



**SECURITY GUARD SERVICES SUPPLEMENT**  
 Forming part of the Professional Liability Application

\_\_\_\_\_  
 Name of Applicant

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:**

Security Guards      
 Percentage

Security Consultants      
 Percentage

Private Patrol      
 Percentage

Private Investigations      
 Percentage

Armored Car Operations      
 Percentage

Other                       
 Describe                       
 Percentage

**TOTAL should equal 100%**

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the Services in the following categories:**

Airports      
 Percentage

Consulates/Embassies/Govt. Facilities      
 Percentage

Cruise Ship/Watercraft/Port Authorities      
 Percentage

Nightclubs/Bars/Liquor Establishments      
 Percentage

Concerts/Sporting Events      
 Percentage

Shopping Centres/Malls      
 Percentage

Manufacturing Plants      
 Percentage

Construction Sites      
 Percentage

Hotels/Motels      
 Percentage

Hospitals/Nursing Homes      
 Percentage

Condominiums/Residential Buildings      
 Percentage

Office Buildings      
 Percentage

Retail Stores/Restaurants      
 Percentage

Escort/Body Guard      
 Percentage

Other                       
 Describe                       
 Percentage

**TOTAL should equal 100%**



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**Do any of your employees carry firearms?**

Yes  No

If Yes, Provide the number of employees.

\_\_\_\_\_  
 Employees

**Do any of your employees use guard dogs?**

Yes  No

If Yes, Provide the number of employees and guard dogs.

\_\_\_\_\_  
 Employees      \_\_\_\_\_  
 Guard Dogs

**Does your firm provide training to third party customers/guards?**

Yes  No

If Yes, please provide full details

\_\_\_\_\_

**Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?**

Yes  No

If yes please provide:

\_\_\_\_\_  
 Client Name

\_\_\_\_\_  
 Relationship with client

\_\_\_\_\_  
 Approximate Annual revenue generated from client

**Were more than 50% of your total gross billing for any one year derived from a single client or contract?**

Yes  No

If yes please provide:

\_\_\_\_\_  
 Client Name

\_\_\_\_\_  
 Relationship with client

\_\_\_\_\_  
 How long do you expect this relationship to continue?

**Describe your firm's five(5) largest jobs or projects during the past three (3) years.**

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			



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**Do you provide professional services in which you retain an ownership interest?**

Yes  No

\_\_\_\_\_   
If Yes, please provide full details.   
\_\_\_\_\_

**Do you utilize the services of independent contractors or sub-consultants?**

Yes  No

**Approximate percentage of billing attributable to sub-contractors/consultants?**

\_\_\_\_\_  
Percentage

**Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?**

Yes  No

\_\_\_\_\_   
If yes, what limits?

\_\_\_\_\_   
Print Name and Title

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |