

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
 www.scottsdaleins.com

Security Guards and Related Operations General Liability Application

| | |
|------------------|-------|
| Applicant's Name | _____ |
| | _____ |
| Mailing Address | _____ |
| | _____ |
| Location | _____ |
| | _____ |
| Web site Address | _____ |

| | |
|-------------|-------|
| Agency Name | _____ |
| Agent | _____ |
| Address | _____ |
| | _____ |
| E-mail | _____ |
| Phone | _____ |

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Limits Of Liability and Deductible Requested:

| | |
|--|---------------------------|
| 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 premise) | \$ |
| Medical Expense (any one person) | \$ |
| Errors & Omissions (Each Claim/Aggregate) | \$ |
| Lost Key Coverage | \$25,000 Included |
| Property Damage Extension | \$5,000/\$25,000 Included |
| Assault &/or Battery Sublimit (cannot exceed GL limits) | \$ |
| Other Coverages, Restrictions, and/or Endorsements: | \$ |
| Deductible | \$ |

1. How long has applicant been in business? _____
2. Branch offices and locations:
 - a. _____
 - b. _____
 - c. _____
3. Operations conducted in the following states:

State: _____ Licensed with state? Yes No License No.: _____

State: _____ Licensed with state? Yes No License No.: _____

State: _____ Licensed with state? Yes No License No.: _____
4. Risk contact, title and phone number: _____
5. Total number of employees: _____
6. Number of unarmed employees: _____ Estimated Payroll: _____ Gross Sales: _____
 Number of armed employees: _____ Estimated Payroll: _____ Gross Sales: _____
 Any armed guards in retail stores? Yes No
 Arrest authority? Yes No
7. Total number of hours billed to clients annually: _____
8. Are ALL armed personnel certified for use of firearms by a state agency or a firearms certification school? Yes No
9. Does applicant have Workers' Compensation coverage in force? Yes No
10. Does applicant lease employees? Yes No
11. Does applicant subcontract work? Yes No
 If yes, what type? _____
 Are certificates of insurance required from all subcontractors? Yes No
 Annual cost of subcontracted work: _____
12. Are personnel licensed as required by state and federal agencies? Yes No
13. Are background investigations and checks conducted on new employees? Yes No
 If yes, describe procedures used for pre-employment checks: _____

14. Does the applicant have a training program for employees? Yes No
 If yes, describe: _____

 Does applicant have a training manual? Yes No
15. Does applicant use a record-keeping log for each job? Yes No
16. Does applicant use stun guns? Yes No
17. Does applicant use animals? Yes No
 If yes, number with handlers: _____ without handlers: _____
 Are animals used to detect guns, drugs or bombs? Yes No

18. List the applicant's ten (10) largest clients. Indicate type of operation performed and duties involved:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

19. Number of supervisors: _____ Describe duties: _____

Do they perform investigative or guard duties?..... Yes No

Does the applicant bill hours to the client?..... Yes No

20. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

21. Does applicant conduct any operations involving nuclear power plants?..... Yes No

22. Does applicant need to add any government entity as additional insured?..... Yes No

If yes, explain: _____

23. Please attach (A) Any descriptive advertising literature; (B) Copy of Insured's standard performance contract with client; (C) Copies of all agreements in which the Insured has assumed liability.

24. Provide private investigation annual payroll by listed operation (include subcontractor payroll not covered by other insurance):

| Private Investigation | Armed Payroll | Unarmed Payroll |
|---------------------------------|---------------|-----------------|
| Arson investigation | | |
| Computer fraud | | |
| Corporate—employee dishonesty | | |
| Credit pre-employment screening | | |
| Domestic | | |
| Insurance claim investigation | | |

| Private Investigation | Armed Payroll | Unarmed Payroll |
|------------------------|---------------|-----------------|
| Legal | | |
| Missing person | | |
| Records check | | |
| Surveillance—describe: | | |
| Undercover operations | | |
| Other—describe: | | |

25. Provide guard services annual payroll by listed operation including parking lot security (include subcontractor payroll not covered by other insurance):

| Guard Services | Armed Payroll | Unarmed Payroll |
|---|---------------|-----------------|
| Airport security | | |
| Abortion clinics or family planning centers | | |
| Alarm monitoring: Burglary/fire | | |
| Medical emergency | | |
| Alarm response | | |
| Baggage handling security | | |
| Banks | | |
| Bouncers or doormen at restaurants, night clubs, discos, bars/taverns | | |
| Churches | | |
| Construction sites | | |
| Convenience stores | | |
| Criminal detention centers | | |
| Fast food restaurants | | |
| Ground transportation terminals | | |
| Hospitals | | |
| Housing: Apartments—public housing authorities, Section 8, HUD | | |
| Apartments | | |
| Condominiums or townhouses | | |
| Homeowners associations | | |
| Private residences | | |
| Immigration detention centers | | |

| Guard Services | Armed Payroll | Unarmed Payroll |
|--|---------------|-----------------|
| Manufacturing/warehousing | | |
| Movie theaters | | |
| Motels/hotels | | |
| Offices | | |
| Parking lot security | | |
| Retail Operations: Clothing | | |
| Department stores | | |
| Liquor stores | | |
| Shopping centers/malls | | |
| Supermarkets | | |
| All other | | |
| Schools and universities | | |
| Special events: Athletic events—describe type: | | |
| Concerts—describe (rock & roll, hard rock, rap, country, other): | | |
| Other—describe: | | |
| Sports stadiums or arenas | | |
| Strike work | | |
| Utility property security | | |
| Wharf, waterfront or seaport security | | |
| Other—describe: | | |

26. Provide miscellaneous services annual payroll by listed operation including parking lot security (include sub-contractor payroll not covered by other insurance):

| Miscellaneous Services | Armed Payroll | Unarmed Payroll |
|---------------------------------------|---------------|-----------------|
| Alarm installation, service or repair | | |
| Auto repossession | | |
| Bail bond operations | | |
| Border patrol | | |
| Bounty hunters | | |
| Bodyguards | | |
| Consulting or expert witness | | |
| Courier or escort | | |
| Armored car service | | |
| Armed couriers | | |
| Bicycle or skate couriers | | |
| Couriers—non-negotiable | | |
| Couriers—negotiable | | |
| Courier escorts | | |
| Funeral escorts | | |
| Dog services: | | |
| With handler | | |
| Without handler | | |

| Miscellaneous Services | Armed Payroll | Unarmed Payroll |
|--|---------------|-----------------|
| Drug surveillance | | |
| Drug testing | | |
| Firearms certification school | | |
| Insurance adjusters | | |
| Parole Officers | | |
| Polygraph work | | |
| Prisoner transport | | |
| Process servers | | |
| Repossession/ collection work | | |
| School crossing guards | | |
| Security consulting | | |
| Security guard school/ training for others | | |
| Shopping service | | |
| Traffic control | | |
| Other—describe: | | |

27. During the past three years has any company ever canceled, declined or refused to renew similar insurance for the applicant (Not applicable to Missouri applicants)?..... Yes No
 If yes, explain: _____

28. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No
 If yes, describe: _____

29. Does applicant have other business ventures for which coverage is not requested?..... Yes No
 If yes, please explain and advise where insured: _____

30. Prior Carrier Information:

| | | | |
|----------------------------------|--------------|--------------|--------------|
| | Year: | Year: | Year: |
| Carrier | | | |
| Policy No. | | | |
| Coverage | | | |
| Occurrence or Claims Made | | | |
| Total Premium | | | |

31. Loss History:

| <p>Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three</p> | | | | |
|--|----------------------------|--------------------|------------------------|--------------------------------------|
| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

————— 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.