

EXCLUSIVE ARMED AND UNARMED SECURITY PROGRAM SUPPLEMENTAL QUESTIONNAIRE

Business Name:		
Physical Address:		
Is business conducted from a business location or a residence?	<input type="checkbox"/> Business	<input type="checkbox"/> Residence
Section I General		
Has the owner ever owned a security company under another business name? If yes what name and FEIN:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has workers' comp coverage been cancelled or non-renewed in the past three years? If yes, why	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant had a foreclosure, repossession, tax lien, or filed for bankruptcy during the last five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any employees other than clerical employees over the age of 60? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a policy requiring reserve and report only? If yes, are employees required to sign the policy at hire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your company's website:		
Is your company on Facebook or Instagram?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section II Scope of Operations		
What percentage of clients have a written contract detailing the scope of the security duties?		
Do employees perform any duties for clients other than security including but not limited to medical assistance, fire response or janitorial?		
Are employees paid as W-2 employees or 1099's? If any paid on 1099, what payroll amounts for 1099 vs W2? W2: 1099:		
Are dogs used in the business? If yes, explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do guards use golf carts or vehicles during patrol? If yes, explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What percentage of guards are armed?		
What percentage of guards are off-duty police officers?		

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Do you provide service to/for any of the following? Check all that apply. If none, please advise what type of businesses are being guarded:		
<input type="checkbox"/> Arena/Stadiums	<input type="checkbox"/> Bars, nightclubs	<input type="checkbox"/> Carnivals, Fairs or Flea Markets
<input type="checkbox"/> Concerts	<input type="checkbox"/> Strip clubs	<input type="checkbox"/> Low Income Housing
<input type="checkbox"/> Schools	<input type="checkbox"/> Power Plants	<input type="checkbox"/> Nuclear or Industrial Plants
<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Casinos/Arcades	<input type="checkbox"/> Marijuana dispensary/grower
<input type="checkbox"/> Body Guard	<input type="checkbox"/> Bank	<input type="checkbox"/> Airports
<input type="checkbox"/> Armored Car	<input type="checkbox"/> ATM Services	<input type="checkbox"/> Courier
<input type="checkbox"/> Schools	<input type="checkbox"/> Office Building	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Bounty Hunter	<input type="checkbox"/> Terrorism Assessment	<input type="checkbox"/> Missing Persons
<input type="checkbox"/> Disaster Response	<input type="checkbox"/> Service of Process	<input type="checkbox"/> Hospitals
<input type="checkbox"/> Alarm Installation	<input type="checkbox"/> Marinas	<input type="checkbox"/> On Board an Aircraft or Watercraft

Section III Pre and Post Hire		
Are all employees required to complete an employment application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Which pre-employment checks are completed? (check all that apply)		
<input type="checkbox"/> Drug Screening	<input type="checkbox"/> Driving Record	<input type="checkbox"/> Criminal Background
<input type="checkbox"/> Security License	<input type="checkbox"/> References	<input type="checkbox"/> Physical
<input type="checkbox"/> Polygraph		
How often are employee motor vehicle reports pulled and reviewed?		
<input type="checkbox"/> At hire	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Monthly	<input type="checkbox"/> Other: _____	
What type of training and how many hours of training do employees receive?		
<input type="checkbox"/> Informal on the Job	<input type="checkbox"/> Classroom w/instructor	<input type="checkbox"/> Self-Directed Learning via internet or video
<input type="checkbox"/> Firing Range	<input type="checkbox"/> Company Policies	

Name of person completing questionnaire:

Signature

Title:

Date:

Email this supplemental questionnaire to wc@omega4agents.com along with the ACORD 130 (130-FL in Florida) and three years of loss runs. If the risk is new in business, please include the owner's resume with the submission.