



Detective/Security Program

SUPPLEMENTAL

Applicant Name:

Address: City: State: Zip:

Phone Number: Applicant's Email:

Applicant's Website (or attach copy of brochure):

Please indicate what percentage of your services consist of the following:

	PERCENTAGE (%)
Arson Investigation	%
Collection Agency Service	%
Detective/Security Instruction	%
Drug Screenings	%
Electronic Sweeps	%
Expert Witness Testimony	%
Polygraph Testing	%
Residential/Habitational Surveillance	%
Schools	%
Security Consulting Work	%
Special Event Security	%
Skip Tracing	%
Undercover Surveillance	%
Workforce Infiltration	%
Other (Please describe)	%
TOTAL	%

The following services are not eligible for coverage under our program. Consult your underwriter if any of the following operations are present:

Airport Services	Bounty Hunting	Casino Security
Government Agency Work	Special Event Security	Fast Food Security
Restaurant Security	Bar/Tavern Security	Nightclub Security
Traffic Control	Bank Security	Repossession Work
Body Guard Services	Shoplifting Surveillance	
Security work inside schools during school hours		

Current Insurance Information

Carrier: Premium: \$

Limits: Deductible: \$

1. Are you licensed? ☐ Yes ☐ No

2. Do you belong to any associations? ☐ Yes ☐ No
If yes, please list:

3. Do you or any of your employees ever had a license revoked, suspended or non-renewed? ☐ Yes ☐ No

4. Please indicate the number of employees: Full Time: Part Time:

5. Please indicate the number of employees: Armed: Unarmed:

6. What is the annual payroll excluding owners? \$

7. Do you use sub-contractors/independent contractors? ☐ Yes ☐ No
If yes, what is the annual cost? \$
If yes, what are they used for?

8. Pre-employment screening procedures (check all that apply)?

☐ Polygraph	☐ Drug screening	☐ Psychological test
☐ Prior employment contracted	☐ Fingerprint check	☐ Personal references
☐ Criminal background	☐ Driving record	☐ Other:

9. Does the applicant title any automobiles or other operating vehicles in the business name? ☐ Yes ☐ No
If yes, please explain:

10. Do any of the employees drive personally owned vehicles while in the course of work? ☐ Yes ☐ No
If yes, how many?
Do they carry personal auto insurance? ☐ Yes ☐ No
What are the limits?

If you are a security agency, please complete the following questions:

1. What background do the principals of the organization have in the security industry?

2. Does the applicant use dogs? ☐ Yes ☐ No

3. Do employees carry non-lethal weapons? ☐ Yes ☐ No
If yes, please explain:

4. Does applicant provide any services outside the United States? ☐ Yes ☐ No
If yes, please explain:

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. **(Not applicable in MN, NY, OR, or WA)**

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Washington: 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.

Insured's Signature:

Date:

Agents's Signature:

Date:

PRINT

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

Western National Insurance Group

Central Region

4700 West 77th Street, Edina, MN, 55435

Western Region

9706 4th Ave NE, Suite 200 Seattle, WA 98115

www.wnins.com

Umialik Insurance Company

725 E. Firewood Lane, Ste. 500
Anchorage AK 99503

www.umialik.com

Michigan Millers Insurance

2425 E. Grand River Avenue, Lansing, MI 48912

Specialty Insurance Solutions

1600 Aspen Commons Ste 520, Middleton, WI 53562

www.mimillers.com