

**A.I. Risk Specialists Insurance Inc.
A Member of American International Group Inc.**

Supplemental Application for Commercial Automobile Liability

Account Name:

FEIN:	US DOT#
Contact:	Title:
Telephone:	Fax:
Date established:	Tax ID#:
Web-site address:	

Operations:

- | | |
|---|--|
| <input type="checkbox"/> Armored Car/Courier (complete Section I, II & V) | <input type="checkbox"/> Burglar/Fire Alarm (complete Section III & V) |
| <input type="checkbox"/> Security Guard (complete Section II & V) | <input type="checkbox"/> Private Investigation (complete Section IV & V) |
| <input type="checkbox"/> Executive Protection (complete Section II & V) | <input type="checkbox"/> Temp Help |
| <input type="checkbox"/> Other | |

Section I-Armored Car

Do you sub-contract work to other armored car companies yes no

Do you act as a sub-contractor on behalf of other armored car companies? yes no

If yes, please provide a list of those sub-contracted relationships on a separate sheet.

Are all personnel operating armored vehicles, issued with or required to wear/carry at all times when on duty:

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Uniform | <input type="checkbox"/> Weapons |
|----------------------------------|----------------------------------|

Please describe any other protective equipment:

Are your premises normally manned 24 hours per day? yes no

If no, what are normal business hours of operation?

What is the minimum number of personnel on duty during normal business hours?

Will your vehicles be kept in a secure, locked and enclosed premises when not in use? yes no

If not, where will they be kept?

Do you practice key control on all your vehicles? yes no

Do you ever carry currency or other valuables in unarmored vehicles? yes no

If yes, please explain

What ATM services do you provide to your customers?

- | | |
|---------------------|----------------|
| Machine Malfunction | Deposit pickup |
| Cash replenishment | Other |
| Cash consolidation | |

What is the radius of your operations?

Do you maintain any contractual agreements that require you to transport currency in excess of 200 miles for the Federal Reserve Bank? yes no

Do you have in-house vehicle maintenance?

On average, how many route pick-ups or drop-offs is each of your crews expected to make each day?

Do you have at least one back up truck? yes no

A.I. Risk Specialists Insurance Inc.
A Member of American International Group Inc.

Section II-Guards

What background do the principals of the company have in the guard industry:

If you have armed guards, provide the names of all clients to whom you assign armed guards:

Please list all security association memberships:

Do guards perform any other duties not typical to guard duties: yes no

Employee Training (please provide the number of hours of training for each category):

On the Job Training	Classroom Training	Firing Range	Other	Total training Hours

Employee Screening (check all that apply):

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Fingerprints | <input type="checkbox"/> Prior Employer | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Drug Testing | <input type="checkbox"/> Credit Check | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Personal Interview | <input type="checkbox"/> Criminal Record | |
| <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Driving Record | |

Supervision:

Please describe the supervisor's duties:

Do you have guard dogs: yes no

Total # of dogs: With handlers: Without handlers:

Average hourly guard pay rate:

Average hourly supervisor pay rate:

Do you maintain photographs and/or finger print records of all employees on file at your premises?

yes no

Do you maintain duplicates elsewhere?

yes no

Do you immediately collect uniforms, ID cards, name tags and other company identification from employees when they leave your company?

yes no

Do you have employees on call 24 hours each day?

yes no

How many days a week does your company operate?

Are your employees covered under an Employee Fidelity policy?

yes no

Classification	# of employees	Armed	Full time	Part time	Annual Pay time	
Executive/clerical/sales						
Supervisors						
Security Guards						
Drivers						
Independent Contractors						
Other						
Total						

Description of Operations (provide approximate percentage in each category)

- | | | |
|------------------------|-------------------------|-------------------------|
| Airports | Patrol cars | Executive Protection |
| Industrial | Colleges | Strike Duty |
| Apartments/condos | Restaurants | Gated Communities |
| Low Income Housing | Concerts | Trucking Terminals |
| Armored cars | Retail | Golf/Tennis/Yacht Clubs |
| Movies/theaters | Construction Sites | Waterfront/Piers |
| Banks/office buildings | Security Consultation | Government Contracts |
| Museums | Conventions | High School |
| Bars/Clubs | Social Services/Clinics | Hospitals |
| Parking Garages | Courier Escort | Hotels/Motels |
| Bus/train terminals | Sporting Events | Other: |

A.I. Risk Specialists Insurance Inc.
A Member of American International Group Inc.

III. Alarms

What background do the principals of the company have in the alarm business?

Classification	# of employees	Armed	Full time	Part time	Annual Pay time	
Executive/clerical/sales						
Installation/service						
Guard Response						
Monitoring						
Other						
Total						

Description of alarm operations (provide approximate percentage in each category)

Fire Only	Burglary Only	Combination Fire & Burglary	Gas Detection	Medical Alert	Temp. Control	Other

Installations are: Central Station ____% Local ____%

Clients are: Commercial ____% Residential ____%

Does the company sell anything under its own label? yes no

If yes, please explain:

Is the company engaged in any manufacturing? yes no

If yes, please explain:

Does the company monitor its own systems? yes no

If yes: Is the monitor a telephone answering service? yes no

Does the company own and operate this answering service? yes no

Does the company subcontract work to others? yes no

If yes, what type of work?

Are certificates of insurance obtained from subcontractors? yes no

Does the company have a training program? yes no

If yes, please describe:

Are employees licensed or certified? yes no

Please explain alarm response procedures: yes no

Please list all alarm association memberships:

IV. Investigations

What background do the principals of this company have in the private investigation and/or lie detection business?

Will the principals conduct investigations or lie detection?

Describe the background, experience and educational requirements for investigators:

Does the company utilize a standard contract with its investigation and/or lie detection clients?

Please list all investigative and polygraph association memberships:

CLASSIFICATION	Armed	Full Time	Part Time	Annual Pay	Total Hours
Executive/ Clerical					
Supervisors					
Investigators					
Lie Detection Examiners					
Independent Contractors					
Other					

Description of operations: Please provide approximate percentage in each category:

Arson
 Child custody
 Corporate
 Credit

Criminal
 Drug Testing
 Electronic Surveillance
 Insurance

Kidnap and Ransom
 Matrimonial/Domestic
 Polygraph
 Pre-employment

Process server
 Repossessions
 Undercover
 Other

**A.I. Risk Specialists Insurance Inc.
A Member of American International Group Inc.**

Section V:

Describe how the following types of vehicles are used in your business?

<u>vehicle</u>	<u>Est. Annual Mileage per</u>
Private Passenger _____	_____
Passenger vans _____	_____
Light Trucks/Cargo Vans _____	_____
Medium Trucks _____	_____
Heavy/X-Heavy Trucks _____	_____
Tractors/Trailers _____	_____

Are any of the trucks used for snow plowing roads or parking lots? Yes No
 If yes, provide details: _____

Approximately what percentage of time do your commercial vehicles travel

Within 50 miles: _____ %
 Between 50-200 miles: _____ %
 Over 20 miles: _____ %

How many power units (exclude trailers) were in your fleet in the past?

of autos one year ago _____
 # of autos two years ago _____
 # of autos three year ago _____
 # of autos four years ago _____

Identify which of the following driver hiring criteria you have in place?

- MVRs checked prior to hire? yes no
- At least annually thereafter? yes no
- Physical exams at time of hire? yes no
- Drug/Alcohol testing at time of hire? yes no
- Reference check? yes no
- Require CDL when applicable? N/A yes no
- Road test given prior to hire? yes no
- Orientation in vehicle with experienced driver?
 If yes, for what period of time? _____

Drivers <25	Driver >50	Total # of drivers	# of drivers employed >3 years	Total # of Employees

How long have all of these procedures been in place?

Describe your standards for an acceptable MVR below or attach copy of criteria:

Is the MVR criteria in writing and always followed? If exceptions are ever made, please describe: yes no

What other actions taken in regard to driver hiring, selection or training?

Is there a formal accident review program in place? If yes, please describe Date program was instituted? yes no

Is there a progressive discipline policy for drivers involved in serious or multiple accidents/violations, etc? If yes, please describe: yes no

Date program was instituted?

Do you provide safety incentive awards? yes no

A.I. Risk Specialists Insurance Inc.
A Member of American International Group Inc.

Do you have a company policy regarding non-business use (personal use) of your company autos by employees or executives?
 If yes, please describe yes no
 Date program was instituted
 Is this policy in writing? yes no If yes, please forward a copy
 Are employees required to sign off on program? yes no

As part of your personal use policy, do you allow employees or executives to use company-insured vehicles for non-business (personal) use? **If no, skip to question 10.** yes no

Is personal use restricted to certain employee types (e.g., management only)? If yes, describe yes no

Do you allow the authorized users' spouse to use the company vehicle? yes no
 Do you allow the authorized users' children to use the company vehicles? yes no
 Are there any family members under age 21 given permissive use? yes no

On a separate page, please provide the name, date of birth and driver license number of any spouse or children of employees who are permitted to drive a company vehicle.

Do any of your employees use their own vehicles in the course of employment, twice a week or more? yes no
If no, skip to question 11. If yes:

How many employees do this on a regular basis?
 Do you check their MVRs and use the MVR criteria mentioned above? yes no

Do you require certificates of insurance to make sure employees are carrying personal auto coverage including bodily injury liability coverage? yes no
 If yes, how often do you request certificates? yes no
 Do you require the employee to carry a minimum limit of liability? yes no
 If yes, what minimum limit is required?
 Do you make sure any 'business use' exclusion on their policy is deleted? yes no

Do you rent or lease vehicles for your use on a short term basis (daily/weekly/monthly)? yes no
 If yes, please describe this exposure and the length of the rentals/leases:
 # of times per year?
 What types of vehicles do you rent or lease?

Do you ever rent or lease vehicles with drivers? yes no
 If yes, how often and what are the vehicles used for?
 Estimated annual cost of hire?

Do you lease drivers from others? yes no
 If yes, how many driver your company owned (or long term leased) vehicles? yes no
 Does your MVR criteria apply to these drivers? yes no
 Other controls you exercise over these drivers?

Do you use owner operators to haul on your behalf? yes no

Are your vehicles on a preventive maintenance program? yes no
 Are pre/post trip inspections conducted on the heavy units? yes no
 Are any vehicles equipped with GPS or similar systems? yes no
 Are any vehicles equipped with speed governors? yes no
 If yes, what is the maximum speed?

Do you have any restrictions on the use of cell phones while operating company vehicles (hands free device only, must pull off side of road, etc.)? If yes, please describe yes no

Provide CURRENTLY valued loss runs for five years.
 Do you have any knowledge concerning any incidents that have occurred prior to the date of this application and which may result in a future claim? Please provide details:
 Please provide details for any losses over \$10,000:

Insured signature _____ Date: _____