K&K INSURANCE

1712 Magnavox Way P.O. Box 2338
Fort Wayne, IN 46801-2338
CA# 0334819

SECURITY SUPPLEMENTAL APPLICATION

Name of applicant:_____ Date:_____

Who is primarily responsible (via contract) for liability coverage of off-duty police?: ❏ Insured ❏ Municipality

Who is primarily responsible (via contract) for Workers's Compensation of off-duty police?: ❏ Insured ❏ Municipality

Are all the applicant's security guard employees licensed by the state as a security guard? ❏ Yes ❏ No

If no, explain:_____

_____

INCLUDE MAXIMUM NUMBER OF EMPLOYES AND INDEPENDENT CONTRACTORS

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

Are background investigation and checks conducted on all employees who perform security duties? ❏ Yes ❏ No
If yes, mark appropriate box:

❏ Criminal background checks ❏ Previous employer ❏ Motor vehicle report

❏ Fingerprints ❏ Drug screening ❏ Personal references

❏ Background cleared prior to hire ❏ Other:_____

_____

What firearm training is required for armed security <u>employees</u>?_____

_____

_____

Does applicant have a formal training program for security employees? ❏ Yes ❏ No

If yes, explain **or** attach a copy of training manual_____

_____

Provide the number of dogs to be used in security operations:_____

During the past four years, have any claims been presented to your current or prior insurance carrier for security related incidents? ❏ Yes ❏ No

If yes, please explain those incidents in detail below or provide a separate exhibit._____

_____

_____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

_____   _____
Applicant's Signature   Producer's Signature (if applicable)

_____   _____
Applicant's Name (print)   Producer's Name (print)

_____   _____
Date   Date

1096 10/03