



[Casualty Application]

## **SECURITY PROTECTION & SERVICES APPLICATION**



**canSURE**

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# SECURITY PROTECTION & SERVICES APPLICATION

## PART 1 GENERAL INFORMATION

Business Name: \_\_\_\_\_

Principal(s): \_\_\_\_\_

Subsidiaries, Partners and Joint Ventures: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Applicant is:  Corporation  Partnership  Individual  Other \_\_\_\_\_

# of Years in Business: \_\_\_\_\_ # of Years Experience: \_\_\_\_\_

If new operation/company, describe work experience of the principals:

\_\_\_\_\_  
\_\_\_\_\_

Limit of Liability required:  \$1,000,000  \$2,000,000  \$5,000,000  Other \_\_\_\_\_

Deductible:  \$1,000  \$3,500  \$5,000  Other \_\_\_\_\_

Additional Coverage (A separate application is required for each coverage listed below)

Do you require Employee Dishonesty?  Yes  No

Do you require a Provincial Licensing Bond?  Yes  No

Do you require Property coverage?  Yes  No

Provide details of all liability insurance carried:

Name of Insurer	Policy Limit	Deductible	Period	Premium

Is renewal being offered?  Yes  No  
If no, explain \_\_\_\_\_

List current memberships in Security or Trade Associations:

Has any insurer declined, cancelled or non-renewed any similar insurance in the past 5 years?  Yes  No  
If yes, provide the insurer and reason given: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 2 OPERATIONS**

Additional Locations List locations and occupations:

Address	% Occupied by Applicant	Square Footage	R/Cost of Rented Portion
	<input type="checkbox"/> Owned		
	<input type="checkbox"/> Rented		
	<input type="checkbox"/> Owned		
	<input type="checkbox"/> Rented		

Is Tenants' Legal Liability required?  Yes  No

If Yes, state limits required for each location:

For the preceding 12 month period, what was your ACTUAL Revenue \$ and ACTUAL payroll \$

Description of Operations	Estimated annual Gross Revenue	Estimated annual payroll	Actual number of employees
Security Guard Service – Static type			
Security Guard – Alarm Response			
Special Events Security (Concerts & Sporting Events) including Dogs with Handlers			
Retail Store Security			
Armed Guards			
Private Investigator			
Telephone Answering including Paging			
Alarm Monitoring Station			
Fire & Burglary Alarm Sales & Service			
Fire Extinguishing Equipment excluding Sprinklers			
Sprinkler Systems			
Central Vac, Intercom & Audio Systems			
Locksmiths, Door Locks & Hardware			
Electrical Wiring, CCTV & Home Automation, Electronic Card Access			
Security Consulting			
Guard Training			
Private Investigator Training			
Other, provide full details:			
<b>Total for the next 12 month period</b>			

Number of Employees by position: Management \_\_\_\_\_ Supervisors \_\_\_\_\_ Accredited workers \_\_\_\_\_ Clerical/others \_\_\_\_\_

Are all employees covered by Workers' Compensation?  Yes  No

If no, provide detailed split between different types of occupation/ number of employees/ payroll:

Are all products U.L.C. approved or similar?  Yes  No

100% of the products used in your installations are from Canadian and/or USA manufacturers?  
If no, please advise the following:  Yes  No

a) List of products which are purchased from foreign manufacturers:

b) Which countries are products in a) manufactured in?

c) Are foreign products purchased directly from the manufacturers, OR from a local distributor?

d) Percentage of total products purchased from foreign manufacturers?

%

e) Do you alter the products in any way, before installation?

Yes  No

f) Do you re-label the products?

Yes  No

Do you provide any services at Airports?  Yes  No

If yes, Revenue \$

Describe services provided

If you or your employees drive vehicles for business that are NOT Owned or Leased in the Company Name, please provide:

No. of vehicles:

Highest value \$

Total estimated number of days

Do you have any U.S. sales?

Yes  No

If yes, please indicate how much \$

If U.S. Sales & Operations, which products or services?

Do you sublet work?

Yes  No

If yes, please indicate annual gross cost \$

Describe work sublet

Do you secure Liability Certificates from sub-contractors?  Yes  No

Limit required: \$

Are hold harmless agreements in favor of your company in place from suppliers?

Yes  No

Do you ever act as a subcontractor?  Yes  No

If yes, are these projects insured separately under a wrap up?  Yes  No

If yes, estimated annual revenue? \$

### PART 3 DESIGN WORK

Do you provide your own system design work?

Yes  No

If yes: do individuals performing design work have a professional engineer (P.Eng.) designation?

If no: Please explain:

Years experience in system design?

Do you provide design work for others?

Yes  No

If yes, % of work for others \_\_\_\_\_ %

Is available computer software used to develop or check system layout and adequacy?

Yes  No

If designing special hazard, describe type and occupancy use:

When required, are design plans approved by:  Architects

Municipal Authorities

**PART 4 CLAIMS**

Loss History

List all Liability claims paid or outstanding in the last five (5) years. (Please include any lost key coverage claims.) **If there have been no claims, please indicate "NO CLAIMS". A blank or N/A is not acceptable.**

Date	Description of Loss	Amount Reserved	Amount Paid	Closed? yes/no	Insurer

**PART 5 RISK MANAGEMENT**

Do your contracts, sale or service agreements contain the following clauses?

- Specific description of products or services provided  Yes  No
- Limitation of Liability  Yes  No
- Hold Harmless or Indemnity Agreements (if yes, please attach copy)  Yes  No

How long do you keep customer records? \_\_\_\_\_ years (minimum 7 years are recommended)

Please provide your Five Largest Clients in the last 5 years:

Client	Type of business	Revenue

**PART 6 FOR INSTALLERS**

(Complete only if applicable)

Please provide split: Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ % Agricultural \_\_\_\_\_ %

Do you sell, install or service fire protection or extinguishing systems for:

- Sawmills  Yes  No
- Logging, Forestry, Contractors' or other Mobile Equipment  Yes  No
- Aircraft or Watercraft  Yes  No

If yes to any of the above, please provide full details and revenue:

Do you sell, install or service car alarms or GPS tracking systems?  Yes  No

Do you install temperature alarms in livestock barns?  Yes  No

If yes, please estimate maximum accumulation of values \$ \_\_\_\_\_

Number of installers: \_\_\_\_\_ Please describe minimum training or certification: \_\_\_\_\_

Name of supervisor/foreman: \_\_\_\_\_ Qualifications: \_\_\_\_\_ Years experience: \_\_\_\_\_

Are all jobs inspected by the supervisor/foreman?  Yes  No

What % of your security products are purchased outside of North America \_\_\_\_\_ %

Do you obtain proof of insurance from all your suppliers?  Yes  No

Do you install only CSA or ULC approved electronic equipment:  
If no, what are you product standards?  Yes  No

Do you install & service according to the manufacturer's instructions:  
If no, please explain:  Yes  No

Are both written and verbal operating instructions provided to the customer?  Yes  No

Do you subcontract alarm monitoring services?  
If yes, provide the Name of the Monitoring company  Yes  No

Is this station ULC listed?  Yes  No

**PART 6 MONITORING STATION OR TELEPHONE ANSWERING SERVICE**

(Complete only if applicable)

Please provide split: Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Medical \_\_\_\_\_ % Agricultural \_\_\_\_\_ %

Please provide percentage of operations:

Alarm monitoring \_\_\_\_\_ %

Answering Service \_\_\_\_\_ %

Emergency 911 \_\_\_\_\_ % (please attach copy of any service contract)

Paging services \_\_\_\_\_ %

Other: please specify any other service not mentioned above: \_\_\_\_\_

Is your station ULC listed?  Yes  No If not, is your monitoring system computerized?  Yes  No

If not ULC listed, please explain what standards or certification your monitoring station conforms to?

Do you have a backup power source?  Yes  No

Do you have a training program in place for operators?  Yes  No

Do you have written procedures for operators?  Yes  No

Do you thoroughly investigate prospective employees?  Yes  No

Are they bonded?  Yes  No

**PART 7 SECURITY GUARDS AND PRIVATE INVESTIGATORS**

(Complete only if applicable)

Number of guards in your employ? Full Time Part Time Maximum Average

Number of guards licensed to carry firearms? Number of Licenced Private Investigators:

If guard dogs are used, provide number of dogs? & handlers #

Who is responsible for training dogs and handlers?

Describe minimum training requirements:

List type of business where armed guards or dogs are used:

Do you Transport or Escort others transporting money, securities or valuables? Yes No
Do you provide Security for Entertainment Facilities, Bars or Night Clubs? Yes No
Do you provide Security for Critical Areas? (Power plants, Dams, Airports, Cruise Ships) Yes No

IF YES TO ANY OF ABOVE, PLEASE PROVIDE FULL DETAILS AND REVENUE:

Please check any of the following services provided and indicate percentage of Revenue:

Security for Strikes or Labour Unrest %
V.I.P. Protection %
Bailiff %
Paralegal %
Process Serving %
Forensics Investigation %

Describe your minimum training requirements or certification:

Do guards carry handcuffs or batons? Yes No
Do guards receive training on "use of force"? Yes No

Details of use of force training:

Which of the following methods do you use to supervise guard patrols?
• Watchclock service Yes No
• Electronic guard tour monitoring Yes No
• Guard's tour supervisory service Yes No

If none of the above or in addition to the above, describe any other method or procedure in place to monitor Guards' daily activities:

