

Member Companies of Western World Insurance Group

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application
For
**Security Guards And
Detective Agencies**

1. Name of Applicant _____
 Street Address _____
 City _____ State _____ Zip _____
 Applicant's Web Site Address _____

2. Individual Corporation Partnership Other (Explain) _____

3. Address of location to be insured (If same as above, write "Same")
 Street Address _____
 City _____ State _____ Zip _____

4. Date Established: _____

5. Please provide prior insurance information. If none, check here.

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

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

7. Provide details of licensing or certification needed for this operation: _____

8. Personnel:

<input type="checkbox"/>	Full Time	No. Armed	No. Unarmed	No. Off Duty Police	_____
<input type="checkbox"/>	Part Time	_____	_____	No. Employees under 21	_____
				No. Employees over 65	_____

9. During the past 3 years, have any claims been presented to your current or prior insurance carrier? Give full details, include description of claim, amount paid and reserves. (Add page if needed) Yes No

10. Is applicant, or any other persons for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, provide full details. (Add page if needed) Yes No

11. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past (3) three years? If yes, provide full details. (Add page if needed) Yes No

