



Cutrona Insurance Agency General Liability Application

#1 Brickyard Drive
Bloomington, IL 61701

a division of Snyder Insurance

Phone: 800-262-9202
Fax: 309-664-1885

I. GENERAL INFORMATION

1. Company Name _____ Date: _____
2. Physical Address _____
City: _____ State: _____ Zip: _____
(Please list additional locations on a separate page)
3. Mailing Address (if different) _____
City: _____ State: _____ Zip: _____
4. Contact: _____ Title: _____
Telephone: (_____) _____ Fax: _____
E-Mail: _____
Web Address _____
() Corporation () Partnership () Individual () Other
5. Date Established: _____ License Number(s): _____
State(s) of Issuance: _____
Tax ID (FEIN): _____
6. Do you operate in other states? () Yes () No
(If yes, % of operations in each state): _____
7. Effective date desired: _____
8. General Liability Limits desired: _____
9. a) Prior Insurance Information:
(Attach currently valued loss runs for the past five years)

Insurance Co: Policy Period: Policy #: Liability Limits: Premium: Total # Claims

Insurance Company	Policy Period	Policy Number	Liability Limits	Total Premium	Total # of Claims

b) Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which may result in a future claim? ()Yes ()No
If yes, provide details: _____

c) Please explain, in detail, any losses over \$10,000. Attach separate pages if needed.

10. Please provide exact duties and the names of your 10 largest clients:

Client Name	Description of Service

II. GUARDS

() Does not apply, do not have any guard operations. Skip to next section

1. What background do the principles of this company have in the guard industry:

2. If you have armed guards, please provide the names of all clients to whom you assign ARMED guards:

() Not applicable, do not have any Armed guards

3. Please list all security association memberships:

4. Do guards perform any other duties which would not be considered typical guard duties, such as monitoring temperatures? () Yes () No
 If yes, please describe: _____

5. Guard Supervision. Please describe supervisors' duties:

Do supervisors perform guard duties: () Yes () No

Are the supervisors hours billed to the client? () Yes () No

6. Canine Patrol. Do you have any guard dogs? () Yes () No

7. Average hourly guard BILLING rate: \$ _____

Average hourly guard PAY rate: \$ _____

Average hourly supervisor PAY rate: \$ _____

8. Total number of annual GUARD HOURS billed: \$ _____

9. Attach most recent ANNUAL financial statement

CLASSIFICATION	TOTAL # EMP	ARMED	FULL TIME	PART TIME	ANNUAL PAYROLL	ANNUAL SALES
Executive/Clerical/ Sales					\$	
Supervisors					\$	
Security Guards					\$	
Independent Contractors					\$	
Other (Describe)					\$	
TOTAL					\$	\$

10. Description of Operations: (Please provide approximate % in each category)

CATEGORY	UN-ARMED	ARMED	CATEGORY	UN-ARMED	ARMED
Airports	%	%	Factories/ Warehouses	%	%
Apartments/ Condos/ Co-Ops	%	%	Low Income Housing	%	%
Armored Cars	%	%	Movies/ Theatres	%	%
Banks/ Financial Institutions	%	%	Museums/ Galleries	%	%
Bars/Clubs	%	%	Parking Garages	%	%
Bus/ Train Terminals	%	%	Patrol Cars (describe)	%	%
Colleges/ Universities	%	%	Restaurants- Not Fast Food	%	%
Concerts	%	%	Retail-Inside Surveillance	%	%
Construction Sites	%	%	Retail-Outside Surveillance	%	%
Conventions/ Trade Shows	%	%	Security Consultation	%	%
Courier Escort	%	%	Social Services /Clinics	%	%
Executive Protection	%	%	Special Events (describe)	%	%
Fast Food Establishments	%	%	Sporting Events	%	%
Gated Communities	%	%	Strike Duty	%	%
Golf/ Tennis/ Yacht Clubs	%	%	Traffic Control	%	%
Governmental/ Municipality	%	%	Trucking Terminals	%	%
High Schools	%	%	Waterfront/ Piers/ Marinas	%	%
Hospitals /Institutions	%	%	Other (describe)	%	%
Hotels /Motels/ Inns/ Resorts	%	%	Casinos	%	%
Collection Agency Services	%	%	TOTAL		100%

III. INVESTIGATIONS

() Does not apply, do not have any investigative operations. Skip to next section

1. a) What background do the principals of this company have in the private investigation and/or lie detection business? _____

b) Will the principals conduct investigations/lie detection? () Yes () No

2. Please describe the background, experience and educational requirements for investigators: _____

3. Please describe the background, experience and educational requirements for Polygraph/Lie Detection Examiners: _____

4. Does the company utilize a standard contract with its investigation and/or lie detection clients? () Yes () No

5. Please list all investigative and polygraph association memberships: _____

6. Attach most recent ANNUAL financial statement

CLASSIFICATION	TOTAL # OF EMPLOYEES	ARMED	FULL TIME	PART TIME	ANNUAL PAYROLL	ANNUAL RECEIPTS
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL					\$	\$

7. Description of Operations: (Please provide approximate % in each category.)

CATEGORY	UNARMED	ARMED	CATEGORY	UNARMED	ARMED
Arson	%	%	Paper/Pencil Honesty Testing	%	%
Child Custody	%	%	Polygraph	%	%
Corporate/ Trademark	%	%	Pre-Employment	%	%
Credit	%	%	Process Server	%	%
Criminal/ Civil	%	%	PSE	%	%
Drug Testing	%	%	Repossessions	%	%
Electronic Surveillance	%	%	Shopping Service	%	%
Forensic Accounting	%	%	Skip Tracing	%	%
Genealogical	%	%	Undercover	%	%
Insurance	%	%	Other (describe)	%	%
Kidnap and Ransom	%	%	Other (describe)	%	%

Other coverages desired:

- | | |
|---|---|
| <input type="checkbox"/> Property | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Umbrella Liability | <input type="checkbox"/> Employment Practices Liability |
| <input type="checkbox"/> Business Auto | <input type="checkbox"/> Crime/Empl. Dishonesty Bond |

Applicant Signature _____ **Date** _____