



Member Insurance Program

Administered by: The Campbell Group
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GENERAL/ERRORS & OMISSIONS/PROPERTY/CRIME APPLICATION

1. Proposed effective date: _____

2. Limit of Liability: \$300,000 \$500,000 \$1,000,000

3. Deductibles: \$1,000 \$2,500 \$5,000

4. Total Gross Receipts

	Current Year	Estimated Next Year

5. Total Payroll:

	Current Year	Estimated Next Year
Guards		
Investigators		
Alarming		

(Exclude clerical and sales staff from above numbers.)

Number of Employees: _____

6. Industries and services provided for your top five (5) clients:

	Industry	Services Provided
1		
2		
3		
4		

MCSA General/Errors & Omissions Liability Supplemental Application

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MCSA General/Errors & Omissions Liability Supplemental Application

8.

MCSA Extensions:	Included	Additional Limits
Coverage:	Limit:	
Contents	\$10,000	
Computers	\$10,000 (Hardware)	
Client's Property	\$10,000	
Theft, Disappearance, & Destruction	\$10,000 (inside/outside)	
Deductible	\$1,000	
Accounts Receivable	\$10,000	
Valuable Papers	\$10,000	
Fire Extinguisher Expense	\$2,500	
Extra Expense	\$1,000	

9. Number of employees: _____

10. Describe hiring practices and screening:

- a. Fingerprinting _____
 - b. Drug Testing _____
 - c. Criminal Background _____
 - d. Prior Employer _____
 - e. Personal Interview _____
 - f. Other _____
- _____
- _____
- _____
- _____

11. Guard Training:

- a. Classroom with Instruction Yes No
- b. On the Job (supervised) Yes No
- c. Films Yes No
- d. Written Material Yes No

12. Approximate number of Employees per Supervisor: _____

Current Carrier Information: General Liability

Policy Information:

Insurance Company	Effective Dates	Policy Limits	Exposure Base	Rates	Premium

1. Do you have a deductible? Yes No Amount: \$_____

2. Has any carrier ever cancelled or refused to renew your policy? Yes No

If yes, describe: _____

3. Other Coverages Desired (attach appropriate ACORD form applications)

Property: _____

Crime: _____

Hired and Non-Owned Auto: _____

Disclosure/Authorization/Declarations

WARNING NOTICE (MICHIGAN): Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

The undersigned Applicant authorizes the Company, its agents, and representatives to secure claims information from my current and previous insurance carriers.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSURER TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Applicant Signature

Date

The undersigned agent or broker additionally agrees to be responsible for any earned premium developed on any policy issued based on this application.

Agent or Broker Signature

Date

I would like to elect or reject Terrorism Risk Insurance Act—if elected an additional and separately disclosed premium will be charged on your policy. Checking the rejection box constitutes a legal waiver of coverage in the same manner as a signature.