
15. Does the Applicant engage in any of the following?

- a. Electronic Eavesdropping work Yes No
- b. Shoplifting Surveillance work Yes No
- c. Lie Detection Services and/or Polygraph testing Yes No
- d. Expert Witness Testimony related to Arson Investigations Yes No
- e. Security Consulting work Yes No
If yes, what percentage? _____
- g. Repossession or Collection work Yes No
- h. Undercover work in the workplace (Workforce Infiltration Work) Yes No
- i. Bodyguard/Executive Protection work Yes No
- j. Security Guard Services Yes No
- k. Bounty Hunting or Fugitive Recovery work Yes No

17. Does the Applicant engage in any activities not previously mentioned or that may be considered atypical for an investigator, such as maintenance (monitoring temperatures), janitorial work, etc.? Yes No

If yes, please explain: _____

18. Are any owners / principals or employees armed? *(if yes, please answer all questions below)* Yes No
- a. Are the owners / principals / employees licensed to carry firearms? Yes No
 - b. Are ALL armed owners / principals and employees retired or off-duty police or military? Yes No
 - c. Please provide the names of all clients to whom you assign armed investigators *(attach separate sheet if necessary)*

- 1. _____
- 2. _____

19. What kind of Investigations does the Applicant Conduct? Please provide approximate percentage (%) of Operations for Private Investigation operations:

Category	Unarmed	Armed	Category	Unarmed	Armed
Arson (Not Incl. Expert Witness Testimony)			Genealogical Searches		
Accident Reconstruction			Identity Theft		
Background Screening			IT / Computer Forensics		
Child Custody (Investigation Only)			Insurance / Legal		
Matrimonial / Domestic			Kidnap and Ransom		
Corporate			Lie Detection / Polygraph (Answer Question 24)		
Copyright / Trademark			Missing Persons / Skip Tracing		
Counterfeit Products			Patent / Trademark Search		
Credit			Process Serving		
Criminal / Fraud / SIU			Record Checks		
Debugging (Eavesdropping Detection)			Shopping Service		
Drug Testing			Other (Describe Below)		
Due Diligence			TOTAL	100%	
Forensic Accounting					
Description:					

Has the Applicant received their Polygraph Certification through the American Polygraph Association or American Polygraph Services? Yes No

22. Does the Applicant employ Independent Contractors other than security or investigators listed above? Yes No

If yes, please explain. _____

a. If yes, do they provide proof of their own Insurance Yes No

Note: Independent Contractors should carry limits of \$1,000,000/\$2,000,000.

Investigator Liability Insurance Application

21. Total Number of Employees and Contractors (include yourself) _____

(Please provide a breakdown of employees, revenue, and payroll below)

Classification	Total # of Staff	Armed	Full Time	Part Time	Annual Payroll	Annual Sales
Executive/Clerical					\$	\$
Independent Contractors					\$	\$
Private Investigators					\$	\$
Total					\$	\$

(Please fill-in table above completely on all employees, staff, principals, and independent contractors, including their payroll and sales.)

Please include any parties requesting Additional Insured status:

Name:					
Mailing Address:					
City:		State:		Zip:	
Relationship/Reason: <input type="checkbox"/> Landlord <input type="checkbox"/> Other _____					
Name:					
Mailing Address:					
City:		State:		Zip:	
Relationship/Reason: <input type="checkbox"/> Landlord <input type="checkbox"/> Other _____					
Name:					
Mailing Address:					
City:		State:		Zip:	
Relationship/Reason: <input type="checkbox"/> Landlord <input type="checkbox"/> Other _____					

Provide names of your 5 largest clients and your duties for them:

Client	Duties

36. Is the Applicant controlled or owned by any other firm, corporation or company, or do you have any wholly or partially owned subsidiaries? Yes No

If "yes", attach an explanation _____

37. Are any investigative activities listed in Question XX provided to such business enterprises listed in Question XX?

Does any current member of the Applicant provide any professional services to any clients in which any Applicant member or SPOUSE serves as a director, officer or partner or own any equity or financial interest? Yes No

If "yes", please explain: _____

38. Does the Applicant have a procedure for maintaining confidential information? Yes No

39. Does the Applicant communicate written procedures to their employees or contract workers? Yes No

40. Does the Applicant use a written contract or agreement with clients?

All cases Sometimes Never

41. Are you providing any other services or operations other than private investigation services? Yes No

If "yes", please explain: _____

Claim History

42. Over the past (5) five years, has any professional or general liability claim or suit ever been made against the Applicant or any of its predecessor firms, past or present owners, officers, partners, members, employees or solicitors, or to the knowledge of the Applicant, in behalf of its predecessors in business within the last 5 years? List details of all claims over \$2,500 if any?

(If "yes", please complete question 43 and attach loss runs) Yes No

Date of Loss	Description of Loss	Incurred Loss Amount Incl. Expenses	Status

43. Does the Applicant have any knowledge concerning incidents that have occurred not listed above that may result in a claim? Yes No

If "yes", please explain: _____

Insurance History

44. Please list the Applicant's General / Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.

(check here if Applicant has no prior coverage)

Name of Insurer	Policy Period		Limits of Liability	Deductible/Retention	Premium
	From: MM/DD/YY	To: MM/DD/YY			

45. In the past five (5) years, has the Applicant or any of its members ever had professional or general liability insurance or similar insurance declined, cancelled or non-renewed? Yes No

If "yes", please provide full details: _____

46. Coverage Requested:

- Limits of Liability: \$1M/\$2M \$1M/\$3M \$1M/\$5M
- Deductible: \$2,500 \$5,000 \$10,000 Other: _____
- Umbrella/Excess: \$1M/\$1M \$3M/\$3M \$5M/\$5M Other: _____

47. Does the Applicant need any of the following additional Coverages?

- a. Hired and Non-Owned Auto? Yes No
 - 1. Do you have an Agency-owned auto? Yes No
- b. Stop Gap Coverage? Yes No
- c. Automobile Yes No
- d. Workers Comp Yes No
- e. Crime/Employee Dishonesty Yes No
- f. Other _____ Yes No

Notice and Representations

The Company and the Insured Persons declare that the statements set forth herein are true. The signing of this application does not bind the Underwriter, the Policyholder or its Insured Persons to effect insurance. The undersigned agrees that this application, its attachments and any materials submitted therewith are true, complete and accurate as of the date thereof. These representations shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form part of the policy. The application, its attachments and any materials submitted therewith are considered physically attached to the policy and will be deemed incorporated by reference therein. The Underwriter is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

The undersigned, on behalf of the Company and all Insured Persons, agrees that if the information in the Declarations and representations contained in this application and its attachments materially changes between the date of this application and the inception of the proposed coverage, the undersigned will immediately report in writing to the Underwriter such change, and the Underwriter may withdraw or modify any outstanding quotations or agreements to bind coverage. The undersigned acknowledges and agrees that the Underwriter's receipt of such written report, prior to inception of the proposed coverage, is a condition precedent to coverage.

FRAUD WARNINGS

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, MD, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied).

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN 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.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN MARYLAND: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON, AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA - WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: 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.

MUST BE SIGNED BY THE PRESIDENT, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR IN-HOUSE GENERAL COUNSEL OF THE POLICYHOLDER ON BEHALF OF ALL INSURED.

Signature of Owner, Partner or Principal of Applicant

Title

Date

Signature of Applicants Agent or Broker

Title

Date