



Mid America Specialty Markets  
 2800 Forum Blvd Suite 4B  
 Columbia, MO 65203  
 573-447-4990  
 agency@mail@midaminsurance.com

## Detective/Security Agency Questionnaire (Attach to an Acord Application)

Policy Number: \_\_\_\_\_

Applicant's name _____				
Address _____				
	Street	City	State	Zip
Applicant's website address _____		Contact's email address _____		

1) Please indicate what percentage of your operation consists of the following services.

- |                                       |       |            |
|---------------------------------------|-------|------------|
| Arson Investigations                  | _____ | %          |
| Body Guard/Executive Protection       | _____ | % Referral |
| Collection Agency Services            | _____ | %          |
| Detective/Security Instruction        | _____ | %          |
| Drug Screens                          | _____ | %          |
| Electronic Sweeps                     | _____ | %          |
| "Expert Witness" Testimony            | _____ | %          |
| Labor Dispute Intermediaries          | _____ | %          |
| Polygraph Testing                     | _____ | %          |
| Residential/Habitational Surveillance | _____ | % Referral |
| Schools                               | _____ | % Referral |
| Security Consulting Work              | _____ | %          |
| Shoplifting Surveillance              | _____ | % Referral |
| Special Event Security                | _____ | %          |
| Skip Tracing                          | _____ | %          |
| Undercover Surveillance               | _____ | %          |
| Workforce Infiltration                | _____ | %          |
| Other (Describe) _____                | _____ | %          |
| <b>TOTAL %</b>                        | _____ | <b>%</b>   |

2) Do you perform any of the following services? Airport services, bodyguard including executive protection, bounty hunting, casino security, work for governmental agencies, fast food, restaurant, tavern, or nightclub security, work for banks, repossession work, or traffic control?

Yes  No

If yes, please explain. \_\_\_\_\_

3) Do you currently carry liability insurance?

Yes  No

If yes, please list the following:

- a. Carrier: \_\_\_\_\_ Premium: \$ \_\_\_\_\_
- b. Limits: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_



- 4) Is your agency licensed?  Yes  No
- 5) Is your agency licensed by the state?  Yes  No  
 If yes, which state(s)? \_\_\_\_\_
- 6) Do you belong to any associations?  Yes  No  
 If yes, please list \_\_\_\_\_
- 7) Have you or any employee ever had a license revoked, suspended, or non-renewed?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
- 8) Please indicate number of employees\*: full time \_\_\_\_\_ part time \_\_\_\_\_  
 \*Employees include: Sole Proprietors, Partners, Executive officers, Seasonal employees, Part-time employees, Full-time employees.
- 9) Annual payroll excluding owners? : \_\_\_\_\_
- 10) Do you ever hire sub-contractors/independent contractors?  Yes  No  
 If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_ Total Cost:\$ \_\_\_\_\_
- 11) Do you or any of your full or part-time employees carry firearms?  Yes  No  
 If yes, how many? \_\_\_\_\_ What caliber of firearm do they use?  
 \_\_\_\_\_  
 \_\_\_\_\_
- 12) What pre-employment screening measures do you use?  
 \_\_\_\_\_
- 13) Does the business to be insured title any automobiles or other operating vehicles in the business name?  Yes  No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_
- 14) Do any of the employees drive personally owned vehicles while in the course of their work?  Yes  No  
 If yes, how many? \_\_\_\_\_  
 Are they required to carry personal auto insurance?  Yes  No  
 Limits? \_\_\_\_\_

IF YOU ARE A SECURITY AGENCY, please complete the following questions:

- 15) Do you use dogs?  Yes  No
- 16) Do employees carry non-lethal weapons such as mace, pepper spray, nightsticks or tazers?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_



17) Do you provide security for any special events with more than 10,000 people per day?  Yes  No

If yes, please describe: \_\_\_\_\_

18) Do you provide security at any building exceeding 20 stories?  Yes  No

If yes, please describe: \_\_\_\_\_

19) Do you provide any services outside the United States?  Yes  No

If yes, please describe: \_\_\_\_\_

20) Do you use Drones or Unmanned Aircraft?  Yes  No

If yes, please describe type and training: \_\_\_\_\_

21) Do you provide any services for "Big Box" retail stores?  Yes  No

If yes, please describe and submit contract copies: \_\_\_\_\_

IF YOU ARE A SECURITY AGENCY IN **MISSOURI**, please complete the following questions:

22) Does the insured work in Kansas City or St. Louis?  Yes  No

If yes, please answer the following:

a. Is the insured licensed in compliance with Title 17 of the Code of State Regulations?

If yes, please provide a copy of their license.  Yes  No

i. Do they hold a Class A or B license (applicable in Kansas City)?  Yes  No

ii. Are they classified as Corporate Security Advisors, Private Security Officers, Couriers or Private Watchmen (applicable in St. Louis)?  Yes  No

If yes, please specify exactly which classification(s) apply.

\_\_\_\_\_

b. Are any entities such as a board of police commissioners requiring additional insured status?

Yes  No

Provide the full name(s) and address(es) of the additional insureds.

\_\_\_\_\_

c. What type of training is provided for the insured and employees?

\_\_\_\_\_

i. Is it conducted by the insured?  Yes  No

ii. Is it done by an outside firm?  Yes  No

If yes, what is the name of the firm?

\_\_\_\_\_

23) What percentage of the insured's work force is comprised of off-duty or retired police officers? \_\_\_\_\_

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.			
_____ Applicant's Signature	_____ Date		
_____ Agent's Signature	_____ Agency Name	_____ Date	