

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. Insureds' Email Address _____

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

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

7. Policy proposed effective date _____ to _____

8. 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.

9. 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 | | |

10. 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
Business Auto	Workers Compensation	Umbrella/Excess
Crime/Employee Dishonesty	Employment Related Practices	

Umbrella/Excess Questionnaire
(Please complete only if desired.)

- | | | |
|--|------|-----|
| 1. With the exception of leinholders, are any vehicles not solely owned by and registered to the applicant? | €Yes | €No |
| 2. Do over 50% of the employees use their autos in the business? | €Yes | €No |
| 3. Is there a vehicle maintenance program in operation? | €Yes | €No |
| 4. Are any vehicles leased to others? | €Yes | €No |
| 5. Are any vehicles customized, altered or have special equipment? | €Yes | €No |
| 6. Do operations involve transporting hazardous material? | €Yes | €No |
| 7. Any vehicles used by family members or non employees?
If so, please identify in remarks. | €Yes | €No |
| 8. Does insured review MVRs at time of hire and annually for all driving employees? | Yes | No |
| 9. Does insured have MVR standards in place, and an action plan if those standards are violated? | Yes | No |
| 10. Does insured have a written personal use policy including: who may and may not drive a company owned vehicle, that the company vehicle(s) may or may not be used for outside business, and consequences for violation of the policy? | Yes | No |
| 11. Does insured have a Fleet Safety program in place? | Yes | No |
| 12. Does the applicant have a specific driver recruiting method? | €Yes | €No |
| 13. Are any drivers not covered by Workers Compensation? | €Yes | €No |
| 14. Any vehicles owned but not scheduled on this application? | €Yes | €No |

Remarks:
