



WHOLESURE™
SOLUTIONS FOR EVERY RISK

New Business Security

GL & Excess Application

Applicant Information

Applicant Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

If any Additional Locations, please provide additional worksheet.

Website: _____ Name of contact person for inspection/audit: _____

Phone: _____ Email: _____ Phone: _____

Applicant is:

☐ Individual

☐ Corporation

☐ Partnership

☐ Joint Venture

☐ Limited Liability Company

☐ Other: (specify)

Business Information

Years In Business under this name: _____ Years of experience in this field: _____

Please describe duties of the Owner(s)

Is Applicant involved in any other operations?

☐ Yes ☐ No

If yes, please describe: _____

Any other states of operations: _____

Is the Company a division of a larger corporation or a subsidiary?

☐ Yes ☐ No

Provide the names of Applicant's three largest clients and a description of your duties for them:

Employee Selection & Training

Pre-employment Screening Procedure (check all if applicable):

☐ Prior Employment Check

☐ Personal Reference

☐ Psychological Testing

☐ Background Check

☐ Drug Screening

☐ MVR

☐ Other: _____

Training Program Includes (check all if applicable):

☐ Written Manual

☐ Report Writing

☐ CPR

☐ On the Job

☐ Firearms

☐ Use of Force

☐ Powers of Arrest

☐ Other: _____

Trade Association Membership held?

☐ Yes ☐ No

Are you and all of your employees and/or subcontractors lawfully licensed in the jurisdictions in which you operate?

☐ Yes ☐ No

If no, please explain: _____

General Liability

Coverage limits requested:

Occurrence: \$ _____ Aggregate: \$ _____ Deductible (Including LAE): _____

Please list the Applicant's General/Professional Liability Insurance Coverage carried during the past five (5) years,including any periods without coverage:

☐ Check here if Applicant has no prior coverage

Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium

Hired and Non-Owned Auto Coverage requested? ☐ Yes ☐ No

If yes, please complete Hired & Non-Owned Auto Section below)

Number of Supervisors: \$ _____ Total Payroll: \$ _____

Describe duties performed: _____

Number of Canines: Attended: _____ Unattended: _____

How and where are canines used? _____

Please describe breed and any drug or bomb sniffing activities: _____

Do any of your officers use tasers in their operations? ☐ Yes ☐ No

Any Golf Carts, All-Terrain Vehicles, Mules, or similar Off-Road Vehicles used in the business? ☐ Yes ☐ No

Please describe type and use: _____

Does Applicant perform any work at facilities where explosives are handled/stored, chemical plants, refineries, nuclear power plants, or similar hazardous occupancies? ☐ Yes ☐ No

If yes, describe for whom and year done, or if you intend to perform such work: _____

Does Applicant use any subcontractors? ☐ Yes ☐ No

What kind of work is subcontracted?

Total Projected costs: \$ _____

% of Total Work Subcontracted: _____ %

Does Applicant use a written contract with all of your subcontractors? ☐ Yes ☐ No

If yes, please attach a copy.

Does Applicant obtain Certificates of Insurance from all of your subcontractors? ☐ Yes ☐ No

Are you always added as an additional insured by your subcontractors? ☐ Yes ☐ No

If no, give a percentage: _____ %

Indicate contractually required minimum liability insurance: _____

Excess Liability

Limits of excess liability requested:

☐ \$1M ☐ \$3M ☐ \$5M ☐ \$7M ☐ \$9M
☐ \$2M ☐ \$4M ☐ \$6M ☐ \$8M ☐ \$10M

Prior carrier information:

Category	Current Term	1st Prior	2nd Prior	3rd Prior	4th Prior
Carrier					
Policy Number					
Eff-Exp Date					
Premium					

List primary policies to be considered as underlying insurance (please indicate if n/a):

Type	Carrier Policy Number	Policy Eff Date	Policy Exp Date	Limits	
Automobile Liability				CSL ea. acc.	\$
				BI ea. acc.	\$
				BI ea. per.	\$
				PD ea. acc.	\$
General Liability				Ea. Occurrence	\$
				General agg.	\$
				Prod & Co./ops agg.	\$
				Personal & adv. inj.	\$
				Damages to rented premises	\$
Employers' Liability				Ea. accident	\$
				Disease ea. employee	\$
				Disease policy limit	\$

Exposures – Employers' Liability *(if applicable)*

Is Applicant self-insured in any state?

☐ Yes ☐ No

If yes, please list states: _____

Please list states where operations are conducted, where any premises are maintained, or where employees are otherwise subject to Workers' Compensation Regulations:

☐ Yes ☐ No

Subject to: _____ ☐ Jones Act ☐ FELA

Exposures – Auto Liability *(if applicable)*

Are explosives, caustics, flammables or other dangerous cargo hauled?

☐ Yes ☐ No

Any units not insured by underlying policies?

☐ Yes ☐ No

Are any vehicles leased or rented to others?

☐ Yes ☐ No

What is the Coverage Symbol for the Liability coverage under the Business/Commercial Auto policy?

☐ Yes ☐ No

Do any employees use their personal vehicles for business purposes/company business?

☐ Yes ☐ No

Does Applicant obtain and review driver MVRs before/during the hiring process?

☐ Yes ☐ No

Does Applicant regularly check driver MVRs during their employment?

☐ Yes ☐ No

Vehicle

Type		# Owned	# Non-Owned	# Leased	Property Hauled	0-50 mi	50-200 mi	200+ mi
Private								
Trucks	Light							
	Medium							
	Heavy							
	Ex Heavy							
Trucks/Tractors	Heavy							
	Ex Heavy							

Hired & Non-Owned Auto

Does Applicant have a Business Auto Policy in force?

☐ Yes ☐ No

Are there any drivers under the age of 21 or over the age of 70?

☐ Yes ☐ No

If yes, how many drive for business purposes or may commute to and from work sites? _____

Do any employees use their own vehicle for company purposes, excluding commute to/from premises?

☐ Yes ☐ No

If yes, please provide details: _____

Do any employees drive their own vehicle to and from any worksites? ☐ Yes ☐ No

If yes, please describe number of employees, average number of trips per day, and average distance traveled:

Does Applicant verify that employee vehicles are in good working order and regularly maintained? ☐ Yes ☐ No

Does Applicant collect and maintain Certificates of Personal Auto insurance from employees annually? ☐ Yes ☐ No

What is the minimum limit of auto liability insurance you require your employees who use their personal vehicles for \$ _____ business purposes to carry?

Approximately what percentage of your time does Applicant’s commercial vehicles travel:
Within 50 miles: ____% Between 50-200 miles: ____% Over 200 miles: ____%

Driver Selection Criteria

Does Applicant order MVRs for each employee pre-hire and annually? ☐ Yes ☐ No

Is an MVR evaluation program in effect (please attach a copy) ☐ Yes ☐ No

Does Applicant take disciplinary action for poor drivers? ☐ Yes ☐ No

Security Guard Operations *If no Security Guard Operations, check here ☐ and move to next page:*

Annual Security Guard Payroll: \$ _____ Receipts: \$ _____

of Full-Time Field Employees: _____ # of Part Time Field Employees: _____ Independent Contractors - Cost: \$ _____

Annual Number of Billed Hours: _____ # of Armed Guards: _____ # of Unarmed Guards: _____

Security Guard Operations Breakdown *(Operations must equal 100%)*

Armored Car / Courier Services	_____ %
Banks / Offices	_____ %
Banquet Facilities / Bars / Lounges / Restaurants / Night & Gentleman’s Clubs	_____ %
Cannabis Operations	_____ %
Car Dealerships	_____ %
Casinos	_____ %
Churches/Houses of Worship	_____ %
Construction Sites	_____ %
Convenience Stores / Liquor Stores	_____ %
Conventions / Trade Shows	_____ %
Courthouses	_____ %
Fast Food Establishments	_____ %
Federal/Municipal buildings	_____ %
Fitness Clubs	_____ %
High Profile Personal Protection	_____ %
Hospitals / Med Facilities / Labs / Abortion Clinics	_____ %
Hotels/Motels	_____ %
Industrial / Manufacturing Plants / Warehouses	_____ %
Low Profile Personal Protection	_____ %

Military Bases	_____ %
Movie Theaters	_____ %
Multi-Tenant Commercial Use Buildings – Non-Retail	_____ %
Museums / Galleries	_____ %
Parking Garages / Facilities	_____ %
Parks and Recreation	_____ %
Public Transport / Airport / Seaport / Mass Transit Stations	_____ %
Residential Housing – Low Income or Subsidized	_____ %
Residential Housing – Non Low Income	_____ %
Schools	_____ %
Shelters	_____ %
Shopping Malls / Strip Malls / All Retail	_____ %
Special Events	_____ %
Strike Work / Employee Termination Escort	_____ %
Traffic Control	_____ %
Trucking Terminals	_____ %
TV or Movie Set Security	_____ %
Utility Facilities	_____ %
Other: _____	_____ %

Does Applicant use any subcontractors? ☐ Yes ☐ No

What kind of work is subcontracted? _____

Total Projected costs: \$ _____ Percentage of Total Work Subcontracted: _____ %

Does Applicant use a written contract with all of your subcontractors? ☐ Yes ☐ No

If yes, please attach a copy.

Does Applicant obtain Certificates of Insurance from all of your subcontractors? ☐ Yes ☐ No

Are you always added as an additional insured by your subcontractors? ☐ Yes ☐ No
If no, give a percentage: _____%
Indicate contractually required minimum liability insurance: _____

Private Investigation Operations *If no PI Operations, check here ☐ and move to next page:*

Annual Investigation Payroll: \$_____ Receipts: \$_____
of Full-Time Field Employees: _____ # of Part Time Field Employees: _____ Independent Contractors - Cost: \$_____
Annual Number of Billed Hours: _____ # of Armed Investigators: _____ # of Unarmed Investigators: _____

Private Investigation Operations Breakdown *(Operations must equal 100%)*

Accident/Arson Investigation	_____ %	Forensic Accounting Investigation	_____ %
Accident/Arson Reconstruction	_____ %	Genealogical Searches	_____ %
Asset Searches	_____ %	High Profile Personal Protection	_____ %
Background / Pre-Employment Checks	_____ %	Insurance/Legal/Litigation Investigations	_____ %
Bail Bonding / Bounty Hunting	_____ %	Kidnap & Ransom Investigation	_____ %
Child / Child Custody / Missing Person Investigation	_____ %	Low Profile Personal Protection	_____ %
Credit Reporting / Record Checks	_____ %	Matrimonial/Domestic Investigation	_____ %
Criminal / Fraud Invest Incl Identity Theft	_____ %	Mystery Shopping / Shoplifting Surveillance	_____ %
Debugging	_____ %	Polygraph Testing / Drug Testing	_____ %
Eavesdropping	_____ %	Process Service / Skip Tracing	_____ %
Employee Surveillance / Workplace Infiltration	_____ %	Sub-Rosa Investigation / Video Surveillance	_____ %
Expert Witness Testimony	_____ %	Other: _____	_____ %

If the applicant conducts polygraph testing, has the applicant received their Polygraph Certification through the American Polygraph Association or American Polygraph Services? ☐ Yes ☐ No
Does the applicant give notifications with background checks in compliance with the Fair Credit Reporting Act? ☐ Yes ☐ No
Does Applicant use any subcontractors? ☐ Yes ☐ No
What kind of work is subcontracted? _____
Total Projected costs: \$_____ Percentage of Total Work Subcontracted: _____ %
Does Applicant use a written contract with all of your subcontractors? ☐ Yes ☐ No
If yes, attach a copy.
Does Applicant obtain Certificates of Insurance from all of your subcontractors? ☐ Yes ☐ No
Are you always added as an additional insured by your subcontractors? ☐ Yes ☐ No
If no, give a percentage: _____ %
Indicate contractually required minimum liability insurance: _____

Alarm Operations *If no Alarm Operations, check here ☐ and move to next page:*

Annual Alarm Payroll: \$_____ Receipts: \$_____
of Full-Time Field Employees: _____ # of Part Time Field Employees: _____ Independent Contractors - Cost: \$_____
Annual Number of Billed Hours: _____

Operations *(Must equal 100%)*

New Installation	_____ %	Inspection	_____ %
Retrofit Design	_____ %	Other: _____	_____ %
Service / Repair	_____ %	TOTAL	100%

Market Segments *(Must equal 100%)*

Commercial / Industrial	_____ %
Restaurants	_____ %
Institutional	_____ %

Habitational	_____ %
Residential	_____ %
Computer Rooms	_____ %
TOTAL	100%

Alarm Systems *(Must equal 100%)*

Fire/Burglar Alarms	_____ %
Alarm Monitoring	_____ %
PERS Systems	_____ %
Medical Emergency Pendants	_____ %
Medication Reminder Service	_____ %
Medical Alarm Monitoring	_____ %
Carbon Monoxide Detection	_____ %
Utility Monitoring	_____ %

Water Flow / Sprinkler Systems	_____ %
Temperature Control	_____ %
Closed Circuit TV	_____ %
Smart Home/ Theater/Intercom	_____ %
Interior Tele-Com/Network	_____ %
Access Control/Card Key Entry	_____ %
Preconstruction Wiring/Conduit	_____ %
Other: _____	_____ %
TOTAL	100%

Percent of customers under YOUR standard contract: _____ %

Do your Standard Contracts include Hold Harmless or Indemnification Language?

☐ Yes ☐ No

Does the contract include a Liquidated Damages amount?

☐ Yes ☐ No

If yes, what is the amount? _____

Percent of customers under modified contracts or contracts of others: _____ %

Monitoring Provider: ☐ Applicant ☐ Other: _____

Written contract with Monitoring Provider?

☐ Yes ☐ No

Total projected cost for subcontracted monitoring: \$ _____

Does Applicant provide security/patrol response to their customers if and when local Police/Fire/EMTs do not respond?

☐ Yes ☐ No

Do any employees or subcontractors providing security response carry firearms?

☐ Yes ☐ No

Fire Suppression Operations *If no Fire Suppression Operations, check here ☐ and disregard section below:*

Annual Fire Suppression Payroll: \$ _____ Receipts: \$ _____

of Full-Time Field Employees: _____ # of Part Time Field Employees: _____ Independent Contractors - Cost: \$ _____

Annual Number of Billed Hours: _____

Operations *(Must equal 100%)*

New Installation	_____ %
Retrofit Design	_____ %
Service / Repair	_____ %

Inspection	_____ %
Grease/Duct Cleaning	_____ %
Other: _____	_____ %
TOTAL	100%

Market Segments *(Must equal 100%)*

Commercial / Industrial	_____ %
Restaurants	_____ %
Institutional	_____ %

Habitational	_____ %
Residential	_____ %
Computer Rooms	_____ %
TOTAL	100%

Fire Suppression Systems *(Must equal 100%)*

Wet/Dry Sprinklers	_____ %
Foam/Chemical Systems	_____ %

Special Hazards	_____ %
Portable Extinguishers	_____ %
TOTAL	100%

Approximately what percentage of jobs use CPVC pipe? _____ %

Are all of your fitters trained on the various cure times for different size pipes?

☐ Yes ☐ No

If residential work is not currently done, please indicate the last year that residential work was done: _____

Does Applicant install, service or repair fire suppression systems aboard aircrafts, automobiles, mobile equipment, boats?

☐ Yes ☐ No

If Yes, please describe: _____

If No, does Applicant anticipate performing such work in the future?

Does Applicant fill any type of oxygen tanks?

☐ Yes ☐ No

Does Applicant install systems in buildings over four (4) stories?

☐ Yes ☐ No

Does Applicant manufacture any fire protection equipment?

☐ Yes ☐ No

Does Applicant sell any type of product including protective clothing or life support equipment?

☐ Yes ☐ No

Are you covered as Additional Insured under Vendors coverage by manufacturer?

☐ Yes ☐ No

FRAUD NOTICE

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. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND 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.

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 claimant with regard to a settlement or award payable from 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 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 OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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 with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND 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 VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name

Applicant Title

Applicant Signature*

Date

*Electronic signature and acceptance: ☐

Producer Information

Producer Name

Producer Signature*

*Electronic signature and acceptance: ☐

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.