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Insurance Application for Private Investigators, Security Consultants, Process Servers, and Polygraph Examiners

IMPORTANT: All questions must be answered before this risk can be considered. (Please type or print)

1. Applicant Name _____
(Full name as you wish it to appear on the policy)
2. Business Name (as you wish it to appear on the policy) _____
3. Address _____
Street City County State Zip
4. Mailing (if different) _____
Street City County State Zip
5. Additional Locations _____
6. PI License # _____ Individual Partnership Corporation Other _____
7. Federal ID # _____ Phone # _____ Fax # _____
8. Company Website _____ E-mail _____
9. Date Company Was Founded: _____ Number of years Operating Under This Name _____
10. Has there been a name change in the past four years? Yes No If yes, please explain _____
11. Principal _____ Experience _____
12. Principal _____ Experience _____

PROVIDE INFORMATION FOR ADDITIONAL OWNERS ON A SEPARATE PAGE

13. Applicant Classification: Investigative work _____ % Process Server _____ % Security Consulting _____ %
14. With respect to your operation, do you perform or assume any duties not relating to the above (i.e. Security, etc.) Yes No
If yes, please provide full details _____
15. Do you use Independent Contractors? Yes No If yes, Do you require the Contractor(s) to Provide Certificates for General Liability? Yes No Please provide your annual Subcontractor Cost \$ _____
16. Do have a standard contract? Yes No **If Yes, Please Attach a Copy.**
17. List your five largest clients.
1. _____ 2. _____ 3. _____
4. _____ 5. _____

Operations

18. Number of dogs used in operation _____ Attended Unattended
Types of assignments involving the use of dogs _____
19. Do employees use their vehicles for business operations? Yes No
If yes, explain for what purpose _____
20. Pre-employment screening procedures (if applicable) Drug screen Fingerprint Card Personal References Polygraph
 Prior Employer Contact Criminal Background Driving Record
21. Formal training program consists of Written Manual On Job CPR Report Writing Powers of Arrest
 Firearms Self Defense Other _____
22. Do you or any of your employees carry a firearm? Yes No If Yes, Who owns the weapon(s) _____
Most Common Type of Gun or Caliber? _____ Is every armed person licensed to carry a firearm? Yes No
Are copies of license(s) kept on file? Yes No
Are procedures in place to ensure that licenses are current & renewed as needed? Yes No
23. Is Mobile Equipment used (ATVs, Golf Carts, etc.) Yes No
If yes, for What Purpose? _____

Payroll/Duties Section

PLEASE ESTIMATE ANTICIPATED ANNUAL PAYROLLS FOR THE UPCOMING YEAR

24. How many **Owners or Principals** are active in Investigations, Process Service, Polygraph or Consulting? _____
25. Number of Investigators you employ (**Exclude owners, Subs, and Clerical**) _____
26. What is the anticipated annual payroll for investigators (**Exclude owners, Subs, and Clerical**) \$ _____

**PLEASE PROVIDE THE FOLLOWING DESCRIPTION OF DUTIES BY PERCENTAGE FOR YOUR ENTIRE COMPANY
TOTAL MUST EQUAL 100% AND WE MUST HAVE A DESCRIPTION OF THE OPERATION**

<u>Type of Operation</u>	<u>Armed %</u>	<u>Unarmed %</u>	<u>Description</u>
Insurance/Legal	_____	_____	_____
Credit/Pre employment	_____	_____	_____
Background Checks	_____	_____	_____
Domestic	_____	_____	_____
Skip Tracing	_____	_____	_____
Auto Repossessions	_____	_____	_____
DataBase Search	_____	_____	_____
Missing Persons	_____	_____	_____
Shopping Service	_____	_____	_____
Executive Protection	_____	_____	_____
Body Guard	_____	_____	_____
Process Service	_____	_____	_____
Polygraph Service	_____	_____	_____
Fire Investigations	_____	_____	_____
Security Consulting	_____	_____	_____
Other (explain)	_____	_____	_____
Total	_____	_____	_____

Errors & Omissions/General Liability Section

27. Proposed Effective Date _____
28. Limits Desired 300K/600K 500K/1M 1M/1M 1M/2M Other _____
29. Deductible per claim (circle one) \$1,000 \$2,500 \$5,000 Other _____
30. How many of your clients are to be named as an Additional Insured? _____
If any, provide a description of service: _____
31. If your clients are under contract, is there a hold harmless clause? Yes No
32. During the past 4 years have you had any claims for damages and/or incidents which may result in one? Yes No
33. Has your Liability insurance coverage been cancelled, declined or non-renewed? (question not applicable in MO) Yes No
- If yes, please explain: _____

Prior Insurance Information

	<u>Policy Period</u>	<u>Name of Insurer</u>	<u>Premium</u>	<u>Losses</u>	<u>No of Claims</u>
Expiring	_____	_____	_____	_____	_____
1 st Prior	_____	_____	_____	_____	_____
2 nd Prior	_____	_____	_____	_____	_____
3 rd Prior	_____	_____	_____	_____	_____
4 th Prior	_____	_____	_____	_____	_____

THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES. Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued.

FRAUD WARNINGS

- AR Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- CO It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the insurance company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DC *It is a crime to provide false or misleading information to an Insurer for the purpose of defrauding the Insurer or any other person. Penalties include imprisonment and/or fine. In addition, an Insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant*
- FL Any person who knowingly and with intent to injure, defraud, or deceive any Insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- KY ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.
- LA *Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*
- ME *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties may include imprisonment, fines or a denial of insurance benefits.*
- NJ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NM ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PENALTIES.
- NY 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.
- OH Any person who, with intent to defraud or knowing that he is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- OK WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any Insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OR Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
- PA 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 persons to criminal and civil penalties.
- TN It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.
- VA *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines and denial of insurance benefits.*

Signature of Applicant

Title

Date

Signature of Agent

Title

Date