

# Insurance Application for Security, Alarm & Investigative Firms



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**IMPORTANT:** All questions must be answered before this risk can be considered.

1. Name, including any DBAs: \_\_\_\_\_

2. Physical Address: \_\_\_\_\_

\*Attach a list if multiple locations.

3. Mailing Address: \_\_\_\_\_ Website: \_\_\_\_\_

4. Person to contact: \_\_\_\_\_ Title: \_\_\_\_\_

5. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

6. Date Established: \_\_\_\_\_ FEIN: \_\_\_\_\_

7. Form of Business:  Individual  Partnership  Corporation  LLC  Other \_\_\_\_\_

8. Names previously operated under (if any): \_\_\_\_\_

9. Owner/Principal: \_\_\_\_\_ Experience: \_\_\_\_\_

Owner/Principal: \_\_\_\_\_ Experience: \_\_\_\_\_

10. Operations:

Security/Patrol \_\_\_\_\_% Investigations \_\_\_\_\_% Process Serving \_\_\_\_\_% Security Consulting \_\_\_\_\_%

Alarm/CCTV Install \_\_\_\_\_% Monitoring \_\_\_\_\_% Other \_\_\_\_\_%

11. Do you own another business?  Yes  No If yes, please describe: \_\_\_\_\_

12. Do you work in other states or countries?  Yes  No If yes, which ones: \_\_\_\_\_

13. List your five largest clients & describe the service(s) you provide to them:

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

14. Is a standard contract used with clients?  Yes  No If yes, please attach a copy.

15. Do you subcontract work to others?  Yes  No If yes, what type of work? \_\_\_\_\_

Do you require Certificates of Insurance from subcontractors?  Yes  No

Anticipated subcontractor costs for this year: \$ \_\_\_\_\_

16. What are your incident reporting procedures? \_\_\_\_\_

17. What kind & how long are records kept? \_\_\_\_\_

18. Is this an owner-only operation?  Yes  No *If yes, skip questions 19, 20 & 21*

19. How many Full Time employees? \_\_\_\_\_ How many Part Time employees? \_\_\_\_\_

Average length of employment: \_\_\_\_\_ Average hourly wage: \$ \_\_\_\_\_

20. Pre-employment screening procedures:

- Criminal Background Check  Fingerprint Card  Personal References  
 Prior Employer Contact  Driving Record  Drug Screen  Polygraph

21. Employee training consists of:

- Written Manual  On the Job  Firearms  Report Writing  
 Self Defense  Powers of Arrest  CPR  Other \_\_\_\_\_

**I am interested in the following coverages:**

- General Liability and E&O**, effective date: \_\_\_\_\_ Attach loss runs.
- Umbrella**, effective date: \_\_\_\_\_ Attach ACORD & loss runs.
- Workers Compensation**, effective date: \_\_\_\_\_ Attach ACORD, current Ex-Mod worksheet & loss runs.
- Business Auto**, effective date: \_\_\_\_\_ Attach ACORD & loss runs.
- Crime**, effective date: \_\_\_\_\_ Attach ACORD & loss runs.
- Employment Practices Liability**, effective date: \_\_\_\_\_ Please contact our office for the appropriate application.

\*\*\*\*\*

**Coverages - General Liability and Errors & Omissions**

Complete this section if applying for General Liability.

1. Limits desired:       500k/1M       1M/1M       1M/2M       Other \_\_\_\_\_
2. Deductible per occurrence:       \$1,000       \$2,500       \$5,000       \$10,000       over \$10,000
3. Optional Coverages:
  - Additional Insureds       One     Two     Three     Blanket, Primary Non-Contributory Wording is included
  - Waivers of Subrogation       One     Two     Three     Blanket
  - Per Job Aggregate       One     Blanket
  - Employee Dishonesty       \$50k limit with separate deductible of \$1k     \$100k limit with separate deductible of \$2.5k
  - Lost Key Coverage       \$50k limit with separate deductible of \$1k
  - Stop Gap      For which state? \_\_\_\_\_
  - Mobile Equipment(cart, ATV) How many? \_\_\_\_\_ Public transported?  Yes  No    Equipped with lights?  Yes  No
4. Optional Hired & Non-Owned Auto Liability Coverage: *(Only complete if coverage desired. Not eligible if your company owns autos.)*
  - a. Do you have a commercial auto policy?  Yes  No    If yes, coverage needs to be added to that policy.
  - b. Do employees use their personal vehicles for business purposes?  Yes  No
  - c. How many employees drive for business purposes? \_\_\_\_\_
  - d. Are Motor Vehicle Records checked annually for employees who drive for business purposes?  Yes  No
  - e. To your knowledge, do any of your employees who drive for business purposes have three or more moving citations?  Yes  No
  - f. What your standards when evaluating an employee's driving record? \_\_\_\_\_
  - g. What actions are taken if an employee's driving record in unacceptable? \_\_\_\_\_
  - h. Do you obtain proof of personal auto insurance from employees who drive for business purposes?  Yes  No  
 \*The employee must not have the "no business use" exclusion on their personal auto policy.
5. During the past 4 years have you had any claims for damages and/or incidents which may result in claims?  Yes  No
6. Has your liability insurance been cancelled, declined or non-renewed? (not applicable in MO)  Yes  No  
 If yes, please explain: \_\_\_\_\_
7. Regarding your previous general liability insurance for the past 4 years:      **\*Attach Loss Runs if Available**

Insurance Carrier	Policy Term	Premium	Number of Claims
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Coverages - Workers Compensation

Complete this section if applying for Workers Compensation. ACORD application must be attached.

1. Employers Liability Limits:       100k/100k/500k       500k/500k/500k       1M/1M/1M
2. Current Experience Mod: \_\_\_\_\_      New Experience Mod: \_\_\_\_\_      Effective Date: \_\_\_\_\_
3. Maximum number of guards for any one site at any one time: \_\_\_\_\_
4. Are any alarm installations or prewiring performed at heights above 20 feet?    Yes    No
5. Do you have a formal safety program?    Yes    No   If yes, describe below. If no, are you willing to develop one?    Yes    No

6. Payroll – List total for each category:

Guards/Investigators	\$ _____	Clerical/Monitoring	\$ _____
Alarm Installers	\$ _____	Outside Sales	\$ _____
Owners/Executive Officers	\$ _____	Other	\$ _____

7. Ownership Data – List each Owner, Partner or Officer:

Name	Title	Duties	Is Coverage Desired
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. How many do you employ under 16 or older than 65?   If any, are physicals required & kept on file?    Yes    No

9. Does your company have the following:

- |   |  |   |  |
|---|--|---|--|
| a. A written drug & alcohol policy                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | k. Physicals & periodic random drug testing                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. A vehicle safety program for drivers & vehicles            | <input type="checkbox"/> Yes <input type="checkbox"/> No | l. Do you lease employees to or from other employers                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. A designated safety coordinator                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | m. Designated employee to coordinate claim activities                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Prompt reporting of all employee injuries                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | n. Is there a labor interchange with any other business               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. A formal accident review & investigation program           | <input type="checkbox"/> Yes <input type="checkbox"/> No | o. Are employees provided health insurance                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Employee involvement in inspection/safety committees       | <input type="checkbox"/> Yes <input type="checkbox"/> No | p. Any employees with physical handicaps                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Any work perform underground or above 15 feet              | <input type="checkbox"/> Yes <input type="checkbox"/> No | q. Are athletic teams sponsored                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Working with injured worker & insurer's physician panel    | <input type="checkbox"/> Yes <input type="checkbox"/> No | r. Any group transportation involved                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. A transitional duty/light duty program for injured workers | <input type="checkbox"/> Yes <input type="checkbox"/> No | s. Are 25% or more of alarm installations performed by subcontractors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Any tax liens or bankruptcy within the last 5 years        | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

10. Do you own or use airplanes in business or conduct any operations dockside, shipboard or for railroads?    Yes    No

If yes, explain: \_\_\_\_\_

11. How many autos used in business? \_\_\_\_\_ How? \_\_\_\_\_ Any emergency response?    Yes    No

12. Are Motor Vehicle Records run annually with the requirement of no more than three incidents over a three year period?    Yes    No

13. Has any insurer cancelled or refused to renew within the past three years?    Yes    No

14. Are you in debt to any broker, agent or insurance company for any unpaid premiums for workers compensation coverage?

Yes    No   If yes, explain: \_\_\_\_\_

15. Regarding your previous workers compensation insurance for the past 4 years:      **\*Attach Loss Runs if Available**

Insurance Carrier	Policy Term	Premium	Number of Claims
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Underwriting - Security Guards

### Security Guards & P.P.O.

1. Anticipated security guard billed hours for this year: Armed \_\_\_\_\_ Unarmed \_\_\_\_\_

2. Annual:                      Estimate this Year                      Last Year                      2 Years Ago

Security Payroll    \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

Security Receipts    \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

3. State issued security license number(s): \_\_\_\_\_

4. How many:                      Unarmed Guards \_\_\_\_\_                      Armed Guards \_\_\_\_\_                      Supervisors \_\_\_\_\_

5. Average hourly wage:    Unarmed Guards \$ \_\_\_\_\_                      Armed Guards \$ \_\_\_\_\_                      Supervisors \$ \_\_\_\_\_

6. Number of Full Time Guards \_\_\_\_\_                      Number of Part Time Guards \_\_\_\_\_

7. How many canines are utilized? \_\_\_\_\_                      If any, are they leashed & attended by a handler?     Yes     No

What types of assignments are canines used for? \_\_\_\_\_

8. Does your company use GPS guard monitoring?     Yes     No

9. Do employees carry Tasers or similar?     Yes     No    If yes, are they trained to applicable state laws?     Yes     No

10. If any retail security, what is your apprehension & detention policy? \_\_\_\_\_

11. Firearms:

a. Are all armed owners & employees properly licensed for firearms with the states in which they carry firearms?     Yes     No

b. Copies of licenses kept on file with procedures in place to ensure licenses are current & renewed as required?     Yes     No

c. Does the company or employee own the firearms? \_\_\_\_\_    Most common gun or caliber: \_\_\_\_\_

d. Describe your gun control program: \_\_\_\_\_

12. Operations:

	Armed Payroll \$\$\$	Unarmed Payroll \$\$\$
Airports*	_____	_____
Armored Car/Courier Escort	_____	_____
Bars/Nightclubs/Taverns/Lounges	_____	_____
Body Guard (high profile VIPs)	_____	_____
Casinos/Bingo Halls	_____	_____
Concerts/Parades/Festivals*	_____	_____
Conventions/Trade Shows	_____	_____
Construction Sites	_____	_____
Executive Protection	_____	_____
Government Contracts*	_____	_____
Hospitals/Medical Facilities*	_____	_____
Hotels/Motels*	_____	_____
Housing/Residential, HUD or Section 8*	_____	_____
Housing/Residential, Low Income*	_____	_____
Housing/Residential, Mid or High Income*	_____	_____
Industrial/Warehouses	_____	_____
Office Buildings/Banks	_____	_____
Private Events*	_____	_____
Restaurants: <input type="checkbox"/> fast food <input type="checkbox"/> full service <input type="checkbox"/> both	_____	_____
Retail: <input type="checkbox"/> inside <input type="checkbox"/> outside <input type="checkbox"/> both	_____	_____
Schools during school hours/Campus Patrol*	_____	_____
Schools after school hours/Parking Lots*	_____	_____
Traffic Control/Flagmen	_____	_____
Other:* _____	_____	_____
<b>Total</b>	_____	_____

If you have any payroll in categories marked with an asterisk (\*) complete corresponding questions on page 5.

## Underwriting - Security Guards

If you provide security services for any of the below categories please use this space to describe the operations in detail.

1. Airports: \_\_\_\_\_

\_\_\_\_\_

2. Concerts, Parades or Festivals: \_\_\_\_\_

\_\_\_\_\_

3. Government Contracts: \_\_\_\_\_

\_\_\_\_\_

4. Hospitals or Medical Facilities: \_\_\_\_\_

\_\_\_\_\_

5. Hotels or Motels: \_\_\_\_\_

\_\_\_\_\_

6. Housing or Residential, including condos, gated communities, etc.: \_\_\_\_\_

\_\_\_\_\_

7. Are any of the properties connected with a public housing authority, a public housing agency or designee?  Yes  No

8. Private Events: \_\_\_\_\_

\_\_\_\_\_

9. Schools, including colleges & universities: \_\_\_\_\_

\_\_\_\_\_

10. Are any of the locations designated as student housing or dormitories?  Yes  No

11. Other: \_\_\_\_\_

\_\_\_\_\_

## Underwriting - Investigation & Alarm

### Investigators, Process Servers, Polygraph Analysts & Security Consultants

1. State issued private investigator license number(s): \_\_\_\_\_
2. How many owners or principals are active in investigations, process service, polygraph or consulting? \_\_\_\_\_
3. How many employees (not owners or subcontractors) are active in investigations, process service, polygraph or consulting? \_\_\_\_\_  
What is their payroll? \$ \_\_\_\_\_
4. How many canines are utilized? \_\_\_\_\_ If any, are they leashed & attended by a handler?  Yes  No  
What types of assignments are canines used for? \_\_\_\_\_
5. Firearms:
  - a. Are all armed owners & employees properly licensed for firearms with the states in which they carry firearms?  Yes  No
  - b. Copies of licenses kept on file with procedures in place to ensure licenses are current & renewed as required?  Yes  No
  - c. Does the company or employee own the firearms? \_\_\_\_\_ Most common gun or caliber: \_\_\_\_\_
  - d. Describe your gun control program: \_\_\_\_\_
6. Considering your investigative & consulting operations, what percentage falls into each of the below categories?

	% of Ops	Armed	Unarmed
Auto Repossessions	_____	<input type="checkbox"/>	<input type="checkbox"/>
Background Checks	_____	<input type="checkbox"/>	<input type="checkbox"/>
Body Guard (high profile VIPs)	_____	<input type="checkbox"/>	<input type="checkbox"/>
Bounty Hunter/Fugitive Recovery	_____	<input type="checkbox"/>	<input type="checkbox"/>
Computer Forensics	_____	<input type="checkbox"/>	<input type="checkbox"/>
Credit/Pre-employment/Drug Testing	_____	<input type="checkbox"/>	<input type="checkbox"/>
Domestic/Divorce	_____	<input type="checkbox"/>	<input type="checkbox"/>
Executive Protection	_____	<input type="checkbox"/>	<input type="checkbox"/>
Fire Cause & Origin	_____	<input type="checkbox"/>	<input type="checkbox"/>
Forensic Accounting	_____	<input type="checkbox"/>	<input type="checkbox"/>
Insurance/Surveillance/Legal	_____	<input type="checkbox"/>	<input type="checkbox"/>
Locates/Missing Persons	_____	<input type="checkbox"/>	<input type="checkbox"/>
Patent/Trademark/Corporate	_____	<input type="checkbox"/>	<input type="checkbox"/>
Polygraph Service/Lie Detection	_____	<input type="checkbox"/>	<input type="checkbox"/>
Process Serving	_____	<input type="checkbox"/>	<input type="checkbox"/>
Security Consulting	_____	<input type="checkbox"/>	<input type="checkbox"/>
Shopping Service	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

### Alarm/CCTV Installers, Servicers & Monitoring Firms

1. State issued alarm license number(s): \_\_\_\_\_
2. How many owners or principals are active in installation, service or repair? \_\_\_\_\_
3. How many employees (not owners or subs) perform installation, service or repair? \_\_\_\_\_ What is their payroll? \$ \_\_\_\_\_
4. Percentage of total installs, services or repairs:
 

Fire/Burglar Alarm _____%	Medic Alert _____%	Access Control _____%	Bank Equipment _____%
Temp Control _____%	CCTV _____%	Intercom _____%	Other: _____%
5. Will you service a system you did not install?  Yes  No
6. What specific warranties do you give on an outright sale? \_\_\_\_\_
7. Does your company manufacture any products?  Yes  No If yes, attach sales materials & spec sheets for those products.
8. Do you perform installations for new homes under construction?  Yes  No
9. Do you respond to your alarms?  Yes  No If yes, are response runners armed?  Yes  No
10. Percentages for monitoring: *Check this box & skip remaining questions if all monitoring is subcontracted to another company* 

Fire/Burglar Alarm _____%	Medic Alert _____%	Temp Control _____%	Combination _____%
Access Control _____%	CCTV _____%	Intercom _____%	Other: _____%
11. What are the anticipated monitoring receipts for this year? \_\_\_\_\_
12. How many Subscribers? \_\_\_\_\_ How many under contract? \_\_\_\_\_  
How many Central Station Subscribers? \_\_\_\_\_ How many under contract? \_\_\_\_\_

## Fraud Warnings Disclosure

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, VA, VT, WA, and WV.)

In **Arkansas, Louisiana, Rhode Island, or West Virginia**: 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.

In **Alabama**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

In **Colorado**: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

In **District of Columbia**: Warning: 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.

In **Florida**: 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.

In **Kansas**: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, or to or by a broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.

In **Kentucky**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

In **Maine, Tennessee, Virginia, or 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 may include imprisonment, fines or a denial of insurance benefits.

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

In **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In **New Mexico**: 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 CIVIL FINES AND CRIMINAL PENALTIES.

In **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.

**Fraud Warnings Disclosure, Continued**

In **Ohio**: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In **Oklahoma**: **WARNING**: 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.

In **Oregon**: Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In **Pennsylvania**: 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.

In **Puerto Rico**: Any person who has committed fraud, as defined in the law, shall incur a felony, and if convicted, shall be sanctioned for each violation by a penalty of a fine of not less than five thousand dollars (\$5,000), nor more than ten thousand dollars (\$10,000), or a penalty of imprisonment for a fixed term of three (3) years, or both penalties. If there were aggravating circumstances, the fixed penalty thus established may be increased up to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. In addition to the penalties provided in this chapter, any person who, as a result of the fraud thus committed is benefited in any way to obtain insurance, or in the payment of a loss pursuant to an insurance contract, shall be imposed the payment of restitution of the amount of money resulting from the fraud. Every violation shall have a prescription term of (5) five years.

In **Texas**: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In **Vermont**: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**ALL STATES EXCEPT MARYLAND:**

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact may render this policy, if issued, voidable at inception or otherwise cancelled.

**MARYLAND:**

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact will be grounds for denial of a claim or cancellation of the policy.

**THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES.** Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent or Broker's Signature

\_\_\_\_\_  
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@bsgins.com</i></b></p>
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Craig Mount, Program Director (949) 421-3524 111 Corporate Drive #200 Ladera Ranch, CA 92694