



DETECTIVE OR INVESTIGATIVE AGENCY SUPPLEMENT

1. First Named Insured: _____

UNDERWRITING INFORMATION

General Section: *Must be answered on all risks.*

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.

Signature of Applicant

Title

Date

Signature of Producing Agent

Date

Agent Name

Agent Address