



ROBERT A. SCHNEIDER AGENCY, INC.

Minnesota
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Security Guard / Patrol Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

SCHEDULE OF HAZARDS (Answer all that apply – attach a separate sheet if necessary)

TYPES OF BUSINESSES PROTECTED	% OF OPS	TYPES OF SERVICES OFFERED	% OF OPS
<input type="checkbox"/> Apartments	___	<input type="checkbox"/> Alarm Installation	___
<input type="checkbox"/> Automobile Dealers	___	<input type="checkbox"/> Alarm Monitoring	___
<input type="checkbox"/> Banks	___	<input type="checkbox"/> Armored Car	___
<input type="checkbox"/> Concerts	___	<input type="checkbox"/> Body Guards	___
<input type="checkbox"/> Construction Sites	___	<input type="checkbox"/> Couriers / Escort Service	___
<input type="checkbox"/> Hospitals	___	<input type="checkbox"/> Crowd Control	___
<input type="checkbox"/> Housing Authorities / Public Housing	___	<input type="checkbox"/> Employee Background Checks	___
<input type="checkbox"/> Industrial Plants	___	<input type="checkbox"/> Investigations - Criminal	___
<input type="checkbox"/> Office Buildings	___	<input type="checkbox"/> Investigations - Divorce	___
<input type="checkbox"/> Retail Stores - during business hours	___	<input type="checkbox"/> Investigations - Missing Persons	___
<input type="checkbox"/> Retail Stores - after hours	___	<input type="checkbox"/> Patrol	___
<input type="checkbox"/> Restaurants	___	<input type="checkbox"/> Process Serving	___
<input type="checkbox"/> Schools / Colleges	___	<input type="checkbox"/> Repossessions	___
<input type="checkbox"/> Special Events	___	<input type="checkbox"/> Security Guard Training School	___
<input type="checkbox"/> Utility Properties	___	<input type="checkbox"/> Other (describe below)	___
<input type="checkbox"/> Other (describe below)	___		

PERSONNEL

Full Time Employees Payroll \$ _____ # Armed _____ # Unarmed _____
 Part Time Employees Payroll \$ _____ # Armed _____ # Unarmed _____
 Off Duty Police # _____ Employees under 21 # _____ Employees over 65 # _____

Does the application obtain Background Checks (including any prior criminal records)? Yes No

Does investigation include out-of-state background check? Yes No

Is training required with ongoing education? Yes No

Do armed employees obtain permits to carry weapons? Yes No

Gross Sales \$ _____

OPERATIONS

1. Is business licensed and/or certified according to state regulations? Yes No

2. Is the applicant owned by, associated with, engaged in or involved with any other enterprise? Yes No
 If yes, provide details. _____

3. Does the applicant use dogs as part of their operation? Yes No

If yes, who handles the training of the dogs? _____

What types of dogs are used? _____

Number of dogs that work with a guard _____

Are dogs left unattended at customer's facility? Yes No

If yes, number of dogs working unattended ____

Attach a copy of the contract.

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS (Complete Additional Insured Supplement, S318s)

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

