MontRidge Insurance Services

ARMED & UNARMED SECURITY CONTRACTORS CHECKLIST

Commercial Risk Education Series

A practical self-assessment to help identify insurance and operational risk topics for further discussion. Select Yes, No or Not Sure for each item. Leave items that do not apply blank. There is no score or passing grade.

OPERATIONS

	Yes	No	Not Sure
Are armed and unarmed services separately documented?	○	○	○
Are guard locations, duties and client types identified?	○	○	○
Are subcontracted guards and patrol vehicle operations reviewed?	○	○	○
Are changes in services reported before new assignments?	○	○	○

CONTROLS

	Yes	No	Not Sure
Are applicable guard licensing and training verified?	○	○	○
Are use-of-force and incident reporting policies maintained?	○	○	○
Are screening and supervision procedures documented?	○	○	○
Are emergency and client escalation procedures established?	○	○	○

MontRidge Insurance Services

ARMED & UNARMED SECURITY CONTRACTORS CHECKLIST

Commercial Risk Education Series

Continue your review. Select one response per item; leave non-applicable items blank.

INSURANCE

	Yes	No	Not Sure
Are assault and battery restrictions reviewed?	○	○	○
Are firearms-related exclusions and insured operations reviewed where relevant?	○	○	○
Are professional, general liability and workers compensation exposures coordinated?	○	○	○
Are patrol auto and excess liability terms evaluated?	○	○	○

CONTRACTS

	Yes	No	Not Sure
Are client indemnities and insurance requirements reviewed?	○	○	○
Are additional insured and subcontractor obligations evaluated?	○	○	○
Are high-hazard assignments disclosed to the insurance advisor?	○	○	○
Are incident records and claims contacts maintained?	○	○	○

MontRidge Insurance Services

ARMED & UNARMED SECURITY CONTRACTORS CHECKLIST

Commercial Risk Education Series

NEXT STEPS

Use your responses to identify questions for your insurance advisor. A No or Not Sure response may warrant further review; a Yes response does not establish adequate insurance or compliance. Keep the completed checklist for your own records.

OPTIONAL CONSULTATION REQUEST

- [ ] I would like to discuss this checklist with Montridge.
- [ ] I would like to review my current insurance program.
- [ ] I would like to receive future educational resources.

OPTIONAL CONTACT INFORMATION

Name

Company

Title

Phone

Email

Preferred contact method

Questions or topics to discuss (avoid confidential or sensitive information)

To arrange a discussion, visit www.montridgeinsurance.com. This PDF does not transmit your responses automatically.

Educational use only. This checklist is not an insurance application, policy, coverage determination, compliance audit, or legal, tax, engineering, medical or financial advice. Coverage depends on actual policy terms, endorsements, exclusions and facts. Consult qualified advisers for your circumstances.