**Protective Services Application Form**

The following underwriting information has been provided by you or on your behalf. It is understood that the Insurer(s) has relied upon this information for risk acceptance to provide quote and coverage acceptability. Any misrepresentation or omission will render an insurance policy null and void from inception. **PLEASE READ CAREFULLY.**

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| **APPLICANT INFORMATION** |
| Applicant(s):*Include all subsidiaries* |       |
|  |
|  |  |
| Name(s) of Principal(s): |       |
|  |  |
| Applicant’s Contact Information: |  |
| *Name, Telephone, Email* |       |
|  |  |
| Website(s): |       |
|  |  |
| Mailing address: | *Street:* |       |
|  | *City:* |       |
|  | *Province:* |       |
|  | *Postal Code:* |       |
|  |  |
| Risk address: | *Street:* |       |
|  | *City:* |       |
|  | *Province:* |       |
|  | *Postal Code:* |       |
|  |  |  |
| **RISK INFORMATION** |  |
| Year Established: |  |  |  |  |  |
| Years of Experience: |  |  |  |  |  |
|  |  |
| Is the Applicant a member of any associations? If yes, state: |  | [ ]  No [ ]  Yes |
| Is the Applicant duly licensed for all operations it conducts? | [ ]  No [ ]  Yes |
| Has the Applicant ever breached any license conditions? | [ ]  No [ ]  Yes |
|  |  |
| Does the Applicant: |  |
| * conduct pre-hire criminal background checks on prospective employees?
 | [ ]  No [ ]  Yes |
| * have a privacy policy in place?
 | [ ]  No [ ]  Yes |
| * obtiain proof of insurance from all sub-contractors?
 | [ ]  No [ ]  Yes |
| * execute written contracts with customers containing hold harmless agreements?
 | [ ]  No [ ]  Yes |
| * provide any services to government or military property?
 | [ ]  No [ ]  Yes |
| * provide any services to airports or on airport property?
 | [ ]  No [ ]  Yes |
|  |  |

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| **Check the boxes that apply to the services provided by the Applicant and complete all questions applicable.**  |
| [ ]  **ALARM & FIRE SUPRESSION SYSTEMS** |
| Please indicate revenues derived from each of the below services that apply: |
|  | **Service** |  | **Revenues** | **Sub-contracted** |
| [ ]  | Access Control – electronic key cards, fobs, etc. |  | $       | $       |
|[ ]  Alarm installation – standard burglar and fire |  |        |        |
|[ ]  Alarm installation – critial systems (temperature, water level, pressure, etc.) |  |        |        |
|[ ]  Alarm monitoring – burglar and fire; residential, commercial |  |        |        |
|[ ]  Alarm monitoring – burglar and fire; farms, light industrial |  |        |        |
|[ ]  Cabling – electrical, data-tel |  |        |        |
|[ ]  Call centre – answering/paging service |  |        |        |
|[ ]  Camera Installation & Service – CCTV, surveillance systems |  |        |        |
|[ ]  Fire extinguisher sales & service |  |        |        |
|[ ]  Fire suppresion – extinguishing agents (buildings) |  |        |        |
|[ ]  Fire suppresion – extinguishing agents (mobile/heavy equipment) |  |        |        |
|[ ]  Home automation – (door control, intercom, remote curtains, central vac, etc.) |  |        |        |
|[ ]  Locksmithing |  |        |        |
|[ ]  Retail sales – security equipment (surveillance, etc.) |  |        |        |
|[ ]  Sprinkler installation – new construction only |  |        |        |
|[ ]  Sprinkler installation – retrofit, maintenance, inspection and testing |  |        |        |
|[ ]  Consulting Fees – security, fire protection, etc. |  |        |        |
|[ ]  Other (describe):  |       |  |        |        |
|  |
| **Does the applicant:** |  |
| * Sell any products or offer any services outside of Canada?
 |  [ ]  No [ ]  Yes |
| * Install only ULC (or equivalent) approved products?
 |  [ ]  No [ ]  Yes |
| * Provide operating instructions in writing?
 |  [ ]  No [ ]  Yes |
| * Require supervisors to inspect and sign off on all jobs?
 |  [ ]  No [ ]  Yes |
|  |
| **Does the Applicant operate a monitoring station?**  |  [ ]  No [ ]  Yes |
| * Is there a reliable backup power source?
 |  [ ]  No [ ]  Yes |
| * Is a formal training program for all operators in place?
 |  [ ]  No [ ]  Yes |
| * Is it ULC listed?
 |  [ ]  No [ ]  Yes |
| * Is it located in a secured building with controlled access?
 |  [ ]  No [ ]  Yes |
|  |  |
| [ ]  **PRIVATE INVESTIGATIONS** |  |  |  |
|  |  |  |  |
| Please indiccate revenues derived from each of the below services that apply: |
|  | **Service** |  | **Revenues** | **Sub-contracted** |
|  | Private investigation services |  | $       | $       |
|  | Consulting Fees |  | $       | $       |
|  | Other (describe):  |       |  |   |  |
|  |  |
| Describe the nature of work and the type of clients the Applicant serves: |
|       |
|  |
|  |  |
| [ ]  **GUARD SERVICES** |  |  |  |
| Please indiccate revenues derived from each of the below services that apply: |
|  | **Service** |  | **Revenues** | **Sub-contracted** |
| [ ]  | Guards – offices, condominiums/apartments, parking lots |  | $       | $       |
|[ ]  Guards – retail establishments, malls, etc. |  |        |        |
|[ ]  Guards – warehouses, manufacturing, industrial settings |  |        |        |
|[ ]  Guards – events with liquor exposures |  |        |        |
|[ ]  Guards – liquor licensed establishments (ie. Bars, nightclubs, etc.) |  |        |        |
|[ ]  Guards – no liquor exposures |  |        |        |
|[ ]  Bylaw/ parking |  |        |        |
|[ ]  Guards – armed  |  |        |        |
|[ ]  Guards – armed; cash/valuables |  |        |        |
|[ ]  Bodyguard |  |        |        |
|[ ]  K-9 Services |  |        |        |
|[ ]  Consulting Fees – security and protection |  |        |        |
|[ ]  Other (describe):  |       |  |        |        |
|  |  |  |  |
| **Does the applicant:** |  |
| * have a formal “use of force” protocol?
 | [ ]  No [ ]  Yes |
| * have formal training program in place?
 | [ ]  No [ ]  Yes |
| * require regular check-ins to a central station from guards during shifts?
 | [ ]  No [ ]  Yes |
|  |  |
| [ ]  **OTHER SERVICES** |  |  |  |
| Please indiccate revenues derived from each of the below services that apply: |
|  | **Service** |  | **Revenues** | **Sub-contracted** |
|[ ]  Bailiff |  | $       | $       |
|[ ]  Debt collection |  |        |        |
|[ ]  Other (describe):  |       |  |        |        |
|  |  |  |  |
| **LOSS HISTORY** |  |
| Has the applicant had any claims in the last five years? If so, please provide details. | [ ]  No [ ]  Yes |
| **If more than one claim, please attach details.** |  |
|  |  |
| Date of Claim: |       |
| Nature of Claim: |       |
| Loss/Expenses Paid: |       |
|  |  |
| **PRIOR INSURANCE** |  |
| Does the applicant currently carry Commercial General Liability? | [ ]  No [ ]  Yes |
| Insurer:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Premium:      \_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Does the applicant currently carry Errors & Omissions Liability?  | [ ]  No [ ]  Yes |
| Insurer:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Premium:      \_\_\_\_\_\_\_\_\_\_\_\_ Policy No:      \_\_\_\_\_\_\_\_\_\_\_\_ Retroactive Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the applicant currently carry Property insurance? | [ ]  No [ ]  Yes |
| Insurer:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Premium:      \_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Has the applicant ever had insurance cancelled, declined or refused? | [ ]  No [ ]  Yes |
| If yes, please describe: |       |  |
| **REQUESTED COVERAGE LIMITS** |
|  |
| **COMMERCIAL GENERAL LIABILITY - Occurrence** |  |
|  |[ ]  $1,000,000 |  | **DEDUCTIBLE** |  [ ]  $1,000 |
|  |[ ]  $2,000,000 |  |  |  [ ]  $2,500 |
|  |[ ]  $3,000,000 |  |  |  [ ]  $5,000 |
|  |[ ]  $4,000,000 |  |  |  [ ]  $10,000 |
|  |[ ]  $5,000,000 |  |  |
|  **TENANTS LEGAL LIABILITY** |  |
|  |[ ]  $500,000 |  |  |
|  |[ ]  $1,000,000 |  |  |
|  |[ ]  $2,000,000 |  |  |
|  **EMPLOYER’S LIABILITY** |  |  |
|  |[ ]  $1,000,000 |  |  |
|  |[ ]  $2,000,000 |  |  |
|  **NON-OWNED AUTOMOBILE** |  |  |
|  |[ ]  $1,000,000 |  |  |
|  |[ ]  $2,000,000 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **ERRORS & OMISSIONS – Claims Made** |  |
|  |[ ]  $1,000,000 |  |  |
|  |[ ]  $2,000,000 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **PROPERTY** |  |  |  |
|  |[ ]  Leasehold Improvements | $       |
|  |[ ]  Contents |        |
|  |[ ]  Miscellaneous Property Floater |         |
|  |[ ]  Business Interruption – Profits |        |
|  |[ ]  Extra Expenses |        |
|  |[ ]  Earthquake |        |
|  |[ ]  Flood |        |
|  |[ ]  Sewer Back-up |        |
|  |  |  |  |
|  |  |  |  |
| **OPTIONAL CRIME COVERAGE** |
| Number of Employees: |       |  |
|[ ]  $25,000 Employee Dishonesty |
|  | $10,000 Inside/Outside |
|  | $10,000 Money orders & paper currency  |
|  | $10,000 Depositors’ Forgery |
|  |  |

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| **OPTIONAL PROPERTY COVERAGE** –Please complete only if property coverage is selected |
|  |  |
| Year Built: |       |  |  |  |  |  |
|  |  |
| Other occupancies: |       |
|  |  |
| Protection |  [ ]  Protected |  [ ]  Semi-Protected | [ ]  Non-Protected |  |  |
| Construction: |  [ ]  Frame |  [ ]  Masonry | [ ]  Non-Combustible | [ ]  Other |       |
| Roof |  [ ]  Asphalt Shingle |  [ ]  Tar & Gravel | [ ]  Metal | [ ]  Other |       |
| Heating |  [ ]  Gas |  [ ]  Electric | [ ]  Oil | [ ]  Other |       |
| Electrical |  [ ]  Circuit Breaker |  [ ]  Fuse |  | [ ]  Other |       |
|  |  |  |  |  |  |
| Last Updates (year): |  |  |  |  |  |  |
| Roof: |       |  |  |  |  |  |
| Heating: |       |  |  |  |  |  |
| Electrical: |       |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Does the premises have a monitored alarm system? |  [ ]  No [ ]  Yes |  |  |
| Is the premises sprinklered? |  [ ]  No [ ]  Yes |  |  |
|  |  |  |  |
|  |  |
|  |  |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the Insured fails to inform the Insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation. The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.**NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. |

**Applicant Signature:       Date:**

**Brokerage:       Broker ID#:**

**Broker Email:       Phone:**