

## ***Security Guard Business Usage Questionnaire***

**POLICY #:** \_\_\_\_\_

**DRIVER:** \_\_\_\_\_

**We need additional information regarding your vehicle, please complete entire form.**

Are you provided with a vehicle by your employer? \_\_\_ Yes \_\_\_ No

Do you use your vehicle in patrolling? \_\_\_ Yes \_\_\_ No

Do you visit multiple locations in a day? \_\_\_ Yes \_\_\_ No

Are you armed? \_\_\_ Yes \_\_\_ No

If yes, armed with what type of weapon? (Gun, Mace, Club) \_\_\_\_\_

Do you have a permanent station? \_\_\_ Yes \_\_\_ No

Do you sit in your vehicle? \_\_\_ Yes \_\_\_ No

Are there any markings on your vehicle? \_\_\_ Yes \_\_\_ No

While performing your duties as a security guard, are there any markings on your vehicle that identify you as "Security"? (E.g. signs or lights) If yes, please indicate:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: \_\_\_\_\_