

## 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: \_\_\_\_\_

If the business maintains a web site, state the address: \_\_\_\_\_

### 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 do 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			

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			

(For additional employees, add sheets as necessary.)



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 \_\_\_\_\_