ARMED GUARD SUPPLEMENTAL

Applicant Information

Named Insured: _____________________________________________

Head of Security:
Name: ____________________ Phone: ________________________
Fax: ________________________ E-Mail: ________________________

Experience as a guard or law enforcement & with a fire arm please outline:
________________________________________________________________
________________________________________________________________

Years of Experience: __________________________________________

Guard Information

Number of Armed Guards insured employees: ______
Number of Un-Armed Guards insured employees: ______

1. Are Guards required to have a State issued license:

2. Are Armed Guards required to have a Fire Arms License:

3. Do you run back ground checks on all guards before hiring:

4. How often do you re-run the background checks:

5. Do you include State, Federal, County & City in your background checks:

6. Do you run a Drivers License run as well:

7. At what point will you not hire or will terminate a guard please explain:

8. Do you have a procedure that any one carrying a fire arm must take a re-qualifying course & how often:

9. What is the minimum number of years experience a guard must have as either a guard or in law enforcement you require before they can carry a fire arm:
10. If you hire a guard who is already licensed to carry a fire arm do you require a minimum number of years without incident if yes how long:

11. Are your Guards required to have First Aid Training:

12. Do you have documented daily reporting of incidents and daily discussions on events & concerns:

13. DO you have established quarterly training on changes in procedures, laws that are documented:

14. Do you keep records of all of the above:

15. How long do you maintain all documentation:

Completed by:_______________________
Title: __________________
Date: ________________

Broker: ________________________________
Address: ______________________________
_____________________________________
Tel. No. _______________________________
Fax No. _______________________________

Note: This Supplemental Questionnaire should be completed and submitted along with Acord forms.