



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:

Table with 2 columns: Description (Annual Revenue, Payroll, Amount Paid to Subs) and Current Policy Year (next 12 months) with dollar signs.

*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.

- Checkboxes for various services: Narcotics Surveillance, Auto Repossession, Bodyguard/Exec. Protection, etc.

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...

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