

INSURANCE APPLICATION

for

**Private Investigator
Insurance Adjuster
Accident Reconstruction
Forensic Investigator
Attorney Service
Process Server**

OFFERED BY



PO Box 567, San Marcos, CA 92079-0567
bwest@amiscorp.com ~ www.amisinsurance.com
(800) 843-8550 ~ Fax: 800-573-8550
Surplus Lines Broker License # 0E22579
CA Insurance License # 0732784



A NATIONWIDE INSURANCE AGENCY

AMIS/Alliance Marketing & Insurance Services

PO Box 567
San Marcos, CA 92079-0567
800-843-8550
Toll Free Fax: 800-573-8550

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PROFESSIONAL LIABILITY PROGRAM

Private Investigator

INSURANCE INVESTIGATOR - INSURANCE ADJUSTER - FORENSIC INVESTIGATION - ACCIDENT RECONSTRUCTION - ATTORNEY SERVICE - PROCESS SERVER - SECURITY CONSULTANTS (NFL, NBA & ETC)

APPLICATION

This is an application for **New Occurrence** Basis and not a Claims-Made policy.

Please complete the following information on your operation:

First Name _____ MI _____ Last Name _____

D.B.A. _____

Mailing Address			Street Address		
City	State	Zip Code	City	State	Zip Code

Business Telephone _____ Residence Telephone _____ Fax No. _____

Do you operate from your residence? Yes _____ No _____ E-mail Address _____

Additional Locations(s) - Include the addresses of all offices other than above:

Business Type (select one): Corporation _____ Partnership _____ Individual _____ Other _____
Month _____ Date _____ Year _____

Date business was established: _____ Years of Experience _____

Name of qualified Principal and/or Partner: _____

Brief details of experience: _____

State License No.: _____ Name of State _____ *(Please attach a copy of your license)*

Tax ID or Social Security # _____ What other States do you operate in? _____

Annual gross receipts for your operation: _____ Estimated gross receipts for the next coming 12 months: _____

Annual payroll for employees: _____ *(Do not include officers/partners/sole proprietors or clerical)*

Has the applicant or any of its business predecessors, subsidiaries, affiliates, past or present partners, owners, officers, staff or employees been investigated and/or cited by any regulatory agency for violations arising out of your activities? Yes
No

If yes, attach a statement giving details. Such statement must be part of this application.

Who was your prior insurance carrier for the past three years. Include any coverage that would have been directly related or would have responded in part to the exposure:

Name of Insurance Carrier	Policy Number	Coverage	Period (e.g. 02-14-01/02)
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I have not carried insurance for the past three years.

This is a renewal application prior carrier listed above.

Do you have a brochure for your business? Yes No

Do you use a written contract for your business? Yes No

Does your agency and/or you belong to any associations? Yes No (Including Law Enforcement)

If yes, name of association:

How do you want us to design your quote? This is written on NEW OCCURRENCE forms.

Limits of Liability:	\$300,000/300,000	\$500,000/500,000	\$1,000,000/2,000,000
	\$1,000,000/3,000,000	\$2,000,000/3,000,000	\$3,000,000/3,000,000
	\$4,000,000/4,000,000	\$5,000,000/5,000,000	
Deductible:	\$500 Deductible Per Claim		\$1,000 Deductible Per Claim

Assault & Battery defined as an occurrence - Included

Lost Keys Coverage - Limit \$2,500 with \$100 Deductible - Included

Extended Property Damage (Theft Coverage) Limit \$250,000 with \$1,000 Deductible - Included

Would you like your quote to include Non-Owned & Hired Autos?

Flat Rat \$250 (0-25 employees) with a Maximum Limit of \$1,000,000 per Occurrence Yes No

Would you like your quote to include Additional Insureds? Yes No

How many @ \$50 Each

(Give names and addresses on separate page.)

Flat charge for blanket additional insureds for \$500 Yes No

Would you like your quote to include Certificates of Insurance? Yes No

How many @ no charge

(Give names and addresses on separate page.)

Month Date Year

Requested Effective Date For This Policy

The undersigned declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will immediately notify the company/broker of such changes, and the company/broker may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signing of this application does not bind the company/broker to issue or the applicant to buy the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued and it will be attached to and made a part of the policy.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made part hereof.

Notice to Arkansas 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 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 authorities."

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 in the third degree."

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 any insurance company for the purpose of defrauding the company/broker. Penalties may include imprisonment, fines or a denial of insurance benefits."

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 Mexico Applicants:"Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

Notice To New York 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, conceals for the purpose of misleading, information concerning any fact materials 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 Ohio Applicants: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Notice to Pennsylvania Applicants: "Any person who knowingly and with intent to defraud any insurance company or other person files and 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."

Notice to Virginia 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."

Month Date Year

X

Signature of authorized representative

Title

Name

Phone Number

Name and phone number of individual to contact for inspection/audit:

NOTICE TO THE APPLICANT UNDERWRITING CONDITIONS

This policy does not insure under the Professional Liability nor the Comprehensive General Liability section for loss caused directly or indirectly by any of the following:

1. Occasioned directly or indirectly by enforcement of any ordinance of law regulating a subterfuge, pretext calls, false pretense, unless permitted by law;
2. Due to any dishonest or fraudulent act by the insured or by a partner, officer or employees;
3. Due to citizen's arrest, false arrest;
4. Security guards, body guards, protective services, insurance appraisals, insurance inspections, auto repossession, bail bond operations, bounty hunters, armed guards in retail stores, bouncer, armored car services, funeral escort services, monitoring of emergency medical alarms, operation involving nuclear power plant, airport security;
5. Due to more than three losses in the last three years;
6. A person or agency that is not properly licensed by the State you operate in when required;
7. Loss due to any dishonest or fraudulent act by the insured or by any partner, officer, director or trustee, whether acting alone or with other;
8. Independent contractors (private investigator, security, patrol operator, adjuster, process server, attorney service & consultants) must have insurance equal to or greater than your insurance. It is the responsibility of the Insured to secure a Certificate of Insurance from each Independent Contractor for General Liability Plus Errors and Omissions insurance equal to or greater than those of your policy.
Should you have greater than 1,000,000/2,000,000 then the Independent Contractor must have limits no less than \$1,000,000/2,000,000. Your failure to request the Certificate of Insurance from Independent Contractors could result in a claim being denied should you fail to obtain proof of insurance.
9. Due to pretexting or subterfuge of consumers' financial information from financial institutions, unless permitted by law or the Gramn-Leach Bailey Act. Obtaining or attempts to obtain customer information via false pretenses by: Making a false statement to an officer, employee or agent of a financial institution or making a false statement to a customer of a financial institution unless permitted by law or the Gramn-Leach Bailey Act.
10. Information Brokers or Customer Information Brokers; Collection Agencies; Credit Counselors; Financial or Investment Counselors; Property Appraisers; Recovery Agencies.
11. Background checks for which the insured has not verified information retrieved from Data Information Brokers Computerized Data Information Services. Any claims, including but not limited to loss indemnification of loss adjustment expense, arising from background checks not properly verified will not be covered by this insurance. Further, the carrier will have no duty or obligation to defend the insured as respects any such claims.

NOTICE: Non-Owned/Hired Autos employees must carry minimum of \$100,000 Liability Limits on their personal autos. **This endorsement is excess over their limits of \$100,000.** Endorsement for Non- Owned/Hired Autos has a maximum Liability Limits of \$1,000,000.

X _____
Signature

Title

Date

PRODUCED BY (Insurance Agent or Broker)

Company

Signature

Producer License No.

Street Address

City

State Zip Code

PROFESSIONAL LIABILITY INSURANCE PROGRAM

Supplemental Application For Adjusters

This must be completed to receive a quotation

Name of Applicant:

Number of outside adjusters

Number of inside adjusters

AUTHORITY: Does the applicant have draft or check issuance authority?

Yes No If yes, please list for what companies, for what amounts.

\$

\$

\$

Use additional page if necessary.

Is applicant bonded? Yes No What amount? \$

Income Sources - State applicable percentage of income sources

% Insurance Carriers

% Public Adjusting

% Self Insureds

% Risk Retention Groups

% Law Firms

% Third Party Administrator

Other (Describe in detail):

Provide a breakdown of approximate percentages of income in each of the following areas: (total must equal 100%)

% Property

% Casualty

% Workers' Compensation

% Inland Marine

% Ocean Marine

Environmental Liability

Are hold harmless extended by you toward any of your accounts or other entities?

Yes No To whom are they extended?

Do you set reserves of claims? Yes No Give details

State what percentage of the applicant's income comes from the following services and indicate the applicable percentage.

Safety engineering Inspection services Yes No % of Gross Sales

Premium Auditing Yes No % of Gross Sales

Insurance Appraisals Yes No % of Gross Sales

Marine Aviation Surveys Yes No % of Gross Sales

Insurance/Legal Investigation Yes No % of Gross Sales

Is the applicant involved in any other activity other than as an insurance adjuster, or as indicated above? Yes No

Describe in detail and indicate % of Gross Sales:

Give Details of your claims operation

I/We do hereby declare that the above supplemental application is true and correct to the best of my knowledge. I/We have not omitted or suppressed or misstated any facts in the application or supplement.

Signed on (Month-Date-Year)

X

Signature of authorized representative

Title

NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NON-ADMITTED" OR "SURPLUS LINES" INSURERS.

2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.

3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.

4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.

5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINES" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.

6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY THAT YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Date: _____

Signature _____

Name: _____

DBA: _____

Policy #: _____

(PLEASE PRINT)

**NOTICE OF OFFER OF COVERAGE FOR "ACTS OF TERRORISM"
DISCLOSURE OF PREMIUM AND DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF LOSSES
ARISING FROM CERTIFIED "ACTS OF TERRORISM."**

Applicant/Insured's

Applicant/Insured's Mailing

Quote Number:

The Terrorism Risk Insurance Act of 2002 ("Program") established a program within the United States Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future "acts of terrorism," as defined in the Act. The Act defines an "act of terrorism" as any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States: (1) to be an act of terrorism; (2) to be a violent act, or an act that is dangerous to human life, property or infrastructure; (3) to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and (4) to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or to affect the conduct of the United States Government by coercion. Additionally, to be certified, an "act of terrorism" must cause aggregate property and casualty insurance losses of at least five million dollars.

The Terrorism Risk Insurance Extension Act of 2005 ("Extension Act"), signed into law by the President on December 22, 2005, extends the "Program" through December 31, 2007 by adding Program Year 4 (January 1 – December 31, 2006) and Program Year 5 (January 1 – December 31, 2007). Please note that the "Extension Act" created a new "Program Trigger" for any certified act of terrorism occurring after March 31, 2006, that prohibits payment of Federal compensation by Treasury unless the aggregate industry insured losses resulting from that act of terrorism exceed \$50 million for Program Year 4 and \$100 million for Program Year 5.

In accordance with these Acts, you have the right to purchase or reject coverage for losses resulting from a certified "act of terrorism." The premium charge to purchase this coverage is set forth below. If you wish to purchase this coverage, please indicate that choice by marking the appropriate box below, sign and date this disclosure notice, and return it to us no later than the effective date of the general liability policy we will be providing you. **Your policy will then be written to include a Terrorism Exclusion; however, this Terrorism Exclusion will not apply to "acts of terrorism" certified by The United States Government.**

If you do not wish to purchase coverage for "Certified Acts of Terrorism," you may reject the coverage by marking the appropriate box below and signing and returning this form to us, again no later than the effective date of the general liability policy we will be providing you. Your policy will then be written to exclude **any losses arising from acts of terrorism, whether certified or non-certified by The United States Government.**

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF LOSSES ARISING FROM CERTIFIED "ACTS OF TERRORISM."

The United States Government will pay a share of any losses arising from certified "acts of terrorism." The Government's share equals 90% of the portion of the amount of such losses that exceed a statutorily established deductible paid by us. **Under the Terrorism Risk Insurance Extension Act of 2005, the Government's share in Program Year 5 will equal 85% of the portion of the amount of such losses that exceed a statutorily established deductible paid by us.** The premium set forth below for coverage for losses arising from certified "acts of terrorism" does not include any charges for the portion of loss covered by the Government under the Act.

**DISCLOSURE OF PREMIUM AND SELECTION OR REJECTION OF COVERAGE
FOR "CERTIFIED ACTS OF TERRORISM."**

REQUEST TO PURCHASE "PROGRAM" COVERAGE AT FULL GENERAL LIABILITY POLICY LIMITS. I hereby elect to purchase coverage for losses arising from "Certified Acts of Terrorism." I understand that the premium quote of \$_____ for this coverage is tentative pending final approval by the Insurer. I further understand that the final approved premium due for this coverage will be an estimate pending disposition of the "Program," and the Insurer may recalculate the premium depending upon the final disposition of the "Program." I understand that an exclusion of terrorism losses will be part of this policy for terrorism not considered "Certified Acts of Terrorism."

REQUEST TO REJECT "PROGRAM" COVERAGE. I hereby reject coverage for losses arising from certified "acts of terrorism." I understand that an exclusion of terrorism losses will be part of this policy.

Policyholder's

Date