



**DETECTIVE OR INVESTIGATIVE AGENCY
SUPPLEMENTAL APPLICATION**

UNDERWRITING INFORMATION

General Section *Must be answered on all risks.*

- 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." _____

- 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. _____

- Number of employees by category for your agency:
Licensed Investigators ____ Unlicensed Investigators ____ Clerical or Office Staff ____
Other ____ Indicate type of position and number _____

- 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. _____

- Training hours required for each job category:

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

- 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 ____%

- List top three clients:
Name of Company or Individual

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

- Has your license been suspended or revoked within the past five years? Yes No
- Has any employee or owner ever had any prior convictions for illegal activities? Yes No
If yes, explain. _____
- Do you or any of your investigators carry concealed weapons? Yes No
If yes, how often _____ List all permit numbers _____
- 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