



Detective/Security Agency Questionnaire

(Attach to an Acord Application)

Applicant's name _____				
Address _____				
	Street	City	State	Zip

1) If you provide any of the services listed below, please indicate what percentage of your operation consists of that service.

- | | |
|--|-----------------|
| Airport Services | _____ % Decline |
| Arson Investigations | _____ % |
| Body Guard/Executive Protection | _____ % Decline |
| Bouncers | _____ % Decline |
| Bounty Hunting | _____ % Decline |
| Collection Agency Services | _____ % |
| Contracts with municipalities and/or governmental bodies | _____ % Decline |
| Detective/Security Instruction | _____ % |
| Drug Screens | _____ % |
| Electronic Sweeps | _____ % |
| “Expert Witness” Testimony | _____ % |
| Fast Food Restaurant Security | _____ % Decline |
| Fugitive Recovery | _____ % Decline |
| Labor Dispute Intermediaries | _____ % |
| Polygraph Testing | _____ % |
| Repossession Work | _____ % Decline |
| Security Consulting Work | _____ % |
| Shoplifting Surveillance | _____ % Decline |
| Special Event Security | _____ % |
| Skip Tracing | _____ % |
| Strike Breakers | _____ % Decline |
| Traffic Control (traffic or pedestrian) | _____ % |
| Undercover Surveillance | _____ % |
| Workforce Infiltration | _____ % |
| Other (Describe) | _____ % |
| Total = 100 | _____ % |



2) Do you currently carry liability insurance? Yes No

If yes, please list the following:

a. Carrier: _____ Premium: \$ _____

b. Limits: _____ Deductible: \$ _____

3) Is your agency licensed? Yes No

4) Is your agency licensed by the state? Yes No

If yes, which state(s)? _____

5) Do you belong to any associations? Yes No

If yes, please list _____

6) Have you or any employee ever had a license revoked, suspended, or non-renewed? Yes No

If yes, please explain: _____

7) Please indicate number of employees*: full time _____ part time _____

*Employees include: Sole Proprietors, Partners, Executive officers, Seasonal employees, Part-time employees, Full-time employees.

Please provide the name and the experience of each employee. Please include all training the employee has received that would relate to his/her position. If additional space is needed, please attach a separate piece of paper. _____

8) Do you ever hire sub-contractors/independent contractors? Yes No

If yes, please provide details: _____

_____ Total Cost: \$ _____

9) Do you or any of your employees carry firearms? Yes No

If yes, please provide the name of each person and the caliber of weapon:

10) What pre-employment screening measures do you use?



11) Does the business to be insured title any automobiles or other operating vehicles in the business name? Yes No

If yes, please explain. _____

12) Do any of the employees drive personally owned automobiles/other vehicles while in the course of their work? Yes No

If yes, how many? _____
 Are they required to carry personal auto insurance? Yes No
 Limits? _____

IF YOU ARE A SECURITY AGENCY, please complete the following questions:

13) Do you use guard dogs? Yes No

14) Do you provide services for financial institutions, schools, airports, penal institutions, government bodies, fast food restaurants, or casinos? Yes No

If yes, please explain: _____

15) Do employees carry non-lethal weapons such as mace, pepper spray, nightsticks or tazers? Yes No

If yes, please explain _____

16) Do you provide security for any special events with more than 10,000 people per day? Yes No

If yes, please describe: _____

17) Do you provide security at any building exceeding 20 stories? Yes No

If yes, please describe: _____

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

_____ _____
Applicant's Signature Date

_____ _____
Agent's Signature Date