☐ Drug screening
- ☐ Alcohol screening
- ☐ Abuse screening
- ☐ Psychological testing
- ☐ Polygraph test
- ☐ Previous employers — in writing
- ☐ Previous employers — by telephone
- ☐ Reference verification
- ☐ License validity / suspensions / revocations / citations
- ☐ Pending disciplinary actions (current/prior employer)
- ☐ Other

MINIMUM AGE FOR EMPLOYMENT

IF 'OTHER' SCREENING, DESCRIBE

COVERAGE REQUESTED

GL EACH-OCCURRENCE

GL AGGREGATE

ASSAULT & BATTERY (INCL. / EXCL. / SUBLIMIT)

PROFESSIONAL LIABILITY / E&O (INCL. / EXCL.)

DEDUCTIBLE / SIR

EXCESS / UMBRELLA LIMIT (IF ANY)

CARE, CUSTODY & CONTROL

REQUESTED EFFECTIVE DATE

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

22. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

23. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

24. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

25. Have any liability claims been covered by insurance in the loss period? ☐ YES ☐ NO

26. Is the company aware of any potential claims, occurrences, or circumstances not yet reported? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

APPLICANT STATEMENT & SIGNATURE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #