



# General Liability Insurance Application for Detectives/Private Investigators

## General Information

- Name \_\_\_\_\_
- Physical address \_\_\_\_\_
- Mailing address \_\_\_\_\_
- Effective date requested \_\_\_\_\_ Date current coverage expires \_\_\_\_\_
- Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_ Fax # \_\_\_\_\_
- Date established \_\_\_\_\_ FEIN # \_\_\_\_\_  
License # \_\_\_\_\_
- Individual     Partnership     Joint Venture     Trust     Limited Liability Company  
 Organization (Other than Partnership, Joint Venture, or Limited Liability Company)
- Have you ever operated under another name?  Yes  No  
Name of entity \_\_\_\_\_
- Industry experience \_\_\_\_\_
- Number of employees \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Armed \_\_\_\_\_ Unarmed \_\_\_\_\_

## Coverage & Limits Section

- Limits requested     \$1M/\$2M     \$1M/\$3M     \$1M/\$4M     \$1M/\$5M     Other \_\_\_\_\_
- Deductible requested     \$0     \$1,000     \$2,500     \$5,000
- Do you require any of the below coverages to fulfill client contract requirements?  
**Please note that some of these coverages may require additional premium.**  
 Additional Insured     Employee Benefits Liability     Hired/Non-owned Auto  
 Per Project Aggregate     Primary Wording     Stop Gap     Waiver of Subrogation  
Do you have a primary commercial auto policy in force?  Yes  No
- Do you require excess/umbrella coverage?  Yes  No  
If "Yes," what limit is needed?     \$1M     \$2M     \$3M     \$4M     \$5M  
**If excess/umbrella coverage is required please complete the Excess Liability of the application.**

## Detective/PI Section

- Estimated annual detective/private investigator payroll.    \$ \_\_\_\_\_
- Do your final reports include recommendations or an appropriate course of action?  Yes  No
- If involved in background/credit checks, are all employees trained in fair credit reporting act compliance?  Yes  No
- Does your firm have procedures in place to protect against clerical errors?  Yes  No
- Does your firm attach standard disclaimers to all completed reports?  Yes  No

20. Please provide percentage breakdown for all detective and private investigator operations below.

Operations	% Armed	% Unarmed	Operations	% Armed	% Unarmed
Arson Investigation	%	%	Legal	%	%
Auto Repossessions	%	%	Missing Person Searches	%	%
Bail Bonding	%	%	Polygraph/Lie Detection	%	%
Bounty Hunting	%	%	Pre-Employment Screening/ Credit Checks	%	%
Civil/Criminal Investigation	%	%	Process Serving	%	%
Computer Investigations	%	%	Psychological Evaluation	%	%
Corporate/ Trademark Infringement	%	%	Security Consulting	%	%
Domestic	%	%	Undercover	%	%
Drug Testing	%	%	Other	%	%
Fraud Auditing	%	%	Please describe:		
Insurance Investigation	%	%			

**Policy Information**

21. Please provide prior year policy information below.

***Please attach five (5) years of currently valued loss history.***

Category	Current Year	First Prior	Second Prior	Third Prior	Fourth Prior
Carrier					
Premium					
Payroll					
Deductible					
Incurred Losses					

22. Have any claims been made over the last five (5) years?  Yes  No

23. Do you have any knowledge of incidents that could lead to a claim in the future?  Yes  No

If "Yes," please explain. \_\_\_\_\_

24. Has your insurance been cancelled, declined or non-renewed in the last three (3) years?  Yes  No

If "Yes," please explain. \_\_\_\_\_

25. Total number of clients \_\_\_\_\_

26. Please list your six (6) largest clients:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fraud Warnings**

Warning – Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**Arkansas** – 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.

**Colorado** – 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 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia** – WARNING: 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 fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. [DC Code]

**Florida** – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky** – 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.

**Louisiana** – 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.

**Maine** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Maryland** – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey** – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico** – 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 fines and criminal penalties.

**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.

**Ohio** – 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.

**Oklahoma** – 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.

**Pennsylvania** – 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.

**Rhode Island** – 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 of a crime and may be subject to fines and confinement in prison.

**Tennessee** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Virginia** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**West Virginia** – 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.

### Signature Section

Notice to applicants: this application must be completed in full as the quote will be based solely on the information provided. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. By signing this application, the signor warrants that to their best knowledge all information given is true and accurate.

\_\_\_\_\_  
Principal, Owner or Officer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Principal, Owner or Officer Printed Name

\_\_\_\_\_  
Date