



**SECURITY ANIMAL TRAINING AND GUARD WORK
 SUPPLEMENTAL APPLICATION**

SEND SUBMISSIONS TO:
submissions@euclidsecurityins.com

PRODUCT			
1. <input type="checkbox"/> General Liability (w/ Errors and Omissions) <input type="checkbox"/> Supported Excess Liability <input type="checkbox"/> Unsupported Excess Liability			
PRODUCER			
2. Producer Name:			
3. Producer Contact:			
4. Street Address:			
Mailing Address (if different):			
5. Email Address:			
6. Phone:			
APPLICANT			
7. Applicant – Legal Name:			
List all DBAs:			
8. Street Address:			
Mailing Address (if different):			
Additional Locations (if applicable):		(Use worksheet if additional space is necessary)	
Please list any prior company names:			
9. Web-Site Address:			
10. Name of contact person for inspection/audit:		Name:	Telephone:
		Email:	
11. Applicant is:		<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe):	
12. Policy Effective Date Desired?		Is risk currently bare?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS INFORMATION				
13. Years in Business under this legal entity:		Years of experience in field:		
Please describe experience of principals/owners:				
	Owner Names	Ownership %	Does Owner Train or Handle Animals?	
Please list owners:	Owner 1:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Owner 2:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Owner 3:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Owner 4:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Owner 5:	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe duties of the Owner(s):				
Is Applicant involved in any other operations?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:				
Any other states of operations?				
Is the Company a division of a larger corporation or a subsidiary?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any carrier non-renewed or cancelled Applicant's business? (not applicable in MO)				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:				
Has the Applicant had any lapse in coverage?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:				
Date of lapse:				
Is Applicant aware of any incidents, complaints, or suspected matters in the past 5 years which may result in claims against you?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:				
GENERAL LIABILITY (w/ ERRORS & OMISSIONS)				
14. Coverage Limits Requested:	Occurrence:	\$	Aggregate:	\$
15. Deductible Requested (Incl. ALAE):	\$			
16. Please list the Applicant's General / Errors & Omissions Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. <input type="checkbox"/> check here if Applicant has no prior coverage.				
Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium
		\$ Occ./\$ Agg	\$	\$
		\$ Occ./\$ Agg	\$	\$
		\$ Occ./\$ Agg	\$	\$
		\$ Occ./\$ Agg	\$	\$
		\$ Occ./\$ Agg	\$	\$

17. Additional coverages requested:				
<input type="checkbox"/> Additional Insured:	<input type="checkbox"/> Specific: _____	<input type="checkbox"/> Blanket		
<input type="checkbox"/> Primary & Non-Contributory:	<input type="checkbox"/> Specific: _____	<input type="checkbox"/> Blanket		
<input type="checkbox"/> Waiver of Subrogation:	<input type="checkbox"/> Specific: _____	<input type="checkbox"/> Blanket		
EXCESS LIABILITY				
18. LIMITS REQUESTED:	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000			
19. Please list the Applicant's Excess Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. <input type="checkbox"/> check here if Applicant has no prior coverage.				
Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____
Underlying Insurance Requirements				
20. COVERAGE REQUESTED:		<input type="checkbox"/> Auto Liability <input type="checkbox"/> Employer's Liability <input type="checkbox"/> GL		
Additional underwriting information may be required		NOTE: If applicant is requesting excess to attach over Auto and Employer's Liability coverages, please provide a copy of the full underlying policy for each coverage, along with 5 years of loss runs for each coverage.		
DESCRIPTON OF ANIMAL OPERATIONS				
21. Number of Trainers <u>including</u> owners noted above:			Full Time:	Part Time:
22. Number of Active Guard Animal Handlers <u>including</u> owners:			Full Time:	Part Time:
23. Estimated Annual Payroll for <u>Non</u>-Owners:			Trainers: \$	Handlers: \$
SUBCONTRACTORS				
24. Does the Applicant use <u>Insured 3rd Party</u> Subcontractors?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Projected Insured 3 rd party Subcontractor Costs:	\$ _____	% of Total Work Subcontracted:		_____ %
Does Applicant use a written contract with indemnification language for all of your subcontractors? (if yes, please attach a copy)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant obtain Certificates of Insurance from all of your subcontractors?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you always added as an additional insured by your subcontractors?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, give a percentage for the Subcontractor Agreements where you are listed as A.I.:				_____ %
Indicate contractually required minimum liability per occurrence limit of insurance:			<input type="checkbox"/> Less than \$1,000,000	<input type="checkbox"/> \$1,000,000 or more
25. Does the Applicant use Uninsured Subcontractors (1099 Employees)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Projected Sub. Costs / Payroll of Uninsured Subcontractors (1099 EEs) – as included with employee payroll in question 14 on prior page:			\$ _____	

26. Policies and Procedures (check all applicable):

- | | |
|--|--|
| <input type="checkbox"/> Designated safety coordinator | <input type="checkbox"/> Regularly scheduled safety meetings |
| <input type="checkbox"/> Personal protective equipment provided to employees | <input type="checkbox"/> Formal accident and investigation program |
| <input type="checkbox"/> Prompt reporting of all employee injuries | <input type="checkbox"/> Transitional plan for injured workers |
| <input type="checkbox"/> Physicals required at the time of hiring | <input type="checkbox"/> Written drug and alcohol policy |
| <input type="checkbox"/> Random drug testing | <input type="checkbox"/> Company sponsored health plans offered |
| <input type="checkbox"/> Group transportation of employees | <input type="checkbox"/> Formal training program |

PERSONNEL SELECTION AND TRAINING

27. Pre-employment Screening Procedure (check all applicable):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Prior Employment Check | <input type="checkbox"/> Personal Reference | <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Criminal Background Check |
| <input type="checkbox"/> Drug Screening | <input type="checkbox"/> MVR | <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Other: _____ |

When Background Checks are received, explain what offenses you deem acceptable and not acceptable for hire:

Trade Association Membership held?

Yes No

If yes, please advise which Association(s):

Is the Applicant and all of your employees and/or subcontractors licensed as required by law in the jurisdictions in which you operate?

Yes No

If no, please explain:

Breeding and Training Operations

If no Breeding or Training Operations, check here and move to next section for Active Guard work with Animals (Q.30)

28. Animal Breeding and Training Operations only	Annual Sales / Revenue	Total No. of Kennels/Stables	Average Daily No. of Animals	Maximum Daily No. of Animals
Canine - Breeding, Raising, Boarding or Sales	\$			
Horse - Breeding, Raising, Boarding or Sales	\$			
Canine – Security/Guide Dog Training	\$			
Horse – Security Training	\$			
	Annual Sales / Revenue	Total No. of Instructors	Total No. of Students	
Canine / Horse – Security Handler Training	\$			

Note: Kennel/Stable is defined as “each individual compartment” used for housing an animal.

Are Canines or Horses used during training of Handlers?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise how many	_____ Canines _____ Horses	
Is a Student Participation Waiver used during Training of Handlers? (attach copy)		<input type="checkbox"/> Yes <input type="checkbox"/> No

29. Description of Animal Breeding and Training Operations / Services	Annual Sales / Revenue
Canine - Breeding, Raising, Boarding or Sales (from Q. 28)	\$
Horse - Breeding, Raising, Boarding or Sales (from Q. 28)	\$
Canine – Security / Guide Dog Training Breakdown:	
Drugs, Explosives or Firearms Detection	\$
Guard Dogs – Protection Training - Patrol, deterrent ONLY	\$
Guard Dogs – Protection Training including attack, apprehend	\$
Training for use in Excrement and/or Carcass Locating and Removal Services	\$
Guide Dogs for the Blind	\$
Do you offer any canine training for personal protection / family homes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Active Guard Work with Animal Operations

30. Description of Active Security Guard Work with Animals	Number of Trained Canines / Horses Owned / Leased (Daily Avg.)	Annual Sales / Revenue
Canine – Security Guard/Handler Active Work:		
Drug Detection		\$
Explosives Detection		\$
Firearms Detection		\$
Guard Dogs – Protection - Patrol, deterrent ONLY WITH Handler		\$
Guard Dogs – Protection including attack, apprehend WITH Handler		\$
Guard Dogs – Protection - Patrol, deterrent ONLY WITHOUT Handler		\$
Guard Dogs – Protection including attack, apprehend WITHOUT Handler		\$
Excrement and/or Carcass Locating and Removal Services		\$
Guide Dogs for the Blind		\$
Horse – Security Guard/Handler Active Work:		
Horses – Mounted		\$
Horses – Guided but not Mounted		\$
Please describe breed(s) of animals used in active guard work:		
Please describe minimum training requirements of animals, prior to active guard work:		
Please describe minimum training requirements of Handlers, prior to active guard work with animals:		

SECURITY GUARD ANIMAL OPERATIONS BREAKDOWN**31. Operations**

Please provide a description of each type of operation where animals are used for active guard work

(examples: HOA patrol with canine used as visual deterrent only, Retail store fixed post with canine trained to apprehend shoplifters, drug detection with canine at airport or schools, mounted horse patrol at water park etc. etc.) and a description of the scope of work (examples: theft deterrent only vs. pursue and apprehend, bomb or drug detection, etc.)

Other Details to include: (a) whether canines are always on leash / with handler or not. (b) if used in locations where there are typically children present (i.e. drug detection in schools) – are operations conducted while in the presence of children, or only after hours etc.

Please describe operations below, and use additional paper if needed:

FRAUD NOTICE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

* **PRODUCER INFORMATION:**

Producer Name (Printed)

Producer Signature*

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.