

## Security Guard Supplemental Risk Questionnaire

1. Legal name:
2. How many years in the security business?
3. Describe the types of security services provided, including the establishments where services are provided:

4. Describe the training that the security guards must go through (i.e. incident reporting procedures, physical confrontation policies, carrying and maintaining weapons):

5. Are background investigations and checks conducted on all employees? Yes      No

*If yes, please check all that apply:*

- |                                |                   |                     |
|--------------------------------|-------------------|---------------------|
| Criminal Background Checks     | Previous Employer | Fingerprinting      |
| Motor Vehicle Report           | Drug Screening    | Personal References |
| Background Cleared Before Hire | Other             |                     |

6. Payroll and premium information for the current year and last three (3) years:

Year	Payroll	Premium
Current:		
1 <sup>st</sup> Prior:		
2 <sup>nd</sup> Prior:		
3 <sup>rd</sup> Prior:		

7. Number of guards:
8. Number of locations:
9. What is the typical background of the employees (i.e. military, police)?

**Security Guard Supplemental Risk Questionnaire (cont.)**

10. Are armed personnel used in any current jobs?                      Yes                      No

*If yes, how many armed guards?*

*What certifications and/or training are required?*

*List all clients to whom you assign armed personnel:*

*(Attach separate paper, if necessary)*

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)

11. Do you anticipate using armed personnel in any future jobs?                      Yes                      No

*If yes, please provide details:*

12. Are any weapons, besides guns, used (i.e. stun guns, tear gas)?                      Yes                      No

*If yes, please provide details:*

13. Are any pieces of mobile equipment used (i.e. security carts, bicycles, golf carts)?                      Yes                      No

*If yes, what type of mobile equipment is being used?*

*What controls are in place to make sure MVR is clean and up-to-date?*

14. Are there guards at fast food restaurants, convenience stores, or mini marts that are open between the hours of 11:00 p.m. and 6:00 a.m.?                      Yes                      No

*If yes, please provide details:*

**Security Guard Supplemental Risk Questionnaire (cont.)**

15. Please provide a list of your five (5) largest clients, including a description of the services provided to each:

1)

2)

3)

4)

5)

To the best of my knowledge, all of the information I have given about my business is true and correct.

**Officer or Owner of Business**

**Date**

