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ARMED GUARD SUPPLEMENTAL

Applicant Information

Named Insured: _____

Head of Security:

Name: _____ Phone: _____

Fax: _____ E-Mail: _____

Experience as a guard or law enforcement & with a fire arm please outline:

Years of Experience: _____

Guard Information

Number of Armed Guards insured employees: _____

Number of Un-Armed Guards insured employees: _____

1. Are Guards required to have a State issued license:
2. Are Armed Guards required to have a Fire Arms License:
3. Do you run back ground checks on all guards before hiring:
4. How often do you re-run the background checks:
5. Do you include State, Federal, County & City in your background checks:
6. Do you run a Drivers License run as well:
7. At what point will you not hire or will terminate a guard please explain:
8. Do you have a procedure that any one carrying a fire arm must take a re-qualifying course & how often:
9. What is the minimum number of years experience a guard must have as either a guard or in law enforcement you require before they can carry a fire arm:

10. If you hire a guard who is already licensed to carry a fire arm do you require a minimum number of years without incident if yes how long:
11. Are your Guards required to have First Aid Training:
12. Do you have documented daily reporting of incidents and daily discussions on events & concerns:
13. DO you have established quarterly training on changes in procedures, laws that are documented:
14. Do you keep records of all of the above:
15. How long do you maintain all documentation:

Completed by: _____

Title: _____

Date: _____

Broker: _____

Address: _____

Tel. No. _____

Fax No. _____

Note: This Supplemental Questionnaire should be completed and submitted along with Acord forms.