



**Program Manager:**  
**McGowan Program Administrators**  
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**Submitted By:**  
 Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone/Fax: (    ) -    / (    ) -     
 E-Mail: \_\_\_\_\_

**“Common Assurance” Umbrella Program  
 Security Guard Supplemental Application**

**Insured:** \_\_\_\_\_

1. Are the Security Guards armed?  Yes       No
2. How many Armed Guards? \_\_\_\_\_
3. Are the Security Guards employed by the association or a third party contractor?  Association     Third Party Contractor
4. If the Security Guards are employed by a third party contractor, does the association obtain from the third party contractor:
  - a. Certificates of insurance verifying at least \$1MM of Liability insurance coverage?  Yes       No
  - b. Additional Insured status?  Yes       No
  - c. Hold Harmless agreement?  Yes       No

**ACKNOWLEDGEMENT:**

BY SIGNING THIS SUPPLEMENTAL APPLICATION FOR INSURANCE, INSURED: (1) WARRANTS THE AFOREMENTIONED INFORMATION IS CORRECT; AND, (2) STATES ITS AGREEMENT AND UNDERSTANDING THAT THIS SUPPLEMENTAL APPLICATION BECOMES A MATERIAL PART OF THE APPLICATION FOR INSURANCE.

\_\_\_\_\_  
**Signature** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Agency**