

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
	AGGREGATE																
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)										CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM				DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS		
									OPEN	CLSD	
REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY								ATTACHMENTS			
								STATE SUPPLEMENT(S) (if applicable)			

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

QUESTIONNAIRE – PRIVATE INVESTIGATOR / SECURITY GUARDS

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "Yes", you are not eligible for coverage.

1. Do you perform corporate employee dishonesty investigations? Yes No
2. Do you perform surveillance for company property theft or employee drug use cases? Yes No
3. Are there employees who do not have professional licenses if required by law? Yes No
4. Do you have any armed employees who are not licensed to carry firearms? Yes No

EMPLOYEE INFORMATION:

5. Do you employ any armed security guards? Yes No

Class of Employees	Number Employed	Estimated Annual Payroll
Detectives - unarmed		
Detectives – armed		
Security Guards – unarmed		
Security Guards – armed		
Clerical and Administrative		
Other		
Total Annual Payroll		

6. What are the total anticipated annual receipts of the business? _____
7. Are there written policies concerning the invasion of privacy that are enforced? Yes No
8. Attach a resume or a description of the experience of the firm's investigators.
9. Is the agency itself licensed by the state where required? Yes No N/A
10. Do you follow appropriate legal channels of investigation? Yes No
11. Do you screen employees? Yes No
 If so, describe procedures and the extent of screening you use:

12. Describe the overall conditions of the insured office premises: (i.e., stairs, floors, parking)



DETECTIVE AND SECURITY AGENCY EMPLOYEE INFORMATION

Name:		Does employee carry firearms:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		(If Yes, complete below)	
		License #	
		Issuing Agency:	
Social Security #:		Type and caliber:	
Training:		Level of proficiency:	
By whom:		Frequency of refresher practice:	
Dates			

Name:		Does employee carry firearms:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		(If Yes, complete below)	
		License #	
		Issuing Agency:	
Social Security #:		Type and caliber:	
Training:		Level of proficiency:	
By whom:		Frequency of refresher practice:	
Dates			

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Address		(If Yes, complete below)	
		License #	
		Issuing Agency:	
Social Security #:		Type and caliber:	
Training:		Level of proficiency:	
By whom:		Frequency of refresher practice:	
Dates			

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Address		(If Yes, complete below)	
		License #	
		Issuing Agency:	
Social Security #:		Type and caliber:	
Training:		Level of proficiency:	
By whom:		Frequency of refresher practice:	
Dates			

(For additional employees, add sheets as necessary.)



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

Specify the types of services you perform and the overall percentage:

Alarm Installation	<input type="checkbox"/>	___%	Department Stores	<input type="checkbox"/>	___%	Polygraph Operators	<input type="checkbox"/>	___%
Alarm Monitoring	<input type="checkbox"/>	___%	Electronic Sweeps	<input type="checkbox"/>	___%	Repossession or		
Apartment Buildings or			Fingerprinting	<input type="checkbox"/>	___%	Collection Service	<input type="checkbox"/>	___%
Grounds	<input type="checkbox"/>	___%	Government Facilities	<input type="checkbox"/>	___%	Residential Patrol	<input type="checkbox"/>	___%
Armored Car	<input type="checkbox"/>	___%	Guard Dogs	<input type="checkbox"/>	___%	Schools	<input type="checkbox"/>	___%
Arson Investigation	<input type="checkbox"/>	___%	Hospitals	<input type="checkbox"/>	___%	Strike Work	<input type="checkbox"/>	___%
Banks	<input type="checkbox"/>	___%	Insurance Investigation	<input type="checkbox"/>	___%	Supermarkets	<input type="checkbox"/>	___%
Body Guards	<input type="checkbox"/>	___%	Liquor Stores	<input type="checkbox"/>	___%	Traffic Controls	<input type="checkbox"/>	___%
Bouncers	<input type="checkbox"/>	___%	Low Income Housing	<input type="checkbox"/>	___%	Training School	<input type="checkbox"/>	___%
Child Searches or			Malls	<input type="checkbox"/>	___%	Utilities	<input type="checkbox"/>	___%
Missing Persons	<input type="checkbox"/>	___%	Manufacturing Plants	<input type="checkbox"/>	___%	Undercover Work	<input type="checkbox"/>	___%
Churches	<input type="checkbox"/>	___%	Money Escort	<input type="checkbox"/>	___%	Warehouses	<input type="checkbox"/>	___%
Collection Agencies or			Nightclubs or Bars while			Other:		
Collection Work	<input type="checkbox"/>	___%	open for business	<input type="checkbox"/>	___%	_____	<input type="checkbox"/>	___%
Construction Sites	<input type="checkbox"/>	___%	Offices	<input type="checkbox"/>	___%			
Courier Service	<input type="checkbox"/>	___%						

Specify the types of services you perform, the overall percentage, and describe the services in detail below:

Airport Security	<input type="checkbox"/>	___%	Hotels/Motels Buildings			Retail Stores while open		
Concerts or Special			or Grounds	<input type="checkbox"/>	___%	(Unarmed Guards)	<input type="checkbox"/>	___%
Events	<input type="checkbox"/>	___%	Retail Stores while open					
Fast Food Restaurants	<input type="checkbox"/>	___%	(Armed Guards)	<input type="checkbox"/>	___%			

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 _____

Producer Name and Address _____