

Private Investigators Application

1. Name _____
 (Complete name as it should appear on the policy including Corp., Ltd., Etc.)

2. Address _____
 No. Street City County State Zip Code

3. Contact _____ Telephone () _____ Fax () _____

4. Total number of employees: _____ Full Time _____ Part Time

5. Date established _____ License No. _____
 € Sole Proprietor € Partnership
 € Corporation € Other

6. Policy proposed effective date _____ to _____

7. Please fill out the table below for the current and previous policy year:

	Current Policy Year (next 12 months)
Annual Revenue (sales)	\$ _____
Annual Payroll*	\$ _____
Amount Paid to Subs	\$ _____

*Employees/owners who perform private investigation services. Do not include clerical or sales payroll.

8. Services provided: Please check services that you now provide or would provide if requested.

- | | | |
|---|---|--|
| <input type="checkbox"/> Narcotics Surveillance | <input type="checkbox"/> Online Searches | <input type="checkbox"/> Undercover Operatives |
| <input type="checkbox"/> Auto Repossession | <input type="checkbox"/> Accident Reconstruction | <input type="checkbox"/> Guard Service/Property Protection |
| <input type="checkbox"/> Bodyguard/Exec. Protection | <input type="checkbox"/> Arson Investigations (C&O) | <input type="checkbox"/> Process Service |
| <input type="checkbox"/> Store Detective (Arrests) | <input type="checkbox"/> Attorney/Legal Investigations | <input type="checkbox"/> Subpoena Service |
| <input type="checkbox"/> Polygraph/PSE Exams | <input type="checkbox"/> Insurance Fraud Investigations | <input type="checkbox"/> Pre-employment Backgrounds |
| <input type="checkbox"/> Foreclosure Sales | <input type="checkbox"/> Locate People/Witnesses | <input type="checkbox"/> Electronic Countermeasures |
| <input type="checkbox"/> Bank Account Searches | <input type="checkbox"/> Domestic Surveillance | <input type="checkbox"/> Other (Describe) |
| <input type="checkbox"/> Asset Searches | | |

9. Do you or any of your employees carry a firearm? Yes No If yes, are they licensed? Yes No

Additional Coverages – Check all that apply

Additional Insureds _____ Individual _____ Blanket Per Project Aggregate _____ Stop Gap _____
 Waiver of Subrogation _____ Individual _____ Blanket Employee Benefits Liability _____
 Primary Wording _____ Individual _____ Blanket Hired/Non-owned Auto _____

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE

 Name (type or print) Signature Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

 Name (type or print) Signature Date License #

Optional Coverages (please attach an ACORD application)

Property Contractors Equipment EDP Crime/Employee Dishonesty
 Business Auto Workers' Compensation Umbrella/Excess Employment Related Practices