



# Protective Services Application

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# Protective Services Application

## GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Applicant(s) – including all subsidiaries: \_\_\_\_\_

Is the Applicant(s) new to the broker:  No  Yes If no, how long have you known the Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Business Operations: \_\_\_\_\_

Previous Insurer: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Has any Insurer cancelled, declined or refused you coverage?  No  Yes If yes, please provide details: \_\_\_\_\_

## PROTECTION SECURITY PROGRAM APPLICATION

Years in Business: \_\_\_\_\_

Are you a member of an association:  No  Yes If yes, list here: \_\_\_\_\_

Years' Prev. Experience: \_\_\_\_\_ License #: \_\_\_\_\_ Any infractions/ breaches?  No  Yes

### REVENUE APPLICATION: Please fill in actual and estimated receipts for all operations below:

NATURE OF WORK	ACTUAL REVENUES FOR EXPIRING 12 MONTHS	Est. Annual Revenue - next 12 months:
Concierge Services		
Patrol Services - Office, Condo, Apartments, Parking Lots		
Patrol Services - Retail Stores, Malls, etc.		
Patrol Services - Warehousing, Manufacturing, and other industrial settings		
By-law Enforcement/Parking Enforcement		
Crowd Control Services Excluding. Bouncer Services		
Armed Guard Services (firearms)/ Cash/ Valuable Escorts (armed)		
Private Investigators & Security Consultants		
Alarm Service/Install/Monitoring - RESIDENTIAL (burglary & fire)		
Alarm Service/Install/Monitoring - COMMERCIAL (burglary & fire)		
Alarm Service/Install/Monitoring - MEDICAL (burglary & fire)		
Alarm Service/Install/Monitoring - AGRICULTURAL/MANUFACTURING (burglary & fire)		
Alarm Service/Install/Monitoring - CRITICAL (ie temperature, water levels, etc.)		
Fire Suppression Systems Service & Install		
Fire Suppression Systems Service & Install on mobile equipment		
Sprinkler Service & Install		
Locksmiths		
Electrical Wiring and Data/Telephone Cabling Work		

**PROTECTION SECURITY PROGRAM APPLICATION** (continued from previous page)

**REVENUE APPLICATION:** Please fill in actual and estimated receipts for all operations below:

NATURE OF WORK	ACTUAL REVENUES FOR EXPIRING 12 MONTHS	Est. Annual Revenue - next 12 months:
Home Automation (garage door openers, intercom, etc.)		
Fire Extinguisher Equipment Sales and Servicing		
CCTV (closed circuit)		
Access Control, Distribution		
Other:		
<b>Total:</b>	<b>\$</b>	<b>\$</b>

Do you provide any services at any bars, night clubs or any liquor licensed venues?  No  Yes

Do you have any contract where there is a forcible eviction exposure?  No  Yes

If yes to either of the above questions, please describe, in detail, what exactly the duties of the guards are as stated under (each of) this (these) contract (or contracts):

Describe services and amount (\$) provided by sub-contractors:

Do you request Proof of Insurance from sub-contractors:  No  Yes      If yes, minimum limit required: \$

Total # of Employees:                      Full Time:                      Part Time:

Do you sell any products or services outside Canada:  No  Yes

Do you operate vehicles for business not owned or leased in the company name:  No  Yes

Do you provide design services for a fee:  No  Yes      Explain:

How long do you retain customer records?

**Please provide a list of your three largest clients in the last 5 years:**

CLIENT NAME:	TYPE OF BUSINESS OR OPERATION:	TOTAL CONTRACT VALUE:

**Please provide the following details for all liability claims in the past 5 years:**

DATE OF CLAIM:	INSURER:	AMOUNT OF DAMAGES:	CLOSED / OPEN STATUS:	DESCRIPTION OF LOSS:



**PROTECTION SECURITY PROGRAM APPLICATION** (continued from previous page)

Check below if no losses or claim:  No losses

Has any insurer declined, cancelled or non-renewed any similar insurance in the past 5 years:  No  Yes

If yes, please provide the insurer and explain:

Is the applicant new business to the Broker?  No  Yes

Total number of guards in your employ: Full Time: Part Time: Maximum: Average:

Describe in detail the minimum training requirements, or certification, hiring requirements in place:

Does your pre-hiring process include a criminal background check:  No  Yes

Do you have a formal training & procedures manual:  No  Yes

Is there a "use of force" procedure:  No  Yes

Does firm and employees carry appropriate licenses:  No  Yes

**FIREARMS:**

Do guards carry firearms:  No  Yes If yes, what percentage of total revenues:

Describe the training and company policy regarding firearms:

**List of clients or contracts where armed guards are used:**

CLIENT NAME:	TYPE OF BUSINESS:

**GUARD DOGS:**

Do you use guard dogs:  No  Yes If yes, what percentage of total revenues:

Total number of dogs: Handlers:

Are dogs owned:  No  Yes If no, are dogs rented with handlers:  No  Yes

Who is responsible for training and handling instruction:

Minimum training requirements or certification:

**List of clients or contracts where dogs are used:**

CLIENT NAME:	TYPE OF BUSINESS:

**PROTECTION SECURITY PROGRAM APPLICATION** (continued from previous page)

Do you provide security for any of the following:

Concerts or sporting events:  No  Yes

Entertainment facilities, bars or night clubs:  No  Yes

Strikes or labour unrest:  No  Yes

V.I.P. protection:  No  Yes

Critical security areas such as power plants, dams, airports or cruise ships:  No  Yes

Are guards required to patrol customer's properties:  No  Yes

If yes, do you use any of the following methods to supervise guard patrols:

Watchclock service:

Electronic guard tour monitoring:

Guard's tour supervisory service:

**PRIVATE INVESTIGATIONS & SECURITY CONSULTING:**

Do you provide security for any of the following:

Retail store or airport security investigations:  No  Yes

Bailiff:  No  Yes

Forensics:  No  Yes

Paralegal:  No  Yes

Process Serving:  No  Yes

If yes, details:

Do any of your investigators carry firearms:  No  Yes

Appropriate Permits in place:  No  Yes

Does your pre-hiring process include a criminal background check:

No  Yes

**COVERAGE REQUIREMENTS**

LIABILITY COVERAGE:	DEDUCTIBLE:	LIMIT OF INSURANCE:

**MISCELLANEOUS INFORMATION** (Please provide any additional information - where the space provided is insufficient)


### CLAIMS INFORMATION - LIABILITY

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Describe any insured and uninsured losses having occurred in the past 5 years – including incidents that have not been reported yet and may result in a claim. Please provide a description, date and amount of loss:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### DECLARATION AND SIGNATURE

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Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension, or variation of the insurance applied for.

I / we declare that after proper enquiry the statements and particulars given above are true and that I /we have not misstated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: \_\_\_\_\_ Full Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_