RSG NATIONAL SPECIALTY PROGRAMS
A UNIT OF RSG UNDERWRITING MANAGERS

E. R. MUNRO & COMPANY
bonds and insurance

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420 Fort Duquesne Boulevard
Pittsburgh, PA 15222-1460
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Private Investigators Application

1. Name _____
(Complete name as it should appear on the policy including Corp., Ltd., Etc.)

2. Address _____
No. Street City County State Zip Code

3. Contact _____ Telephone (_____) _____ Fax (_____) _____
4. Insureds' Email Address _____ Website: _____
_____ SS#: _____
5. Total number of employees: ___ Full Time ___ Part Time FEIN: _____

6. Date established _____ License No. _____ ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other: LLC
7. Policy proposed effective date _____ to _____
8. Please fill out the table below for the current and previous policy year:

	Current Policy Year (next 12 months)
Annual Revenue (sales)	$
Annual Payroll*	$
Amount Paid to Subs	$

*Employees/owners who perform private investigation services. Do not include clerical or sales payroll.

9. Services provided: Please check services that you now provide or would provide if requested.

- ☐ Narcotics Surveillance
- ☐ Auto Repossession
- * ☐ Bodyguard/Exec. Protection
- * ☐ Store Detective (Arrests)
- ☐ Polygraph/PSE Exams
- ☐ Foreclosure Sales
- ☐ Bank Account Searches
- ☐ Asset Searches
- ☐ Online Searches
- ☐ Accident Reconstruction
- ☐ Arson Investigations (C&O)
- ☐ Attorney/Legal Investigations
- ☐ Insurance Fraud Investigations
- ☐ Locate People/Witnesses
- ☐ Domestic Surveillance
- ☐ Undercover Operatives
- * ☐ Guard Service/Property Protection
- ☐ Process Service
- ☐ Subpoena Service
- ☐ Pre-employment Backgrounds Electronic
- ☐ Countermeasures
- ☐ Other (Describe): _____

10. Do you or any of your employees carry a firearm? ☐ **Yes** ☐ **No** **If yes, are they licensed?** ☐ **Yes** ☐ **No**

Additional Coverages – Check all that apply

Additional Insureds	☐ Individual	☐ Blanket	Per Project Aggregate ☐	Stop Gap ☐
Waiver of Subrogation	☐ Individual	☐ Blanket	Employee Benefits Liability ☐	
Primary Wording	☐ Individual	☐ Blanket	Hired/Non-owned Auto ☐	

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 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

_____ _____ _____
Name (type or print) Signature Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

Tod E. Aronson _____ _____ _____
Name (type or print) Signature Date License #

* These services are excluded under the Private Investigator's coverage; a separate application is required for Security.

Optional Coverages

(please attach an ACORD application)

- ☐ Property
- ☐ Business Auto
- ☐ Crime/Employee Dishonesty
- ☐ Contractors Equipment
- ☐ Workers Compensation
- ☐ Employment Related Practices
- ☐ EDP
- ☐ Umbrella/Excess

Umbrella/Excess Questionnaire

(Please complete only if desired.)

1. With the exception of leinholders, are any vehicles not solely owned by and registered to the applicant? ☐ Yes ☐ No
2. Do over 50% of the employees use their autos in the business? ☐ Yes ☐ No
3. Is there a vehicle maintenance program in operation? ☐ Yes ☐ No
4. Are any vehicles leased to others? ☐ Yes ☐ No
5. Are any vehicles customized, altered or have special equipment? ☐ Yes ☐ No
6. Do operations involve transporting hazardous material? ☐ Yes ☐ No
7. Any vehicles used by family members or non employees? If so, please identify in remarks. ☐ Yes ☐ No
8. Does insured review MVRs at time of hire and annually for all driving employees? ☐ Yes ☐ No
9. Does insured have MVR standards in place, and an action plan if those standards are violated? ☐ Yes ☐ No
10. Does insured have a written personal use policy including: who may and may not drive a company owned vehicle, that the company vehicle(s) may or may not be used for outside business, and consequences for violation of the policy? ☐ Yes ☐ No
11. Does insured have a Fleet Safety program in place? ☐ Yes ☐ No
12. Does the applicant have a specific driver recruiting method? ☐ Yes ☐ No
13. Are any drivers not covered by Workers Compensation? ☐ Yes ☐ No
14. Any vehicles owned but not scheduled on this application? ☐ Yes ☐ No

Remarks:

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