



**DETECTIVE OR INVESTIGATIVE AGENCY SUPPLEMENT**

1. First Named Insured: \_\_\_\_\_

<b>UNDERWRITING INFORMATION</b>
<b>General Section:</b> <i>Must be answered on all risks.</i>

2. Indicate the types of operation by entering the percentage of total receipts of each:

Alarm Response _____ %	Courier Service _____ %	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." \_\_\_\_\_

3. Indicate the types of your clientele:  
 Insurance \_\_\_\_\_ %    Corporation \_\_\_\_\_ %    Law Firms \_\_\_\_\_ %    General Public \_\_\_\_\_ %

4. Are licenses required by your state government?  Yes     No  
 If yes, license No. \_\_\_\_\_

5. Number of employees by category for your agency:  
 Licensed Investigators \_\_\_\_\_    Unlicensed Investigators \_\_\_\_\_    Clerical or Office Staff \_\_\_\_\_  
 Other \_\_\_\_\_    Indicate type of position and number \_\_\_\_\_

6. 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: \_\_\_\_\_

7. Training hours required for each job category:

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

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

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

9. Percent of business from repeat or contract customers: \_\_\_\_\_ %

10. List three clients:

**Name of Company or Individual**

1.
2.
3.

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

Name	Age	Job Description	Length of Employment	% of Ownership

12. Has your license been suspended or revoked within the past five years?  Yes  No

13. Has any employee or owner ever had any prior convictions for illegal activities?  Yes  No

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

14. Do you or any of your investigators carry concealed weapons?  Yes  No

If yes, how often: \_\_\_\_\_

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

15. Are criminal checks performed on all employees prior to hiring?  Yes  No

**Personal Injury Section**

1. Do you or any of your investigators:

a. Do any electronic surveillance, even when allowed by law?  Yes  No

b. Use motion or still photograph on private premises without permission?  Yes  No

c. Enter private property without permission?  Yes  No

2. Is training conducted or provided on libel, slander, and invasion of privacy issues to your staff?  Yes  No

3. Have you or any of your investigators ever been involved in a libel, slander, or invasion of privacy lawsuit?  Yes  No

If yes, provide details. \_\_\_\_\_

I DECLARE THAT THE STATEMENT 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 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.

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Signature of Applicant

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Title

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Date

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Signature of Producing Agent

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Date

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Agent Name

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Agent Address