



Questions? We're here to help

**(877) 404-4299**

## General Liability Application

1. Company Name: \_\_\_\_\_  
DBA (if different from above) : \_\_\_\_\_
2. Physical Address: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Company License: \_\_\_\_\_ FEIN #: \_\_\_\_\_
6. Company Formed As: \_\_\_\_\_ **Individual** \_\_\_\_\_ **Partnership** \_\_\_\_\_ **Corporation** \_\_\_\_\_ **Other**
7. Date Company Founded: \_\_\_\_\_
8. Please list all owners full names:  
  
Name: \_\_\_\_\_  
  
Experience: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
  
Experience: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
  
Experience: \_\_\_\_\_
9. Does any owner own another business? If yes, please provide details of Business:  
\_\_\_\_\_
10. Does this business have a separate Liability policy: \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**
11. Do you sub-contract work: \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**
12. Do you have a Standard Contract: \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** (If yes, please provide a copy)
13. Do you use, or plan to use, mobile equipment (i.e. golf carts, segways, etc.): \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
If yes, how many: \_\_\_\_\_
14. **Estimated** Annual Guard Payroll & Billed Hours (if no current contracts in place, please estimated with the types of contracts you plan on obtaining)
  - a. Estimated annual guard hours billed: **Armed** \_\_\_\_\_ **Unarmed** \_\_\_\_\_
  - b. Estimated annual guard payroll: \$ \_\_\_\_\_

15. Please breakdown estimated payroll by contracts listed below:

	<u>Armed Payroll</u>	<u>Unarmed Payroll</u>
Airports	_____	_____
Armored Cars	_____	_____
Banks	_____	_____
Bars/Clubs/Taverns	_____	_____
Bodyguard/Exec Prot	_____	_____
Casino/Bingo Halls	_____	_____
City/State/Federal	_____	_____
Construction Sites	_____	_____
Conventions/Trade Shows	_____	_____
Hospitals/Institutions	_____	_____
Hotels/Motels	_____	_____
Res. Low Income	_____	_____
Res. Mid/High Income	_____	_____
Industrial/Warehouses	_____	_____
Restaurants (Fast Food)	_____	_____
Restaurant (Non Fast Food)	_____	_____
Retail (Loss Prevention)	_____	_____
Retail (Outside/Parking Lots)	_____	_____
Schools (Inside/Halls)	_____	_____
Schools (Outside/Parking Lots)	_____	_____
Other (Please Describe)	_____	_____

16. Average rate per hour you will pay per Guard? \$ \_\_\_\_\_

17. The Standard Liability Limits quote are **\$1,000,000** per occurrence and **\$2,000,000** General Aggregate. Please indicate below if you would like different limits

a. \$\_\_\_\_\_ (per occ.) \$\_\_\_\_\_ (general agg.)

18. Optional Coverages: Please check if you would like any additional coverage included in the General Liability quote:

a. Additional Insured: \_\_\_ **One** \_\_\_ **Blanket**

b. Waiver of Subrogation: \_\_\_ **One** \_\_\_ **Blanket**

c. Per Job Aggregate: \_\_\_ **One** \_\_\_ **Blanket**

d. Employee Dishonesty \_\_\_ **\$50,000 Limit/ \$1,000 Deductible**

e. Employee Dishonesty \_\_\_ **\$100,000 Limit/ \$2,500 Deductible**

f. Lost Key Coverage \_\_\_ **\$50,000 Limit/ \$1,000 Deductible**

19. Listed below is information helpful in obtaining an accurate quote in a timely manner for your account. (This information is not mandatory to quote)

a. \_\_\_ Owners resume that details qualifications, background, and experience in the Security or Law Enforcement Industry.

b. \_\_\_ Copy of standard contract. We can review and make suggestions regarding the indemnity language.

c. \_\_\_ Signed no known loss letter. Please sign and return if during the last 4 years there have been no damages and/or incidents which may result in a claim.

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**Signature of Applicant**

**Title**

**Date**

*Please return the completed form by either fax or email:*

<p><b>Fax</b></p> <p><b>949-297-4911</b></p>	<p><b>Email</b></p> <p><b><i>cmount@venturepacificinsurance.com</i></b></p>
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