TONRY
INSURANCE GROUP

S.A.F.E.-T Program

www.tonry.com

Producer:_____

Producer Is: Wholesaler Retailer

Address:_____

_____

Telephone:_____

Fax:_____

Email:_____

Proposed Effective Date:_____

If Renewal, Provide Current Policy No.:_____

Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:

SL License State:_____

SL License No.:_____ SL License Expiration Date:_____

SL Licensee Name:_____

Affiliation with Producer (e.g., Owner, Executive Officer, Employee):_____

SL Licensee Agency Name (if Entity License):_____

SECURITY GUARD, ARMORED CAR, PATROL, DETECTIVE OR INVESTIGATIVE GENERAL LIABILITY APPLICATION

1. Applicant:_____
2. Street Address:_____

   Mailing Address (if different than above):_____

   Additional Locations (if any):

   a. _____

   b. _____

   c. _____

   d. If additional space is necessary, please provide additional worksheet.

   Please help us keep our records up-to-date. If it is possible that we have your company listed in our files under a different name or address, please write the old name and address here:_____

   _____
3. Name of contact person for inspection/audit:_____ Telephone No.:_____
4. Applicant is: Individual Corporation Partnership Other (Describe):_____
5. Coverages:_____
6. Limits: $_____ Each Occurrence $_____ Aggregate
7. Deductible: $_____ Including Loss Adjustment Expense

8. Applicant Operations: _____% Security Guard

_____% Armored Car

_____% Patrol

_____% Detective/Investigative

9. **Payroll by Operation:** Please provide percentage breakdown of guard, armored car, patrol, detective and investigative operations by following categories that are applicable.

_____% Hospitals
_____% Schools
_____% Car Dealerships
_____% Churches
_____% Government Facilities **(Describe Below)**
_____% Banks
_____% Office
_____% Airports **(Describe Below)**
_____% Body Guard (**Describe Below)**
_____% Hotels/Motels
_____% Construction Sites
_____% Residential Patrol
_____% Apartments **(Describe Below)**
_____% Condominiums
_____% Low Income Housing Projects
_____% Warehouses
_____% Manufacturing Plants
_____% Strike Work
_____% Fast Food Restaurants
_____% Restaurants Other Than Fast Food
_____% Liquor Stores
_____% Bars/Lounges
_____% Retail Stores **(Describe Below)**

_____% Shopping Malls – Interior Patrol
_____% Shopping Malls – Parking Lot Patrol
_____% Bail Bonds
_____% Bounty Hunting
_____% Concerts **(Describe Below)**
_____% Athletic Events **(Describe Below)**
_____% Armored Car/Courier/Money Escort
_____% Traffic Control
_____% Shoplifting Surveillance
_____% Employee Surveillance
_____% Process Serving
_____% Polygraph Administration/Validation
_____% Consulting **(Describe Below)**
_____% Training Schools (**Describe Below)**
_____% Repossession/Collection work
_____% Record Checks
_____% Credit/Pre-employment Checks
_____% Child/Missing Person Searches
_____% Insurance Investigation
_____% Arson Investigation
_____% Alarm Response
_____% Other – Please Describe:_____

Government Facilities – Please describe all facilities where work is performed (i.e., offices, train station):_____

Airport Work – Please describe all operations/duties performed:_____

Body Guard Work – Please describe duties performed. Celebrities, Entertainers or Athletes? If so, who?_____

Apartment Work – Please fully describe duties. Any subsidized/low income housing locations? Yes No

Retail Work – Please describe types of stores, duties performed, and hours that guard(s) are on duty:_____

Shoplifting Surveillance? Yes No If Yes, please fully detail arrest/detention responsibilities:_____

Concerts – Please fully describe performers and locations, as well as duties (i.e., crowd control, traffic control):_____

_____

_____

Athletic Events – Please describe event, location and duties (i.e., crown control, traffic control):_____

_____

_____

Consulting – Please describe who you are consulting for and the scope of consulting services you are providing:_____

_____

_____

Training Schools – Please describe who you are training and the scope/purpose of the training being provided:_____

_____

_____

10. Rating Information:
    a. Annual Guard, Armored Car, Patrol and Investigative Payroll: $_____ Receipts: $_____
       # of Full-Time Guards: _____ Full-Time Payroll: $_____
       # of Part-Time Guards: _____ Part-Time Payroll: $_____
       Independent Contractors – Cost: $_____
    b. Annual Number of Billed Hours: _____
    c. Average Hourly Wage: Full-Time: $_____ per hour
       Part-Time: $_____ per hour
    d. Number of Armed Guards: _____ Number of Unarmed Guards: _____
       Where are guards stationed:_____

       _____
    e. Number of Canines: _____ Attended _____ Unattended
       How and where are canines used? Please describe any drug or bomb sniffing activities:_____

       _____
    f. Number of Supervisors: _____ Total Payroll: $_____
       Describe duties performed:_____

       _____
    g. Training – Please describe how guards are trained (i.e., on-the-job, formal training program):_____

       _____

11. General Information:
    a. How long has Applicant owned this business:_____
    b. How many years experience does Applicant have in this field?_____
    c. Please describe duties of the Owner(s):_____

       _____
    d. Is Applicant involved in any other operations? Yes No If Yes, please describe:_____

       _____
    e. Has any carrier cancelled or refused to renew Applicant's business? Yes No If Yes, for what reason?_____

       _____

12. Claim/Loss History over Last Five (5) Years: If none, so state. **(Carrier Loss Runs Required)**

Date	Description of Loss	Amount Incurred	Open/Closed

13. Policy Information:

Carrier	Policy Period	Limits of Liability	Deductible	Premium

14. Trade Association Membership held? _____

WORKERS COMPENSATION SUPPLEMENT

Information Required with Submission: [please attach]

1. Acord Workers Compensation Application.
2. Premium and loss statements currently valued within past 90 days [4 years required].
3. Most current experience mod worksheet.

If Alarm Operations Exist – Are there any installers performing at heights above 20 feet? Yes No

Do you adhere to strict "observe and report" guidelines? Yes No

If No, please explain: _____

How many employees are armed? _____

Who owns the weapons for the armed employees? _____

Describe your gun control program: _____

_____

Are any employees over the age of 60? Yes No If Yes, how many? _____

If Yes, please explain their job responsibilities: _____

Are physicals required? Yes No

How many autos are used in your business? _____ Are MVR's obtained annually? Yes No

Has any insurer cancelled or refused to renew within the past three years? Yes No

If Yes, please explain: _____

Does your company have the following:

a.	A written drug and alcohol policy?	Yes	No
b.	Do you do criminal background checks?	Yes	No
c.	A written safety & training program?	Yes	No
d.	A vehicle safety program for drivers & vehicles?	Yes	No
e.	A designated safety coordinator?	Yes	No
f.	Prompt reporting of all employee injuries?	Yes	No
g.	A formal accident review & investigation program?	Yes	No
h.	Any group transportation involved?	Yes	No
i.	Transitional duty/light duty program in place for injured workers?	Yes	No
j.	Physicals required at time of hiring?	Yes	No
k.	Random drug testing takes place?	Yes	No
l.	Are employees provided health plans?	Yes	No
m.	Any work performed by subcontractors?	Yes	No

State Notices: The following notices are required by the Insurance Department of the indicated states.

WARNING: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

Applicant	Date	Producer	Date

NOTICE:

1. **THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.**
2. **THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
3. **THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
4. **CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE:www.insurance.ca.gov.**
5. **FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
6. **IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date:_____

Insured:_____