

Government Service Contractor Application

General Information (Complete All Lines)

1. First Named Insured: _____

Additional DBA Names: _____

2. Physical Address: _____

Street Name

City/County/State/Zip

3. Mailing Address: _____

Street Name

City/County/State/Zip

4. Insured Email Address: _____

5. Inspection Contact: _____ Phone: _____

Audit Contact: _____ Phone: _____

Claims Contact: _____ Phone: _____

6. Telephone: _____ Fax: _____

7. Website: _____ FEIN: _____

8. Date established: _____ License No. _____

Sole Proprietor Partnership Corporation Other: _____

9. Policy proposed effective date: _____ to _____

10. Current coverage expires/expired on: _____

11. Provide the names of your five (5) largest revenue producing clients, and type of facility:

12. Do you subcontract work? Yes No

If yes, do you require certificates and/or proof of Errors & Omissions and Commercial General Liability Insurance? Yes No

13. Training Program consists of: Written Manual On Job CPR Report Writing

Powers of Arrest Films Firearms Classroom

Other: _____

14. Pre-employment screening procedures consist of:

- Polygraph Prior Employer Contacted Criminal Background Drug Screening
- Fingerprint Check Driving Record Psychological Test Personal References
- Other: _____

15. Do you anticipate using dogs? **Must be leashed not to exceed 6ft.* Yes No

If yes, number of dogs used with handlers: _____ Without handlers: _____

- What purpose will the dogs be used? Bombs Drugs Airports
- Other: _____

16. Please complete below if requesting Auto, Umbrella, or Workers' Compensation coverage.

- a. Are applicants' MVRs reviewed upon hire and annually thereafter? Yes No
- b. Are standards for acceptable drivers in place? Yes No
- c. Is an action plan in place if acceptability standards are not met? Yes No
- d. Are all drivers between 21 and 70 years old? Yes No
- e. If over 70, are medical certificates stating that, he/she has no medical issues that would preclude him/her from driving, available? Yes No
- f. Does the insured have an acceptable Fleet Safety Program in place? Yes No
- g. Is a Vehicle Maintenance Program in place? Yes No
- h. Is personal usage of vehicles allowed? Yes No
- i. Does the insured have a written personal use policy in place? Yes No
- j. Is the original cost new of all vehicles less than \$75,000? Yes No

If you answered "No" to any of the above, please explain: _____

ADDITIONAL COVERAGES

CHECK ALL THAT APPLY

- Additional Insureds Individual Blanket
- Waiver of Subrogation Individual Blanket
- Primary Wording Individual Blanket
- Per Project Aggregate Employee Benefits Liability Stop Gap Hired/Non-Owned Auto

CURRENT GENERAL LIABILITY INFORMATION

1. Please provide names of carriers, premiums paid, limits, sales, deductibles, and loss runs for the past 5 years.

| | Year | Year | Year | Year | Year |
|------------|------|------|------|------|------|
| Carrier | | | | | |
| Premium | | | | | |
| Payroll | | | | | |
| Hours | | | | | |
| Deductible | | | | | |
| Losses | | | | | |

2. Has any company canceled or declined to renew in the past 5 years? Yes No

If yes, please explain: _____

3. Has the insured ever had a lapse in coverage? Yes No

If yes, please explain: _____

CLAIM INFORMATION

1. Please be sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application)
2. Do you require staff to report all unusual incidents and are all incident reports reviewed by Management? Yes No
3. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which may give rise to a future claim? Yes No

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THE BEST KNOWLEDGE ALL NFORMATION GIVEN IS TRUE AND ACCURATE.

 Insured Name (type or print) Insured Signature Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.

 Producer Name (Type or Print) Producer Signature Date License #

UMBRELLA QUESTIONNAIRE

Please complete only if requesting umbrella coverage.

****ACORD Application & 5 Years of Auto Loss Runs required for Umbrella coverage.**

1. With the exception of lienholders, are any vehicles not solely owned by and registered to the applicant? Yes No
2. Do over 50% of the employees use their autos in the business? Yes No
3. Are any vehicles leased to others? Yes No
4. Are any vehicles customized, altered or have special equipment? Yes No
5. Do operations involve transporting hazardous material? Yes No
6. Are any vehicles used by family members or non-employees? Yes No
7. Does the applicant have a specific driver recruiting method? Yes No

If you answered "Yes" to any of the above questions, please explain: _____

WORKERS' COMPENSATION

Information Required with Submission (Please attach):

- ACORD Workers' Compensation Application
- 5 Years Currently Valued Loss Run Statements
- Experience Modification Worksheet
- Risk Identification Number for the NCCI or Appropriate State Rating Bureau or State Fund

1. Is the current coverage now in Assigned Risk, State Fund or Voluntary Market? Yes No
2. Has any insurance carrier canceled or refused to renew within the past 3 years? Yes No

If yes, please explain: _____

3. Employee Benefits Program: Group Medical 401k Other: _____

4. Who is responsible for safety? _____

WC WAIVER OF SUBROGATION

Blanket Individual

Please provide the names, addresses and class codes/payroll of all contracts requiring an individual waiver of subrogation.

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