



**Dallas**  
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**Houston**  
P: (281) 759-4855  
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**hullandco-texas.com**

Agent Name:  
Agent Address:

Contact:  
Phone #

## Security Guard / Patrol Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

Web Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_ to \_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### SCHEDULE OF HAZARDS

TYPES OF BUSINESSES PROTECTED	% OF OPS	TYPES OF SERVICES OFFERED	% OF OPS
<input type="checkbox"/> Apartments	___	<input type="checkbox"/> Alarm Installation	___
<input type="checkbox"/> Automobile Dealers	___	<input type="checkbox"/> Alarm Monitoring	___
<input type="checkbox"/> Banks	___	<input type="checkbox"/> Armored Care	___
<input type="checkbox"/> Concerts	___	<input type="checkbox"/> Body Guards	___
<input type="checkbox"/> Construction Sites	___	<input type="checkbox"/> Couriers / Escort Service	___
<input type="checkbox"/> Hospitals	___	<input type="checkbox"/> Crowd Control	___
<input type="checkbox"/> Housing Authorities / Public Housing	___	<input type="checkbox"/> Employee Background Checks	___
<input type="checkbox"/> Industrial Plants	___	<input type="checkbox"/> Investigations - Criminal	___
<input type="checkbox"/> Office Buildings	___	<input type="checkbox"/> Investigations - Divorce	___
<input type="checkbox"/> Retail Stores - during business hours	___	<input type="checkbox"/> Investigations - Missing Persons	___
<input type="checkbox"/> Retail Stores - after hours	___	<input type="checkbox"/> Patrol	___
<input type="checkbox"/> Restaurants	___	<input type="checkbox"/> Process Serving	___
<input type="checkbox"/> Schools / Colleges	___	<input type="checkbox"/> Repossessions	___
<input type="checkbox"/> Special Events	___	<input type="checkbox"/> Security Guard Training School	___
<input type="checkbox"/> Utility Properties	___	<input type="checkbox"/> Other (describe below)	___
<input type="checkbox"/> Other (describe below)	___		

**PERSONNEL**

☐ Full Time Employees Payroll \$ \_\_\_\_\_ # Armed \_\_\_\_\_ # Unarmed \_\_\_\_\_  
☐ Part Time Employees Payroll \$ \_\_\_\_\_ # Armed \_\_\_\_\_ # Unarmed \_\_\_\_\_  
☐ Off Duty Police # \_\_\_\_\_ ☐ Employees under 21 # \_\_\_\_\_ ☐ Employees over 65 # \_\_\_\_\_

Does the application obtain Background Checks (including any prior criminal records)? ..... ☐ Yes ☐ No

Is training required with ongoing education? ..... ☐ Yes ☐ No

Does armed employees obtain permits to carry weapons? ..... ☐ Yes ☐ No

Gross Sales \$ \_\_\_\_\_

**OPERATIONS**

1. Is business licensed and/or certified according to state regulations? ..... ☐ Yes ☐ No

2. Is the applicant owned by, associated with, engaged in or involved with any other enterprise? ..... ☐ Yes ☐ No

If yes, provide details. \_\_\_\_\_

3. Does the applicant use dogs as part of their operation? ..... ☐ Yes ☐ No

If yes, who handles the training of the dogs? \_\_\_\_\_

What types of dogs are used? \_\_\_\_\_

Number of dogs that work with a guard \_\_\_\_\_ and the number working unattended \_\_\_\_\_

Are dogs left unattended at customer's facility? ..... ☐ Yes ☐ No

**Attach** a copy of the contract.

**LIMITS n GENERAL LIABILITY (PER OCCURRENCE)**

**GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)** \$ \_\_\_\_\_

**PRODUCTS & COMPLETED OPERATIONS AGGREGATE** \$ \_\_\_\_\_

**PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)** \$ \_\_\_\_\_

**EACH OCCURRENCE** \$ \_\_\_\_\_

**DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)** \$ \_\_\_\_\_

**MEDICAL EXPENSE (ANY ONE PERSON)** \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION****PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		<hr/> <hr/> <hr/>		
		<hr/> <hr/> <hr/>		
		<hr/> <hr/> <hr/>		
		<hr/> <hr/> <hr/>		
		<hr/> <hr/> <hr/>		

Has the applicant been cancelled or non-renewed in the last three years?..... ☐ Yes ☐ No

If yes, Explain. \_\_\_\_\_

\_\_\_\_\_

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT**

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.