

DETECTIVE AND PRIVATE INVESTIGATORS GENERAL LIABILITY APPLICATION SUPPLEMENT

1.	Proposed First Named Insured & Other Named Insured(s):												
2.	Mailing Address	Street			City	County	County		State	ZIP Code			
3.	Location Address	Street			City	County			State	ZIP Code			
4.	Audit/Inspection Contact:		Name:										
	•	Phone Number:											
5.	Website Address:												
6.	Policy Period Desired: From:					To:	То:						
7.	Years in Business:						Years Experience:						
8.	Type of Entity: Individual Partnership Corporation Joint Venture LLC												
PRE	VIOUS INSURER & I		DRY – A	ttach se	parate shee	t if necess	ary	🗌 Se	e Loss Run	s Attached			
Has i N	ouri Applicants: DO I insurance of this type o Yes - If Yes, g ate all claims or losse	been cance ive name of	lled, refu compan	used, or i y, date, a	and reason:			-					
for th	e past 3 years:	Policy L			Losses		sses						
Yea	ar Compa	Company		nber	Premium	Paid	_	sses	Description of Loss				
	ERWRITING INFOR			1									
1.	eral Section Must be				orcontago of	total rocai	ote of oo	ch:					
1.			by enter %	ing the percentage of total receipts of each: Credit Checks % Process Serving						%			
	•				Domestic (divorce) %			Protective Service					
	Auto Repossession							Protective Service % Security Consulting %					
	Background Checks	· · · · · · · · · · · · · · · · · · ·				-	Security Services						
	Bail Bondsmen							Security System Installations					
	Body Guard					n ʻ	% Spor	Sports/Entertainment Security %					
	Bounty Hunting	· · · · · · · · · · · · · · · · · · ·			(% Surv	Surveillance %						
	Concert/Entertainmen	Concert/Entertainment Security % Missing Persons			Persons	(% Swe	Sweeping/Debugging %					
	Consulting	nsulting % Probation Servi		on Services	% Other:			%					
	Courier Services %												
	Describe in detail a	escribe in detail any operations listed above as "Other":											
2.	Indicate the types of your clientele:												
	Insurance Cos.	orporatio	rations % Law F				%	General Pu	ublic %				
3.	Are licenses required by your state government? Yes No												
	If yes, License No.:												

4.	Number of employees by category for your agency:											
	Licensed Investigators: Unlicensed Investigators: Clerical or Office Staff:											
	Other: Indicate type of position and number:											
	Yes No											
5.	Do you subcontract work to other agencies or individuals?											
	If yes, percentage											
6.	Are subcontractor											
	If yes, indicate general liability limits: \$											
7.	Are they required to carry personal injury liability insurance?											
8.	Are you named as an additional insured?											
9.	Type of work subcontracted:											
10.	Training hours rec	quired for eac	•	• •	I	1						
			Pre	e-Job Training	Continuing Ed	(annual)	Handgu	jun (annual)				
	Licensed Investiga	ator										
	Unlicensed Invest	0										
11.	Number of investig	Ī	-	ears of experience c			I					
		None	;	1 – 2	3 – 5	6 -	. 9	10 or more				
	Licensed											
	Unlicensed											
12.			at or co	ontract customers:	%							
13.	List top three clients:											
	Name of Compar	ny or Individ	lual									
	(1)											
	(2)											
	(3)											
14.	List key managem	nent personn	el (nan	nes, ages, job descrij	ptions, length of er	nployment,	percent of ov	vnership).			
4 -								Yes	No			
15.	•			revoked within the p	•	0						
16.		e or owner e	ver nac	any prior conviction	s for lilegal activitie	es?						
17	If yes, explain:		otoro o		ana firaarma atur							
17.		-		arry concealed weap	ons, meanns, stur	guns or ra	sers					
	(Electronic Control Devices)? If yes, how often:											
	List all permit numbers:											
18.	Types of weapons carried: Are criminal checks performed on all employees prior to hiring?											
19.	Do you have any other business ventures for which coverage is not requested?											
15.	If yes, explain and advise where insured:											
	n yoo, oxplain and											
Pers	Personal Injury Section											
1.	Do you or any of y		ators:					Yes	No			
	a. Do any electronic surveillance, even when allowed by law?											
	b. Use motion or still photograph on private premises without permission?											
	c. Enter private property without permission?											
2.	Is training conducted or provided on libel, slander and invasion of privacy issues to your staff?											
3.	Have you or any c	Have you or any of your investigators ever been involved in a libel, slander or invasion of privacy										
	lawsuit? If yes,	provide deta	ils:									

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES Applicant Signature Title Date

Date

Producer Signature

Producer Name and Address