

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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**BUSINESS INFORMATION**

**General Section - Must be answered on all risks. \*Any of these operations are ineligible.**

1. Indicate the types of operations by entering the percentage of total receipts of each:

Alarm Response	%	Credit Checks*	%	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 Adjustor*	%	Sports/Entertainment Security*	%
Bounty Hunting*	%	Lie Detection Testing*	%	Surveillance	%
Concert/Entertainment Security*	%	Missing Persons	%	Sweeping/Debugging	%
Consulting*	%	Probation Services*	%	Other:	%
Courier Services*	%				

Describe in detail any operations listed above as "Other":

2. Do you or any of your investigators carry concealed weapons, firearms, stun guns or Tasers (Electronic Control Devices)?  Yes  No If yes, how often:

List all permit numbers: \_\_\_\_\_

Types of weapons carried: \_\_\_\_\_

3. Number of years' experience:

4. Are licenses required by your state government?  Yes  No

If yes, License No.: \_\_\_\_\_

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

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

6. List top three clients:

**Name of Company or Individual**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

7. Has your license been suspended or revoked within the past five years?

**Yes**  **No**

8. Has any employee or owner ever had any prior convictions for illegal activities?

If yes, explain: \_\_\_\_\_

9. Are criminal checks performed on all employees prior to hiring?

10. Do you have any other business ventures for which coverage is not requested?

If yes, explain and advise where insured: \_\_\_\_\_

11. Do you utilize animals in your operation?  Yes  No

If yes, give details:

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**Personal Injury Section**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 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"/> |

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**SUBCONTRACTORS and/or INDEPENDENT CONTRACTORS**  N/A

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 1. Do you require contractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you utilize a standardized contract with all of your contractors?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you require contractors to:   |                          |                          |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own?      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation?              | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Keep records?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Total cost of work contracted: \$  |                          |                          |

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**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.

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**SIGNATURES**

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address