



Professional Private Investigators Insurance

One Gateway Center, Suite. 400, 420 Fort Duquesne Boulevard, Pittsburgh, PA 15222-1460
Phone: 877.376.8676 Fax: 412.281.6195 E-mail: info@ermunro.com Web site: www.ermunro.com

APPLICANT INFORMATION

1. Business Name: _____

Name of Principal Investigator: _____

Physical Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Check this box if Mailing Address is the same

Mailing Address : _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number _____

Email: _____ Date Business Established: _____

Website: _____ Desired Effective Date: _____

Years of Experience : _____ FEIN / SS#: _____

ABOUT YOUR INVESTIGATION FIRM

2. Your Services:

- | | |
|---|---|
| ____ % Executive Protection (Low Profile) | ____ % Debugging / TSCM |
| ____ % Background Investigations | ____ % Accident Reconstruction |
| ____ % Attorney / Legal Investigations | ____ % Exiting Interview (Corporate) |
| ____ % Arson Investigations | ____ % Surveillance |
| ____ % Digital Forensics /Cyber | ____ % Insurance Investigations |
| ____ % Accounting Forensic / AML | ____ % Fingerprints or Polygraph |
| ____ % Domestic Investigations (Fidelity) | ____ % Firearms Training - Classroom Only |
| ____ % Process Service / Subpoena | ____ % Firearms Training - Range |
| ____ % Consulting | ____ % Genealogy |
| ____ % Copyright / Trademark Investigations | ____ % Security Training |
| ____ % Locate / SkipTrace | ____ % Juvenile Investigations |
| ____ % NFL Consulting | ____ % Undercover Investigations |
| ____ % Other (Write in Below) | |

NOTE: Security Guards, High Profile Bodyguards, Repossession Agents, Bounty Hunters, Claims Adjusters, Collection Agents, and Alarm installation and monitoring firms do not qualify for this Program. If you perform these services, please call our office.

3. Total Number of Employees: _____

4A. Your Company's Expected Annual Revenue: _____

4B. **Request Limits of Liability:**

\$300,000 / \$600,000

\$500,000 / \$1,000,000

\$1,000,000 / \$3,000,000

Custom Limit

Property Limits:

- Base Policy includes \$25,000 of Business Personal Property Coverage (Furniture & Fixtures) at no extra cost

- Base Policy includes \$25,000 of Business Income and Extra Expense at no extra cost

5. Annual Payroll : _____

6. Does the applicant subcontract any investigative work? Yes No

6A. If Yes: what is the amount paid to subcontractors (annually): _____

6B. If Yes: Are subcontractors required to maintain their own liability coverage? _____

7. Do you currently have liability insurance? Yes No

7A. If Yes: When does your current policy expire: _____

8. During the past five(5) years, has any claim been made or suit brought against the applicant? Yes No
(If Yes, please provide details on a separate attachment.)

9. Is the Applicant aware of any circumstance, allegation, contention, or incident which may result in a claim or suit against the Applicant? (If Yes, please provide details on a separate attachment.) Yes No

10. Has any insurer canceled or refused to renew any similar insurance during the past five (5) years? Yes No
(If Yes, please provide details on a separate attachment.)

11. Does any operation **require** you to carry and/or use of a firearm? *(IF YOU CARRY FOR YOUR OWN PROTECTION, ANSWER NO)* Yes No

11B. Are you licensed Private Investigator? Yes No Applying for License Now Not Required

12. Please list the Professional Associations that you are a Member of: _____

13. Waiver of Subrogation: Additional Premium

14. Primary Wording: Additional Premium

15. Worldwide Coverage: Additional Premium

16. Hired and Non-Owned Auto: \$50,000/\$100,000

a. Does your firm currently have commercial auto insurance? Yes No

b. Does your firm hire or rent auto in excess of 10 times per year? Yes No

c. Does your firm ever use a vehicle to transport their clients? Yes No

d. Does your firm lease or own any vehicle registered in the firm's name? Yes No

FRAUD WARNINGS

NOTICE TO ALL PROSPECTIVE INSUREDS:

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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

NOTICE TO PROSPECTIVE INSUREDS IN:

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.

California

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.

Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Rhode Island, 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.

Florida

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.

Kansas

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 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.

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.

Maine, Tennessee, Virginia, 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 may include imprisonment, fines, and denial of insurance benefits.

Maryland

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.

Minnesota

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 York (Other than Auto & Fire)

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 be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for such violation.

Ohio

Any person who, with intent to defraud or knowing that he/she 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.

Oregon

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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.

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.

Vermont

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.

DISCLAIMER

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE.THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.

The undersigned is authorized by, and acting on behalf of, the Applicant and represents that all statements and particulars herein are true, complete and accurate to the best of their knowledge and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of, and becomes part of, the Applicant's professional liability coverage.

Name: _____

Title: _____

Signature: _____

Date: _____

For Florida and Iowa Insurance Agents Only:

Insurance Agent or Producer Name _____

Insurance Agent License # _____

For New Hampshire Insurance Agents Only: Insurance Agent Name and Signature Required

Insurance Agent Name: _____

Signature: _____