

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 of work subcontracted: _____ % | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are subcontractors required to carry insurance?
If yes, indicate general liability limits: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are they required to carry personal injury liability insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you named as an additional insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Type of work subcontracted: _____ | | |

10. Training hours required for each job category:

	Pre-Job Training	Continuing Ed (annual)	Handgun (annual)
Licensed Investigator	_____	_____	_____
Unlicensed Investigator	_____	_____	_____

11. Number of investigators under each years of experience column by job category:

	None	1 – 2	3 – 5	6 – 9	10 or more
Licensed	_____	_____	_____	_____	_____
Unlicensed	_____	_____	_____	_____	_____

12. Percent of business from repeat or contract customers: _____ %

13. List top three clients:
Name of Company or Individual

 (1) _____

 (2) _____

 (3) _____

14. List key management personnel (names, ages, job descriptions, length of employment, percent of ownership).

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 15. Has your license been suspended or revoked within the past five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has any employee or owner ever had any prior convictions for illegal activities?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you or any of your investigators carry concealed weapons, firearms, stun guns or Tasers (Electronic Control Devices)? If yes, how often:
List all permit numbers: _____
Types of weapons carried: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are criminal checks performed on all employees prior to hiring? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you have any other business ventures for which coverage is not requested?
If yes, explain and advise where insured: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Personal Injury Section

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Do you or any of your investigators: | | |
| a. Do any electronic surveillance, even when allowed by law? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use motion or still photograph on private premises without permission? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Enter private property without permission? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is training conducted or provided on libel, slander and invasion of privacy issues to your staff? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you or any of your investigators ever been involved in a libel, slander or invasion of privacy lawsuit? If yes, provide details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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
Producer Signature		Date
Producer Name and Address		
