



MUSIC Security and Patrol Supplemental Application

Name \_\_\_\_\_

Agent Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

Proposed Effective Date:

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Web Address \_\_\_\_\_

(12:01 am Standard Time at the address of the Applicant)

Applicant is:     Individual     Corporation     Partnership     Joint Venture     LLC     Other \_\_\_\_\_

States of Operation \_\_\_\_\_

Licensed?     Yes     No

Years of Experience                      years

License # \_\_\_\_\_

Years doing business under current name        \_\_\_\_\_ years

Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible        \$	BI/PD per Claim - LAE

Locations of Operations:

- 1.
- 2.
- 3.

Contact name, phone number and title:

Total number of unarmed employees:                      Estimated Payroll                      Gross Sales

Total number of armed employees:                      Estimated Payroll                      Gross Sales

Total number of employees:

Do any of the armed guards have arrest authority?

Are all armed personnel certified for use of firearms by a state agency or a firearms certification school?



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If operations are done, or intended to be done, please check box in front of operation

Guard Operations	Payroll Armed	Payroll Unarmed	Operations	Payroll Armed	Payroll Unarmed
Airport Security			Immigration Detention Centers		
Alarm Installation: Service or repair			Industrial Risks		
Alarm monitoring: Burglary/Fire Medical Emergency			Insurance Adjusters		
Alarm Response			Law Enforcement Agencies		
Armored Car Service			Motels/Hotels		
Athletic Events - Describe Type			Manufacturing		
Auto Repossession			Nuclear Power Plants		
Baggage Handling Security			Offices		
Bail Bond Operations			Parking Lot Security		
Banks			Parole Officers		
Bodyguards			Polygraph Work		
Border Patrol			Prisons		
Bouncers: Restaurants, Night Clubs, Discos, Bars, Teens Centers, Taverns			Process Servers		
Bounty Hunters			Repossession/Collection Work		
Churches			Retail Operations: Clothing, Department Stores, Liquor Stores, Shopping Centers, Supermarkets, Convenient Stores		
Concerts - Describe such as: Rock & Roll, Hard Rock, Rap, Country, Other			Schools/Schools Crossing Guards		
Construction sites			Security Consulting		



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Courier - non negotiable						
Courier - negotiable					Security Personnel	
Courier escort						
Credit Investigators					Security Guard School/Training for others	
Criminal Detention Centers					Shopping Service	
Detective and Personal Investigator Operations					Special Events - Describe Type	
Drug Surveillance					Strike Work	
Drug Testing					Traffic Control	
Fast food Restaurants					Undercover Operations	
Firearms Certification School					Utility Property Security	
Funeral Service - Must have Commercial Auto in place					Warehouses	
Hospitals					Other:	
Apartments--Public housing authorities, Section 8, HUD						
Apartments - Middle to High Income						
Condominium/ Townhouse						
Homeowners Associations						
Private residences						

Please list the 3 largest projects you have completed in the last 3 years

Description of Project	Duration	Cost

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?

Yes  No

If yes, please describe. \_\_\_\_\_



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Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim?  Yes  No

If yes, please describe. \_\_\_\_\_

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

Prior Carrier Information

Year	Carrier	Premium

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature \_\_\_\_\_

Date \_

Agents Signature \_\_\_\_\_

Date \_