

Security Services Supplemental

NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY OF THE SOUTH

Name of Applicant _____ ZIP Code (of premises) _____ State _____
 Website _____ Previous Policy (for renewals) _____

1. Fill out the following table regarding workers performing security services.

		Number of Active Owners*	Payroll for Non-Owner Employees**	Expected Subcontractor Costs
Security Patrol	Armed		\$	\$
	Unarmed		\$	\$
Bouncer or Crowd Control	Armed		\$	\$
	Unarmed		\$	\$
Bodyguard or Personal Security	Armed		\$	\$
	Unarmed		\$	\$
Detective or Private Investigator			\$	\$
Total			\$	\$

2. What are the expected annual sales/receipts? \$ _____
3. For how many clients are security patrol services provided? _____
4. Is the majority of security work related to personal security or bodyguard services for celebrities? Yes No
5. Are any security services provided for HUD, Section 8, or public housing authorities? Yes No
 If yes, what percentage of total security work is related to HUD, Section 8, or public housing authorities? _____%
6. Are any dogs used in a security capacity? Yes No
 If yes, how many? _____
7. Are any dogs used without a handler? Yes No
8. Are any off-duty police officers employed? Yes No
 If yes, how many? _____
9. Is any work done other than security services? Yes No
 If yes, describe other operations. _____

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

 Applicant's Signature Date

*Include only owners and executives performing or supervising security services

** Exclude owners and executives; include supervisory employees