



**DETECTIVE OR INVESTIGATIVE AGENCY
SUPPLEMENTAL APPLICATION**

UNDERWRITING INFORMATION

General Section *Must be answered on all risks.*

1. Indicate the types of operations by entering the percentage of total receipts of each:
- | | | | | | |
|--------------------------------|--------|-------------------------|--------|-------------------------------|--------|
| Alarm Response | _____% | Courier Services | _____% | Process Serving | _____% |
| Armored Car Services | _____% | Domestic (divorce) | _____% | Protective Service | _____% |
| Auto Repossession | _____% | Drug Surveillance | _____% | Security Consulting | _____% |
| Background Checks | _____% | Escorts/Vehicle Patrol | _____% | Security Services | _____% |
| Bail Bondsmen | _____% | Fingerprinting | _____% | Security System Installations | _____% |
| Body Guard | _____% | Insurance Investigation | _____% | Surveillance | _____% |
| Bounty Hunting | _____% | Lie Detection Testing | _____% | Sweeping/Debugging | _____% |
| Concert/Entertainment Security | _____% | Missing Persons | _____% | Other | _____% |
| Consulting | _____% | | | | |

Describe in detail any operations listed above as "Other." _____

2. Indicate the types of your clientele:
Insurance Cos. _____% Corporations _____% Law Firms _____% General Public _____%

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 _____

5. Do you subcontract work to other agencies or individuals? Yes No
If yes, percentage of work subcontracted _____%
Are subcontractors required to carry insurance? Yes No
If yes, indicate general liability limits \$ _____
Are they required to carry personal injury liability insurance? Yes No
Are you named as an additional insured? Yes No
Type of work subcontracted. _____

6. Training hours required for each job category:
- | | Pre-Job Training | Continuing Ed (annual) | Handgun (annual) |
|-------------------------|-------------------------|-------------------------------|-------------------------|
| Licensed Investigator | _____ | _____ | _____ |
| Unlicensed Investigator | _____ | _____ | _____ |

7. Number of investigators under each years of experience column by job category:
- | | None | 1 - 2 | 3 - 5 | 6 - 9 | 10 or more |
|------------|-------------|--------------|--------------|--------------|-------------------|
| Licensed | _____ | _____ | _____ | _____ | _____ |
| Unlicensed | _____ | _____ | _____ | _____ | _____ |

8. Percent of business from repeat or contract customers _____%

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

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

11. Has your license been suspended or revoked within the past five years? Yes No
12. Has any employee or owner ever had any prior convictions for illegal activities? Yes No
If yes, explain. _____
13. Do you or any of your investigators carry concealed weapons? Yes No
If yes, how often _____ List all permit numbers _____
14. Are criminal checks performed on all employees prior to hiring? Yes No

Personal Injury Section:

Yes No

- 1. Do you or any of your investigators:
 - 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. Has you or any of your investigators ever been involved in a libel, slander or invasion of privacy lawsuit?
- If yes, provide details. _____
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IMPORTANT NOTICE

DECLARATION

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

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

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.

Signature of Applicant _____ Title _____ Date _____

Signature of Producing Agent _____ Date _____

Agent Name and Address _____