

Proposed Effective Date: \_\_\_\_\_

Equity Partners Insurance Services, Inc.

[www.equitypartnersinsurance.com](http://www.equitypartnersinsurance.com)

1778 Orleans Street  
Mandeville, La 70448

(985) 727-4188 Telephone

(985) 727-4178 Fax

[casualty@epinsurance.com](mailto:casualty@epinsurance.com) Email

### COMBINED GENERAL LIABILITY APPLICATION

1. Applicant: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Additional Locations (if any):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. If additional space is necessary, please provide additional worksheet.

3. Name of contact person for inspection/audit: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

4. Applicant is:  Individual  Corporation  Partnership  Other (Describe): \_\_\_\_\_

5. Coverage: \_\_\_\_\_

6. Limits: \_\_\_\_\_ Each Occurrence/Aggregate Deductible: \_\_\_\_\_

7. Operations (use percent %): \_\_\_\_\_ Guard/Patrol \_\_\_\_\_ Investigative \_\_\_\_\_ Safety Equipment  
\_\_\_\_\_ Alarm \_\_\_\_\_ Other: \_\_\_\_\_

8. How long has Applicant owned this business? \_\_\_\_\_

9. How many years experience does Applicant have in this field? \_\_\_\_\_

10. Is Applicant involved in any other operations?  Yes  No If Yes, please describe: \_\_\_\_\_

11. Describe the duties of owner: \_\_\_\_\_

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

13. Signed contract with all customers?  Yes  No

14. Percent % of customers under standard contract: \_\_\_\_\_

**PLEASE ATTACH COPY OF YOUR STANDARD CUSTOMER CONTRACT OR PURCHASE ORDER.**

15. Pre-employment Screening Procedure (check applicable):

\_\_\_\_ Prior Employment Check      \_\_\_\_ Drug Screening      \_\_\_\_ Personal Reference      \_\_\_\_ Psychological Testing  
\_\_\_\_ Polygraph      \_\_\_\_ MVR      \_\_\_\_ Background Check      \_\_\_\_ Other

Please describe "Other": \_\_\_\_\_

16. Training Program Consists of (check all applicable):

\_\_\_\_ Written Manual      \_\_\_\_ Report Writing      \_\_\_\_ CPR      \_\_\_\_ On The Job  
\_\_\_\_ Firearms      \_\_\_\_ Use of Force      \_\_\_\_ Powers of Arrest      \_\_\_\_ Other

Please describe "Other": \_\_\_\_\_

17. Is the Applicant licensed?  Yes  No      If Yes, please list all licenses: \_\_\_\_\_

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

18. Does Applicant perform any work at facilities where explosives are handled or stored or at nuclear power plants?  Yes  No

If Yes, describe: \_\_\_\_\_

19. Does Applicant perform any design work?  Yes  No      If Yes, fully describe: \_\_\_\_\_

\_\_\_\_\_

20. Describe Trade Association Memberships held: \_\_\_\_\_

**Claim/Loss History:** If none, so state. Attach five (5) years currently valued loss runs with application, if available. Verified loss runs required to bind.

Date	Description	Paid Amount	Reserves	Status (Open/Closed)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any additional incidents that have occurred that may result in a claim being made against Applicant. If none, so state:

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

**Policy Information:**

Carrier	Policy Period	Limits	Premium	Basis	Deductible
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has any carrier cancelled or refused to renew?  Yes  No      If Yes, please describe: \_\_\_\_\_

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

Applicant: \_\_\_\_\_

**SECURITY GUARD, ARMORED CAR, PATROL OPERATIONS – PROVIDE \$ BREAKDOWN OF APPLICABLE OPERATIONS:**

Armed Payroll	Unarmed Payroll		Armed Payroll	Unarmed Payroll
_____	_____	Airports	_____	_____
_____	_____	Alarm Response	_____	_____
_____	_____	Apartments/Condominiums	_____	_____
_____	_____	Armored Car/Courier/\$ Escort	_____	_____
_____	_____	Banks/Office Buildings	_____	_____
_____	_____	Bars/Restaurants/Liquor Est.	_____	_____
_____	_____	Bodyguard	_____	_____
_____	_____	Car Dealerships	_____	_____
_____	_____	Churches	_____	_____
_____	_____	Concerts/Athletic & Special Events	_____	_____
_____	_____	Construction Sites	_____	_____
_____	_____	Consulting	_____	_____
_____	_____	Fast Food	_____	_____
				Government
				Hospitals
				Low Income Housing
				Manufacturing
				Office
				Retail/Malls
				Shoplifting
				Strike Work
				Surveillance
				Traffic Control
				Warehouse
				Other

**DETECTIVE AND INVESTIGATIVE OPERATIONS – PROVIDE \$ BREAKDOWN OF APPLICABLE OPERATIONS:**

Armed Payroll	Unarmed Payroll		Armed Payroll	Unarmed Payroll
_____	_____	Arson Investigation	_____	_____
_____	_____	Child Search/Missing Persons	_____	_____
_____	_____	Computer	_____	_____
_____	_____	Consulting	_____	_____
_____	_____	Credit/Employment Screening	_____	_____
_____	_____	Insurance Investigation	_____	_____
				Missing Persons
				Polygraph
				Process Service
				Record Checks
				Repo./Collections
				Other

**PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR EITHER GUARD, PATROL, DETECTIVE OR INVESTIGATIVE OPERATIONS:**

Describe fully all operations listed as "Other": \_\_\_\_\_

Describe fully all "Retail" (stores, supermarkets, etc.) operations (clients, duties, during or after business hours, uniform or plain clothes, etc.): \_\_\_\_\_

Describe fully all armed operations: \_\_\_\_\_

Describe fully all "Consulting" operations: \_\_\_\_\_

Describe fully all "Airport" operations: \_\_\_\_\_

Total Payroll: \$ \_\_\_\_\_ Total Receipts: \$ \_\_\_\_\_ Billed Hours: \_\_\_\_\_

# of Guards: **Full Time:** \_\_\_\_\_ Armed \_\_\_\_\_ Unarmed **Part Time:** \_\_\_\_\_ Armed \_\_\_\_\_ Unarmed

# of Investigators: **Full Time:** \_\_\_\_\_ Armed \_\_\_\_\_ Unarmed **Part Time:** \_\_\_\_\_ Armed \_\_\_\_\_ Unarmed

# of Dogs: Unattended: \_\_\_\_\_ Attended: \_\_\_\_\_

Applicant: \_\_\_\_\_

**ALARM COMPANY OPERATIONS – PROVIDE \$ BREAKDOWN OF APPLICABLE OPERATIONS:**

Alarm Payroll	Alarm Receipts		Alarm Payroll	Alarm Receipts	
_____	_____	Sales/Distribution	_____	_____	Manufacturing
_____	_____	Installation	_____	_____	CCTV
_____	_____	Service/Repair	_____	_____	Answering Service
_____	_____	Monitoring	_____	_____	Other

Fully describe "Other" operations: \_\_\_\_\_

Alarms are: \_\_\_\_\_% Fire      \_\_\_\_\_% Combination      \_\_\_\_\_% Water Flow  
 \_\_\_\_\_% Burglary      \_\_\_\_\_% Medical Alert      \_\_\_\_\_% Temperature Control  
 \_\_\_\_\_% Other (intercom, etc.)

If Applicant does not monitor alarms, who does? \_\_\_\_\_

Written contract with monitoring company?     Yes     No    **PLEASE ATTACH COPY OF CONTRACT WITH MONITORING COMPANY**

Fully describe alarm response procedures: \_\_\_\_\_  
 \_\_\_\_\_

**SAFETY EQUIPMENT OPERATIONS – PROVIDE \$ BREAKDOWN OF APPLICABLE OEPRATIONS:**

Payroll	Receipts		Payroll	Receipts	
_____	_____	Sales/Distribution	_____	_____	Manufacturing
_____	_____	Service	_____	_____	Other
_____	_____	Installation			

Fully describe "Other" operations: \_\_\_\_\_

Systems are: \_\_\_\_\_% Wet Sprinklers      \_\_\_\_\_% Dry Chemical      \_\_\_\_\_% Personal/Safety First Aid  
 \_\_\_\_\_% Wet Chemical      \_\_\_\_\_% Hand Held Ext.      \_\_\_\_\_% Other

Identify Manufacturers: \_\_\_\_\_

Installations at: \_\_\_\_\_% Factories      \_\_\_\_\_% Restaurant      \_\_\_\_\_% Computer Room  
 \_\_\_\_\_% Other      Describe "Other": \_\_\_\_\_

Describe other products sold or handled by Applicant (protective clothing, life support, etc.): \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR EITHER ALARM, FIRE SUPPRESSION OR SAFETY EQUIPMENT OPERATIONS:**

Customers are: \_\_\_\_\_% Commercial      \_\_\_\_\_% Residential      \_\_\_\_\_% New Construction  
 Customers: \_\_\_\_\_ Number      \_\_\_\_\_ Under Contract      \$ \_\_\_\_\_ Annual Contract Cost  
 Are independent contractors used?     Yes     No      \$ \_\_\_\_\_ Annual Contract Cost  
 Does Applicant install or service systems in nursing homes, medical, correctional or detention facilities?     Yes     No  
 Is Applicant covered under Broad Form Vendors coverage by manufacturer?       Yes     No  
 Does the Applicant install systems in buildings over four (4) stories?       Yes     No

**Notice to California Insureds**

- A) THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINES” INSURERS.
  
- B) THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.
  
- C) THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
  
- D) CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINES INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.
  
- E) FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINES” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.

**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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

**NOTICE TO TENNESSEE 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 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.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer

\_\_\_\_\_  
Date