



## Security Guard Supplemental

If a question in this application is not applicable to your business, please mark it N/A.

### General Information

1. Company Name: \_\_\_\_\_
2. FEIN: \_\_\_\_\_
3. Website Address: \_\_\_\_\_
4. Years in Business: \_\_\_\_\_
5. Years in Trade: \_\_\_\_\_
6. Do you own another business? If yes, advise name and details:  
\_\_\_\_\_
7. Do you operate in other states? If yes, advise which states:  
\_\_\_\_\_
8. Do you operate in other states? If yes, advise which states:  
\_\_\_\_\_
9. Is any work subcontracted? \_\_\_\_\_
  - A. What percentage of work is performed by subcontractors? \_\_\_\_\_
  - B. If yes, are Certificates of Insurance required from all subcontractors? \_\_\_\_\_
  - C. Do you have a standard contract? \_\_\_\_\_
10. List your 3 largest clients and a description of your duties:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

## Employment

11. Total number of employees: Full time \_\_\_\_\_ Part Time \_\_\_\_\_  
12. Average tenure of employment: \_\_\_\_\_  
13. Maximum number of guards for any one site at any one time? \_\_\_\_\_  
14. Average number of employees at each work site? \_\_\_\_\_  
15. Does your company have the following:

	Yes	No
Criminal background check		
Fingerprint check		
Drug screening - pre-employment		
Accident review/investigation		
Light duty program		
Firearm license check		
Written alcohol and drug policy		
Designated safety officer		
Drug screening – random		
Employee credit checks		
Pre-employment physical		

16. Do you conduct documented safety meetings? Yes No  
17. Do you have a Written Safety Program? Yes No

## Firearms

18. Are all armed employees licensed to carry firearms? Yes No  
19. Are copies of firearm licenses kept on file by the company? Yes No  
20. Procedure in place to ensure firearm licenses are current and renewed when required? Yes No  
21. Will employees be required to qualify with their weapons? Yes No  
How often? \_\_\_\_\_  
22. Describe what type of weapons training is required for employees:  
\_\_\_\_\_  
\_\_\_\_\_

23. Who will be providing weapons training? \_\_\_\_\_  
24. How many times per year? \_\_\_\_\_

25. What % of your operation is:

<u>Category</u>	<u>Unarmed</u>	<u>Armed</u>	<u>Category</u>	<u>Unarmed</u>	<u>Armed</u>
Airports			Government contracts		
Apartment/Condos			Government offices		
Armored cars			High schools		
Auto dealership			Hospitals		
Banks/Office bldgs			Hotel/motels		
Bars/nightclubs			Manufacturing		
Bodyguard			Movies/theaters		
Bus/train terminal			Museums		
Colleges/University			Rehab institutions		
Concerts			Restaurants		
Construction sites			Shopping malls		
Convention/trade show			Special events (describe)		
Courier/escort			Sporting events		
Gated communities			Waterfront/piers/marinas		
Government housing			Other (describe)		