

DETECTIVE OR INVESTIGATIVE AGENCY (PRIVATE) & PROCESS SERVERS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

1. Name of Applicant: _____

2. Location of Operations

1. Same as mailing address State: _____ Lic #: _____

2. _____ State: _____ Lic #: _____

3. _____ State: _____ Lic #: _____

3. Errors and Omissions (E&O) Coverage: Limited E&O Full E&O (limit will match CGL Limit of Liability)

4. How long has applicant been in business? _____ years Full-Time Part-Time

5. Are armed personnel certified for use of firearms? Yes No N/A

6. Are background checks completed on new employees prior to employment? Yes No

If yes, describe procedures used for pre-employment screening: _____

7. List applicant's five (5) largest clients and the operations performed for each: _____

8. Is applicant involved in any other operations or business? Yes No

If yes, describe: _____

9. Operations & Percentage of Receipts (Percentages should total to 100%)

- | | |
|--|---|
| _____ % Arson Investigation | _____ % Insurance Claim Investigating |
| _____ % Bail Bond Operations | _____ % Insurance Adjusters (Draft Authority \$_____) |
| _____ % Body Guard | _____ % Legal |
| _____ % Computer Fraud | _____ % Mission Person |
| _____ % Consulting | _____ % Polygraph Work |
| _____ % Corporate—Employee Dishonesty | _____ % Process Servers |
| _____ % Drug Surveillance | _____ % Records Check |
| _____ % Drug Testing | _____ % Surveillance (describe) |
| _____ % Personal Property Repossession (Autos, etc.) | _____ % Undercover Operations (describe) |
| _____ % Pre-employment Screening | _____ % Other Operations (describe) |
| _____ % Domestic | |

Employee Data	Number	Annual Payroll	Leased or Subcontracted	Number	Annual Cost
Owner(s) only		\$	Leased Employees		\$
Employees: Full-Time		\$	Independent Contractors		\$
Part-Time		\$			

(Include cost of uninsured subcontractors as employee payroll)

APPLICABLE IN THE STATE OF NEW YORK: 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 materially 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING: 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 materially 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 such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

**Please fax or email completed application to:
Steven Wasyliw
(619) 593-2008 • Steven@CIDInsurance.com**