

**J.D. Smith Insurance Brokers**  
 2-105 West Beaver Creek Rd.  
 Richmond Hill, Ont, L4B 1C6  
 1-800-917-SAVE (7283)  
 Fax: 905-764-9618  
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**SECURITY SERVICE LIABILITY INSURANCE  
 LOCKSMITHS APPLICATION**

**This Supplemental Application must be submitted along with  
 our main Security Service Liability Insurance Application**

Applicant Name \_\_\_\_\_

OPERATIONS BREAKDOWN		ESTIMATED ANNUAL INCOME
LOCKSMITHS		\$
CARD ACCESS	Sales	\$
	Installation/Maintenance	\$
CCTV	Sales	\$
	Installation/Maintenance	\$
ALARM SYSTEMS	Sales	\$
	Installation/Maintenance	\$
OTHER	Describe	\$
TOTAL		\$

Describe years of experience in this line of business \_\_\_\_\_

Do you have any formalized training procedures? \_\_\_\_\_

Please list your largest clients and the operations performed for them \_\_\_\_\_

Do you provide welding services away from your premises?  Yes  No

If yes, provide details and safeguards taken \_\_\_\_\_

This Supplement attaches to and is part of the Liability application that shall form the basis of the contract, should a policy be issued.

Completion of this application does not bind the Company to provide the insurance. It is agreed, however, that this application shall form the basis of the contract, should the Company issue the policy.

I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are the declarations upon which an insurance policy may be issued.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**IMPORTANT MANADATORY INDICATOR – CHOOSE ONE**    New Business Application     Renewal Application

SUBMITTED BY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

eDelivery:      Do you want all Policy Documentation Delivered by Email to this address?     Yes     No