



BerksHire Hathaway Homestates Companies

Specialty Auto Department

SECURITY GUARD, ARMORED CAR, PATROL SUPPLEMENTAL APPLICATION

Applicant Name: _____

Address: _____

Phone Number: _____

A. Ownership/Management Information:

1. Complete Description and Breakdown of Operations:

<input type="checkbox"/> Security Guard
<input type="checkbox"/> Armored Cars
<input type="checkbox"/> Patrol
<input type="checkbox"/> Detective/Investigation

2. Percentage breakdown of guard, armored car, patrol, investigations by category:

(Please complete all categories that apply)

<input type="checkbox"/> Hospital	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Shoplifting Surveillance
<input type="checkbox"/> School	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Employee Surveillance
<input type="checkbox"/> Churches	<input type="checkbox"/> Strike Work	<input type="checkbox"/> Process Serving
<input type="checkbox"/> Government	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Consulting
<input type="checkbox"/> Banks	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Repossession
<input type="checkbox"/> Airport	<input type="checkbox"/> Bars	<input type="checkbox"/> Collection Work
<input type="checkbox"/> Body Guard	<input type="checkbox"/> Restaurant/Lounge	<input type="checkbox"/> Record Checks
<input type="checkbox"/> Hotels/Motel	<input type="checkbox"/> Retail Stores	<input type="checkbox"/> Credit/Pre. Employ. Checks
<input type="checkbox"/> Construction Sites	<input type="checkbox"/> Malls	<input type="checkbox"/> Child/Missing Pers. Search
<input type="checkbox"/> Residence Patrol	<input type="checkbox"/> Car Dealership	<input type="checkbox"/> Insurance Investigation
<input type="checkbox"/> Apartments	<input type="checkbox"/> Concerts	<input type="checkbox"/> Arson Investigation
<input type="checkbox"/> Condominiums	<input type="checkbox"/> Athletic Events	<input type="checkbox"/> Alarm Response
<input type="checkbox"/> Low Income Housing	<input type="checkbox"/> Armored Car	<input type="checkbox"/> Grocery Store
<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Courier/Money Escort	<input type="checkbox"/> Other (Describe below)

Other Description:

3. Describe fully all retail (stores, supermarkets, etc.) operations and involvement, use & type of vehicles used:

4. Number of Guards: _____ Full time: _____ Part time: _____

5. Number armed _____ Guns? _____ Stun? _____

6. What is the minimum number of crew assigned to each armored vehicle including Driver?

7. Are any dogs used in your service? _____ How many? _____



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- 8. Please attach hard copy loss runs (3 years minimum, preferred 5 years).
- 9. Is applicant involved in any other Operation? If yes, please describe.

10. Policy Information:

Carrier	Year	Premium	Comments

11. Hours of typical Operation?

B. Employee/Operation Information:

12. # Officers _____ # Guards _____ # Patrol _____ # Mechanics _____
 # Sales _____ # Drivers _____ # Clerical _____ # Supervisors _____

13. Is it mandatory for all new employees to submit to the following tests:
 (Please explain any no answers)

- a. Medical? Y N
- b. Polygraph? Y N
- c. Psychological? Y N
- d. Drug? Y N

14. In screening for new employees, do you conduct and document the following checks?

- a. References? Y N
- b. Credit? Y N
- c. Criminal? Y N
- d. Neighborhood? Y N
- e. Driver Record? Y N

15. Are photos and/or fingerprint records maintained of all employees?

16. Is Drug Testing conducted periodically? _____

17. Are ID cards, name tags, uniforms & other company identification immediately collected from Employees when they leave your service?

18. Is proof of citizenship/legal residence required with copy maintained in personnel file?



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19. Are employees required to be licensed by State or County?
If Yes, is a current copy maintained in file?
20. Is there a Written procedures manual kept?
21. What is the minimum period of training required for new employees before using them in your operation?
22. Are new employees required to take Defensive Driving in conjunction with the duty training?
23. Armored Cars - Are vehicles equipped with one of the following:
 - a. Kill Switch?
 - b. GPS?
 - c. Other Tracking Device (explain/describe)
24. Are all Security/Patrol Guard vehicles and/or personnel equipped with a communication device in order to contact dispatcher or 911? If Yes, please describe.
25. In the last 5 years has any employee been involved in a high-speed chase?
26. In case of an attack on a terminal, do you have a duress code or alarm which would instruct all vehicles (armored cars) to disregard further orders from that terminal and proceed directly to the nearest police station (or similar emergency procedures)?
27. Annual average mileage?
28. Where are vehicles stored when not in use?
29. Are vehicle keys signed in and out at each shift change?
30. Does management conduct street inspections on the performance of its' crew and retain such records?
31. Please provide a copy of your customer service contract.
32. Do you maintain Automatic Teller Machines? If so please provide the following information:
 - a. What services do you provide?
 - b. Does each driver maintain the same territory/route?
 - c. How often serviced?
 - d. Do you use Armored Vehicles for cash replenishment?
 - e. If not please describe vehicle(s) used & security provided?.
 - f. Do you use a minimum of a 2-man crew?
 - g. Are ATM Vehicles ever left unattended?



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33. Alarm monitoring? If alarm at business/residence goes off, does employee go and check or is police agency called to respond?
34. Are employees allowed to take vehicles home?
35. Name & Limits of General Liability Carrier?
36. Name & Limits of Workers' Compensation Carrier?
37. Do you require a minimum amount of experience when hiring?
 - a. Security Guards?
 - b. Armored Car Drivers?
 - c. Security Officers?
 - d. Security Patrols?
38. When seeking a new employee, what is the minimum age requirement?
39. What is your minimum age requirement for driving schedule vehicles associated with your business?

To be Signed & Completed by Authorized Company Representative

Signature

Dated