



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: protectiveservices@tottengroup.com Website: www.tottengroup.com

PROTECTIVE SERVICES LIABILITY APPLICATION

[ ] New Business Application [ ] Policy # \_\_\_\_\_

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Business Name \_\_\_\_\_

Principal(s) \_\_\_\_\_

Subsidiaries, Partners and Joint Ventures: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Website Address \_\_\_\_\_

Applicant is: [ ] Individual [ ] Partnership [ ] Corporation [ ] Joint Venture [ ] Other - \_\_\_\_\_

# of Years in Business \_\_\_\_\_ # of Years Experience \_\_\_\_\_

If new operation/company, describe work experience of the principals: \_\_\_\_\_

Limit of Liability required: [ ] \$1,000,000 [ ] \$2,000,000 [ ] \$5,000,000 [ ] Other \_\_\_\_\_
Deductible: [ ] \$1,000 [ ] \$3,500 [ ] \$5,000 [ ] Other \_\_\_\_\_

Additional Coverage (A separate application is required for each coverage listed below)

Do you require Employee Dishonesty? [ ] Yes [ ] No
Do you require a Provincial Licensing Bond? [ ] Yes [ ] No
Do you require Property coverage? [ ] Yes [ ] No

Provide details of all liability insurance carried:

Table with 5 columns: Name of Insurer, Policy Limit, Deductible, Period, Premium. Includes three rows of blank lines for data entry.

Is renewal being offered? [ ] Yes [ ] No If no, explain \_\_\_\_\_

List current memberships in Security or Trade Associations \_\_\_\_\_

Has any insurer declined, cancelled or non-renewed any similar insurance in the past 5 years? [ ] Yes [ ] No

If yes, provide the insurer and reason given: \_\_\_\_\_



### LIABILITY INFORMATION

#### Operations

**Additional Locations** List locations and occupations:

	Address	% occupied by Applicant	Square Footage	R/Cost of Rented Portion
1	_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
2	_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____

Is Tenants Legal Liability required?  Yes  No

If Yes, state limits required for each location \_\_\_\_\_

For the preceding 12 month period, what was your ACTUAL Revenue \$ \_\_\_\_\_ and ACTUAL payroll \$ \_\_\_\_\_

ESTIMATE your revenue and Payroll for the next 12 month period and fill in the appropriate categories below: If your Estimated Revenue differs great from your Actual Revenue, please provide reason for expected increase or decrease in Revenue:

Industry Code	Description of Operations	Estimated annual sales or revenue	Estimated annual payroll	Actual number of employees
7403A	Security Guard Service – Static type			
7403B	Security Guard – Alarm Response			
7403C	Special Events Security (Concerts & Sporting Events) including Dogs with Handlers			
7403D	Retail Store Security			
7403E	Armed Guards			
7403F	Telephone Answering including Paging			
7403G	Private Investigator			
7403H	Alarm Monitoring			
7396	Fire & Burglary Alarm Sales & Service			
1781	Fire Extinguishing Equipment excluding Sprinklers			
1714	Sprinkler Systems			
5718	Central Vac, Intercom & Audio Systems			
7693	Locksmiths, Door Locks & Hardward			
1731	Electrical Wiring, CCTV & Home Automation, Electronic Card Access			
	Other, provide full details:			
	Total for the next 12 month period			

Number of Employees by position: Management \_\_\_\_\_ Supervisors \_\_\_\_\_ Accredited workers \_\_\_\_\_ Clerical/others \_\_\_\_\_

Are all employees covered by Workers' Compensation?  Yes  No

If no, provide detailed split between different types of occupation/ number of employees/ payroll \_\_\_\_\_

Are all products U.L.C. approved or similar?  Yes  No

100% of the products used in your installations are from Canadian and/or USA manufacturers?  Yes  No

If no, please advise the following:

a) List of products which are purchased from foreign manufactures: \_\_\_\_\_

b) Which countries are products in a) manufactured in? \_\_\_\_\_

c) Are foreign products purchased directly from the manufacturers, OR from a local distributor? \_\_\_\_\_

d) Percentage of total products purchased from foreign manufacturers? \_\_\_\_\_

e) Do you alter the products in any way, before installation?  Yes  No

f) Do you re-label the products?  Yes  No



Do you provide any services at Airports?  Yes  No If yes, Revenue \$ \_\_\_\_\_

Describe services provided \_\_\_\_\_

If you or your employees drive vehicles for business that are NOT Owned or Leased in the Company Name, please provide:

No. of vehicles: \_\_\_\_\_ Highest value \$ \_\_\_\_\_ Total estimated number of days \_\_\_\_\_

Do you have any U.S. sales?  Yes  No If yes, please indicate how much \$ \_\_\_\_\_

If U.S. Sales & Operations, which products or services? \_\_\_\_\_

Do you sublet work?  Yes  No If yes, please indicate annual gross cost \$ \_\_\_\_\_

Describe work sublet \_\_\_\_\_

Do you secure Liability Certificates from sub-contractors?  Yes  No Limit required: \$ \_\_\_\_\_

Are hold harmless agreements in favor of your company in place from suppliers?  Yes  No

Do you ever act as a subcontractor?  Yes  No If yes, are these projects insured separately under a wrap up?  Yes  No

If yes, estimated annual revenue? \$ \_\_\_\_\_

**Design Work**

Do you provide your own system design work?  Yes  No

If yes: do individuals performing design work have a professional engineer (P.E.) designation?  Yes  No

If no: Please explain: \_\_\_\_\_

Years experience in system design? \_\_\_\_\_

Do you provide design work for others?  Yes  No If yes, % of work for others \_\_\_\_\_ %

Is available computer software used to develop or check system layout and adequacy?  Yes  No

If designing special hazard, describe type and occupancy use: \_\_\_\_\_

When required, are design plans approved by:  Architects  Municipal Authorities

**Claims**

Loss History

List all Liability claims paid or outstanding in the last five (5) years. (Please include any lost key coverage claims.) **If the have been no claims, please indicate "NO CLAIMS". A blank or N/A is not acceptable.**

Date	Description of Loss	Amount Reserved	Amount Paid	Closed? yes/no	Insurer

**Risk Management**

Do your contracts, sale or service agreements contain the following clauses?

- Specific description of products or services provided  Yes  No
- Limitation of Liability  Yes  No
- Hold Harmless or Indemnity Agreements (if yes, please attach copy)  Yes  No

How long do you keep customer records? \_\_\_\_\_ years (minimum 7 years are recommended)

Please provide your Five Largest Clients in the last 5 years:

Client	Type of business	Revenue



**FOR INSTALLERS – COMPLETE ONLY IF APPLICABLE**

Please provide split: Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ % Agricultural \_\_\_\_\_ %

Do you sell, install or service fire protection or extinguishing systems for:

- Sawmills  Yes  No
- Logging, Forestry, Contractors' or other Mobile Equipment  Yes  No
- Aircraft or Watercraft  Yes  No

If yes to any of the above, please provide full details and revenue: \_\_\_\_\_

Do you sell, install or service car alarms or GPS tracking systems?  Yes  No

Do you install temperature alarms in livestock barns?  Yes  No

If yes, please estimate maximum accumulation of values \$ \_\_\_\_\_

Number of installers: \_\_\_\_\_ Please describe minimum training or certification: \_\_\_\_\_

Name of supervisor/foreman	Qualifications	Years experience
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Are all jobs inspected by the supervisor/foreman?  Yes  No

What % of your security products are purchased outside of North America \_\_\_\_\_ %

Do you obtain proof of insurance from all your suppliers?  Yes  No

Do you install only CSA or ULC approved electronic equipment:  Yes  No If no, what are you product standards?

Do you install & service according to the manufacturer's instructions:  Yes  No If no, please explain: \_\_\_\_\_

Are both written and verbal operating instructions provided to the customer?  Yes  No

Do you subcontract alarm monitoring services?  Yes  No

If yes, provide the Name of the Monitoring company \_\_\_\_\_

Is this station ULC listed?  Yes  No

**MONITORING STATION OR TELEPHONE ANSWERING SERVICE – COMPLETE ONLY IF APPLICABLE**

Please provide split: Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Medical \_\_\_\_\_ % Agricultural \_\_\_\_\_ %

Please provide percentage of operations:

- Alarm monitoring \_\_\_\_\_ %
- Answering Service \_\_\_\_\_ %
- Emergency 911 \_\_\_\_\_ % (please attach copy of any service contract)
- Paging services \_\_\_\_\_ %

Other: please specify any other service not mentioned above:

Is your station ULC listed?  Yes  No If not, is your monitoring system computerized?  Yes  No

If not ULC listed, please explain what standards or certification your monitoring station conforms to? \_\_\_\_\_

Do you have a backup power source?  Yes  No

Do you have a training program in place for operators?  Yes  No

Do you have written procedures for operators?  Yes  No

Do you thoroughly investigate prospective employees?  Yes  No

Are they bonded?  Yes  No



**SECURITY GUARDS AND PRIVATE INVESTIGATORS – COMPLETE ONLY IF APPLICABLE**

Number of guards in your employ? Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Maximum \_\_\_\_\_ Average \_\_\_\_\_

Number of guards licensed to carry firearms? \_\_\_\_\_

If guard dogs are used, provide number of dogs? \_\_\_\_\_ & handlers # \_\_\_\_\_

Who is responsible for training dogs and handlers? \_\_\_\_\_

Describe minimum training requirements: \_\_\_\_\_

List type of business where armed guards or dogs are used: \_\_\_\_\_

Do you Transport or Escort others transporting money, securities or valuables?  Yes  No

Do you provide Security for Entertainment Facilities, Bars or Night Clubs?  Yes  No

Do you provide Security for Critical Areas? (Power plants, Dams, Airports, Cruise Ships)  Yes  No

IF YES TO ANY OF ABOVE, PLEASE PROVIDE FULL DETAILS AND REVENUE: \_\_\_\_\_

Please check any of the following services provided an indicate percentage of Revenue:

Security for Strikes or Labour Unrest \_\_\_\_\_ %

V.I.P. Protection \_\_\_\_\_ %

Bailiff \_\_\_\_\_ %

Paralegal \_\_\_\_\_ %

Process Serving \_\_\_\_\_ %

Forensics Investigation \_\_\_\_\_ %

Describe your minimum training requirements or certification: \_\_\_\_\_

Does your pre-hiring process include a criminal background check?  Yes  No

Do guards carry handcuffs or batons?  Yes  No

Do guards receive training on "use of force"?  Yes  No

Details of use of force training: \_\_\_\_\_

Which of the following methods do you use to supervise guard patrols?

▪ Watchclock service  Yes  No

▪ Electronic guard tour monitoring  Yes  No

▪ Guard's tour supervisory service  Yes  No

If non of the above or in addition to the above, describe any other method or procedure in place to monitor Guards' daily activities:

\_\_\_\_\_  
\_\_\_\_\_

