



**PRIVATE INVESTIGATION AND SECURITY GUARD RENEWAL APPLICATION**

APPLICANT				
1. Renewal of Policy Number				
2. Applicant				
3. Mailing Address				
4. Location Address				
5. Website				
6. Contact Person for Inspection/Audit		Name	Telephone	
		Email		
7. Applicant is		<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe):		
8. Proposed Policy Term		Effective	Expiration	
EXPOSURES				
9. Total Annual Sales & Payroll		Sales	\$	Payroll
				\$
10. Annual Sales & Payroll by Class Please breakdown the Total Annual Sales and Total Annual Payroll by Investigation and Security Guard classes. The sum of Sales and Payroll must equal the Total Annual Sales and Total Annual Payroll provided in Question 9.				
Investigation (Annual)		Sales	\$	Payroll
				\$
Security Guard (Annual)		Sales	\$	Payroll
				\$
11. Employees (Total number)		Full Time	Part Time	
12. Independent Contractors		Annual Cost	\$	Billed Hours
13. Investigators / Guards		# Armed	# Unarmed	
14. Are you and all of your employees and/or subcontractors lawfully licensed in the jurisdictions in which you operate?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:				
15. Do your Standard Contracts include Hold Harmless or Indemnification Language?				<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are there any changes to expiring exposures that are not indicated above?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:				
<b>For Private Investigation Operations ONLY:</b>				
17. If the applicant conducts polygraph tests, has the applicant received their Polygraph Certification through the American Polygraph Association or American Polygraph Services?				<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does the applicant give notifications with background checks in compliance with the Fair Credit Reporting Act?				<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL COVERAGE REQUESTED (check all applicable):	
Additional Insured	<input type="checkbox"/> Individual <input type="checkbox"/> Blanket <input type="checkbox"/> Per Location Aggregate <input type="checkbox"/> Stop Gap
Waiver of Subrogation	<input type="checkbox"/> Individual <input type="checkbox"/> Blanket <input type="checkbox"/> Employee Benefit Liability
Primary Wording	<input type="checkbox"/> Individual <input type="checkbox"/> Blanket <input type="checkbox"/> Hired/Non-owned Auto

PRIVATE INVESTIGATION OPERATIONS BREAKDOWN (If no Private Investigation Operations, disregard)			
Accident/Arson Investigation	%	Forensic Accounting Investigation	%
Accident/Arson Reconstruction	%	Genealogical Searches	%
Asset Searches	%	High Profile Personal Protection	%
Background / Pre-Employment Checks	%	Insurance/Legal/Litigation Investigations	%
Bail Bonding / Bounty Hunting	%	Kidnap & Ransom Investigation	%
Child / Child Custody / Missing Person	%	Low Profile Personal Protection	%
Credit Reporting / Record Checks	%	Matrimonial/Domestic Investigation	%
Criminal / Fraud Investigation Incl Identity Theft	%	Mystery Shopping / Shoplifting Surveillance	%
Debugging	%	Polygraph Testing / Drug Testing	%
Eavesdropping	%	Process Service / Skip Tracing	%
Employee Surveillance / Workplace Infiltration	%	Sub-Rosa Investigation / Video Surveillance	%
Expert Witness Testimony	%	Other:	%

SECURITY GUARD OPERATIONS BREAKDOWN (If no Security Guard Operations, disregard)			
Armored Car / Courier Services	%	Military Bases	%
Banks/Offices	%	Movie Theaters	%
Banquet Facilities / Bars / Lounges / Restaurants / Night Clubs /Gentlemen's Clubs	%	Multi-Tenant Commercial Use Buildings – Non-Retail	%
Cannabis Operations	%	Museums/Galleries	%
Car Dealerships	%	Parking Garages/Facilities	%
Casinos	%	Parks and Recreation	%
Churches/Houses of Worship	%	Public Transport/Airport/Seaport/Mass Transit Stations	%
Construction Sites	%	Residential Housing – Low Income or Subsidized	%
Convenience Stores / Liquor Stores	%	Residential Housing – Non Low Income	%
Conventions / Trade Shows	%	Schools	%
Courthouses	%	Shelters	%
Fast Food Establishments	%	Shopping Malls/Strip Malls/All Retail	%
Federal/Municipal buildings	%	Special Events	%
Fitness Clubs	%	Strike Work/Employee Termination Escort	%
High Profile Personal Protection	%	Traffic Control	%
Hospitals/Med Facilities or Labs/Abortion Clinics	%	Trucking Terminals	%
Hotels/Motels	%	TV or Movie Set Security	%
Industrial/Manufacturing Plants/Warehouses	%	Utility Facilities	%
Low Profile Personal Protection	%	Other:	%

## FRAUD NOTICE

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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA for Commercial Auto Applicants, RI, TN, UT for Workers Compensation Applicants, VA, VT, WA or WV – see Additional Fraud Notices for these jurisdictions below).

## ADDITIONAL FRAUD NOTICES

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** 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.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

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

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS (Does not apply to Commercial Auto Applicants):** 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.

**NOTICE TO NEW YORK APPLICANTS (Commercial Auto Applicants Only):** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS: 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.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS (Commercial Auto Applicants Only):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

**NOTICE TO TENNESSEE APPLICANTS (Does not apply to Workers Compensation Applicants), VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO TENNESSEE APPLICANTS (Workers Compensation Applicants Only):** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO UTAH APPLICANTS (Workers Compensation Applicants Only):** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VERMONT APPLICANTS (Does not apply to Commercial Auto Applicants):** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued (**Not applicable in North Carolina**). If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy:

1) the applicant, if located in any state or jurisdiction other than Maine, must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued.

2) the applicant, if located in the state of Maine, must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify any quotation or binder that may have been issued. Further the insurer reserves the right to modify, cancel, or deny coverage for fraud or material misrepresentation in accordance with 24-A M.R.S § 2908.

The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Applicant Signature\*

\_\_\_\_\_  
Date

\* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Producer Signature\*

\* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

\* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.