



Member Insurance Program

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

Coverage Desired GL Property WC Crime Hired and Non-Owned Auto
Property, Crime & Hired and Non-Owned Auto coverages require separate applications.

General Information

Proposed effective date _____ New Client Renewal Client

Renewal applications must be completed and returned at least 60 days prior to the effective date.

Named Insured _____ FEIN _____

Trade Name, DBA/Assumed Names _____

Licenses Held and Numbers _____

Entity Type Corporation Partnership Individual LLC

Year Established _____ Number of Years in Business _____

Business Description _____

Phone _____ Fax _____

Email _____ Web Site _____

Mailing Address (attach list of all additional addresses) _____ Location Address _____

Contact Information (name, number& email):

General _____ Inspection _____

Claims _____ Accounting _____

Coverages Requested

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

ANNUAL RECEIPTS / ESTIMATED PAYROLL

Current Term

New or **Renewal** Term

Total Gross Receipts _____

Total Payroll: Guards _____

Investigators _____

Alarming _____

Clerical/Salesman _____

Number of Employees _____ **Full Time** _____ **Part Time** _____

Applicant Practices

Do you have any operation outside of Michigan? Yes No If yes, explain _____

Overall Operations (should total 100%) _____% Security Guard _____% Armored Car
_____ % Patrol _____ % Investigations _____ % Alarm Service _____ % Other Operations

Describe background of owners and key employees (attach resumes if available). _____

Check all (labor/emp) that apply and explain: All W2 (no explanation needed) 1099 Leased

Volunteer Donated Seasonal Contracted or Sub-contracted

Explain _____

If 1099 or subcontract labor is used, are certificates of insurance required prior to commencing work? Yes No

What is the maximum number of employees at any one location at any time? _____

Is there any use of on duty or off duty police officers? Yes No If yes, explain _____

Check all hiring practices that apply: Fingerprinting Drug Testing Background Checks MVR's

Prior Employer Personal Interview Psychological Testing Pre-Employment Physicals

Other _____

Training/Authorization/Certification check all that apply: Classroom Instruction On the Job (supervised)

Films Written Material Fire Arm Certification Arrest Authorization Other _____

Canine Operations: Number of Guard Dogs _____ Number of Contraband Dogs _____

Employee to supervisor ratio _____ to _____

We recommend Employment Practices Liability, would you like a separate quote? Yes No

MCSA Application

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Do employees use their own vehicles in your operation? Yes No

Do you provide group transportation? Yes No

Does labor have exposure to navigable waters, ships, barges, vessels or docks and bridges? Yes No

Are there any employees under the age of 18? Yes No If yes, explain _____

Any prior coverage declined/cancelled/non-renew in the last 5 years? Yes No If yes, explain _____

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

	Client or Industry	Services Provided
1		
2		
3		
4		
5		

Description of Operations by percent for each box that applies.

Category	Percent	Category	Percent
Abortion Clinics		Hotels/Motels/Inns/Resorts	
Airports		Industrial/Factories	
Alarm Monitoring/Install		Low Income Housing	
Apartments/Condos/Co-Ops		Manufacturing	
Armored Cars		Movies/Theaters	
Arson Investigating		Museums/Galleries	
Banks/Office Buildings		Offices	
Bars/Discos/Clubs		Parking Garages	
Body Guard		Patrol Cars	
Bus/Train Terminals		Repossessions	
Churches		Restaurants	
Colleges/Universities		Retail (Stores/Markets)	
Concerts (Rap, Rock, etc.)		Schools	
Construction Sites		Security Consultation	
Conventions/Trade Shows		Shopping Malls	
Courier Escort		Social Services/Clinics	
Drug Searches		Special Events (<i>describe</i>)	
Executive Protection		Sporting Events	
Fast Food Establishments		Strike Duty	
Gated Communities		Traffic Control	
Golf/Tennis/Yacht Clubs		Trucking Terminals	
Governmental Contracts		Waterfront/Piers/Marinas	
Hospitals/Institutions		Other (<i>describe</i>)	

Describe operations for highlighted categories. _____

Percent of Total _____ % Armed _____ % Unarmed _____ % Tazers

Claim and Insurance History

Describe all claims against this business including amount paid or held in reserve over the past 5 years (**attach loss runs**).

Current Carrier Policy Information (*excluding Work Comp*)

Insurance Company	Type	Eff Date	Policy Limits	Exposure Base	Rates	Premium	Deductible
	Liability						
	Property						
	Auto						

Disclosure/Authorization/Declarations

WARNINGNOTICE(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.



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WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

(Also complete the general MCSA application)

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Employer's Liability Limits: \$100,000/\$500,000/\$100,000 \$500,000/\$500,000/\$500,000 \$1M/\$1M/\$1M

Is there a written safety program? Yes No

Are employee health plans provided? Yes No

Do any employees perform work for other businesses or subsidiaries owned by the applicant? Yes No

Is applicant engaged in any other type of business under this business name? Yes No

Rating Information

Loc #	Class Code	Categories, Duties, Classifications	Expiring Payroll	Renewal Payroll	Full Time	Part Time

Individuals Included/Excluded Officers (Min \$15,600 Max \$78,000)

Name	Title / Relationship	Ownership %	Inc/ Excl

Claim and Insurance History

Describe all claims against you, including amount paid or held in reserve over the past 5 years (**loss runs are required**).

Current Carrier Policy Information (*work comp only*)

Insurance Company	Exp Mod	Eff Date	Policy Limits	Exposure Base	Rates	Premium	Deductible
current yr							
prior yr							
previous yr							
previous yr							

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