



# Granite Insurance Services, Inc.

Phone (720) 872-6406 (800) 522-3482

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## SECURITY GUARD / PATROL \ APPLICATION

Applicant's Name: \_\_\_\_\_ Agent: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ Inspection Contact: \_\_\_\_\_

Phone Number for Inspection contact: \_\_\_\_\_

Web Address \_\_\_\_\_

Proposed Policy Period: \_\_\_\_\_ to: \_\_\_\_\_

Insured is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

### SCHEDULE OF HAZARDS

Types of Businesses Protected	% of Ops	Types of Services Offered	% of Ops
<input type="checkbox"/> Apartments .....	_____	<input type="checkbox"/> Alarm Installation .....	_____
<input type="checkbox"/> Automobile Dealers .....	_____	<input type="checkbox"/> Alarm Monitoring .....	_____
<input type="checkbox"/> Banks .....	_____	<input type="checkbox"/> Armored Care .....	_____
<input type="checkbox"/> Concerts .....	_____	<input type="checkbox"/> Body Guards .....	_____
<input type="checkbox"/> Construction Sites .....	_____	<input type="checkbox"/> Couriers / Escort Service .....	_____
<input type="checkbox"/> Hospitals .....	_____	<input type="checkbox"/> Crowd Control .....	_____
<input type="checkbox"/> Housing Authorities / Public Housing .....	_____	<input type="checkbox"/> Employee Background Checks .....	_____
<input type="checkbox"/> Industrial Plants .....	_____	<input type="checkbox"/> Investigations - Criminal .....	_____
<input type="checkbox"/> Office Buildings .....	_____	<input type="checkbox"/> Investigations - Divorce .....	_____
<input type="checkbox"/> Retail Stores - during business hours .....	_____	<input type="checkbox"/> Investigations - Missing Persons .....	_____
<input type="checkbox"/> Retail Stores - after hours .....	_____	<input type="checkbox"/> Patrol .....	_____
<input type="checkbox"/> Restaurants .....	_____	<input type="checkbox"/> Process Serving .....	_____
<input type="checkbox"/> Schools / Colleges .....	_____	<input type="checkbox"/> Repossessions .....	_____
<input type="checkbox"/> Special Events .....	_____	<input type="checkbox"/> Security Guard Training School .....	_____
<input type="checkbox"/> Utility Properties .....	_____	<input type="checkbox"/> Other (describe below) .....	_____
<input type="checkbox"/> Other (describe below) .....	_____		

### PERSONNEL

Full Time Employees Payroll \$ \_\_\_\_\_ # Armed \_\_\_\_\_ # Unarmed \_\_\_\_\_

Part Time Employees Payroll \$ \_\_\_\_\_ # Armed \_\_\_\_\_ # Unarmed \_\_\_\_\_

Off Duty Police # \_\_\_\_\_  Employees under 21 # \_\_\_\_\_  Employees over 65 # \_\_\_\_\_

Background Checks .....  Yes  No Training required with ongoing education .....  Yes  No  
(including any prior criminal records) Armed employees obtain permits to carry weapons ..  Yes  No

Gross Receipts \$ \_\_\_\_\_

**OPERATIONS**

Is business licensed and/or certified according to state regulations? .....  Yes  No

Is the applicant owned by, associated with, engaged in or involved with any other enterprise? .....  Yes  No

If yes, provide details. \_\_\_\_\_

Does the applicant use dogs as part of their operation? .....  Yes  No

If yes, who handles the training of the dogs? \_\_\_\_\_

What type of dogs are used? \_\_\_\_\_

Number of dogs that work with a guard \_\_\_\_\_ and the number working unattended \_\_\_\_\_

Are dogs left unattended at customers facility? .....  Yes  No

Include a copy of the contract.

**LIMITS – GENERAL LIABILITY:**

**LIMITS OF LIABILITY REQUESTED:**

GENERAL AGGREGATE: \_\_\_\_\_

PRODUCTS & COMPLETED OPERATIONS AGGREGATE:                     INCLUDED                    

PERSONAL & ADVERTISING INJURY: \_\_\_\_\_

EACH OCCURRENCE: \_\_\_\_\_

FIRE DAMAGE: \_\_\_\_\_

MEDICAL PAYMENTS: \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS:**

NAME AND ADDRESS:	INTEREST	ADD'L INS'D.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**PRIOR EXPERIENCE AND LOSSES**

PRIOR CARRIER	LIMITS	POLICY TERM	LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

\_\_\_\_\_

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.