

SECURITY GUARD SERVICES SUPPLEMENT
Forming part of the Professional Liability Application

Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Security Guards
Percentage

Security Consultants
Percentage

Private Patrol
Percentage

Private Investigations
Percentage

Armored Car Operations
Percentage

Other
Describe Percentage

TOTAL should equal 100%

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the Services in the following categories:

Airports
Percentage

Consulates/Embassies/Govt. Facilities
Percentage

Cruise Ship/Watercraft/Port Authorities
Percentage

Nightclubs/Bars/Liquor Establishments
Percentage

Concerts/Sporting Events
Percentage

Shopping Centres/Malls
Percentage

Manufacturing Plants
Percentage

Construction Sites
Percentage

Hotels/Motels
Percentage

Hospitals/Nursing Homes
Percentage

Condominiums/Residential Buildings
Percentage

Office Buildings
Percentage

Retail Stores/Restaurants
Percentage

Escort/Body Guard
Percentage

Other
Describe Percentage

TOTAL should equal 100%

Do any of your employees carry firearms?

Yes No

IF Yes, Provide the number of employees.

Employees

Do any of your employees use guard dogs?

Yes No

IF Yes, Provide the number of employees and guard dogs.

Employees _____
Guard Dogs

Does your firm provide training to third party customers/guards?

Yes No

If Yes, please provide full details

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?

Yes No

If yes please provide:

Client Name

Relationship with client

Approximate Annual revenue generated from client

Were more than 50% of your total gross billing for any one year derived from a single client or contract?

Yes No

If yes please provide:

Client Name

Relationship with client

How long do you expect this relationship to continue?

Describe your firm's five(5) largest jobs or projects during the past three (3) years.

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

Do you provide professional services in which you retain an ownership interest?

Yes No

If Yes, please provide full details.

Do you utilize the services of independent contractors or sub-consultants?

Yes No

Approximate percentage of billing attributable to sub-contractors/consultants?

Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?

Yes No

If yes, what limits?

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

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