

PRIVATE INVESTIGATOR QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "NO," you are not eligible for coverage.

1. Is your agency and all employees licensed if required by state law? Yes No
2. Are all of your armed employees licensed to carry firearms? Yes No
3. Are background checks conducted on all employees? Yes No
4. Do you have a written policy for adhering to all privacy laws that includes regular trainings to keep employees updated on any changes? Yes No

GENERAL INFORMATION

1. Do you perform any services away from the premises? Yes No
2. Has the applicant been in business for at least 3 years? Yes No
 - a. If "NO," please attach a copy of the owner's resume or describe the owner's prior experience: _____

3. The following services are not eligible for coverage:

Auto Repossession	Bail Bond Operations	Bounty Hunting
Physical Collection Work	Use of Guard Dogs	Probation Services
Corporate Employee Dishonesty Investigations		Physical Repossession
Drug Use Investigations	Skip Tracing w/ Bounty Hunting	

I certify that the applicant does not perform any of the services listed above:

Yes – I certify this

4. The following services are eligible for coverage:

Arson Investigation	Child Searches	Missing Persons
Background Checks	Electronic Sweeps	Fingerprinting
Insurance Investigation	Process Serving	Polygraph Operation
Skip Tracers w/o Bounty Hunting	Undercover Work	
Office work only: Physical Collection or Repossession Work		



5. Please describe any services offered that are not listed above:

EMPLOYEE INFORMATION

	Number Employed	Estimated Annual Payroll
Private Investigators – Unarmed & Armed (00126)*		
Private Investigators – Armed (CSIC only - 00115)		
Clerical and Administrative Only		
Other		
Total Annual Payroll		

*Use class 91636 in the following states: CA, FL, LA, ME, NJ, NC, TX and VT.

For any **Security Guard** services, please complete a copy of the **Security Guard Questionnaire**.

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any 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.)

Applicant Signature

Title

Date

Producer Signature

Date