



# DCI Insurance and Risk Services

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[www.dci-insurance.com](http://www.dci-insurance.com)

CA State License No: 0G53213 \* National Producer No: 13843931

## PROFESSIONAL LIABILITY PROGRAM APPLICATION

- Private Investigator
- Polygraph Examiner \*\*\* Must also hold a Private Investigator's license\*\*\*
- Background Checker \*\*\* Must also hold a Private Investigator's license \*\*\*
- Process Server

This is an application for **New Occurrence Basis**, not a claims-made policy.

### Please complete the following information about your operation:

First Name  M.I.  Last Name  Contact Name

DBA or Company Name

Business Type:  Corporation  Partnership  Individual  Other:

Mailing Address <input type="text"/>			Street Address <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>

Business Telephone  Residence Telephone  Cell / Mobile Telephone  Fax Number

Yes  No Do you operate from your residence? Email:

Website:

How many years have you been in business under the applicant name:

Additional Locations: *(Please include the addresses of all offices other than the one above.)*

Name of Qualified Principal and/or Partner  Tax ID or Social Security #  Date Business Established  Years of Experience

Brief Details of Experience: Include any prior military, government, law enforcement or civilian experience, to include years in same or attach resume

State License Number  Licensed in State  Other States Where You Operate  Please attach a copy of your license.

Gross Annual Receipts from Your Operation  Estimated Gross Receipts for the Next 12 Months  Please attach a copy of your resume

Annual Payroll for Employees  ↔ Do not include officers, partners, sole proprietors or clerical. Annual 1099 Labor - Subcontractors

Are you licensed in all states in which you work? Yes  No

Have any of your licenses to perform private investigation or process service ever been suspended or revoked? Yes  No

Do you perform any work or operations other than those usual and customary to a private investigator or process server? Yes  No  Page 1 of 4

**STAFF**

	Full Time	Part Time	⇐ <i>Total number of active staff</i> ⇒	Full Time	Part Time	
Owners/Officers/Partners:	<input style="width:80px; height:25px;" type="text"/>	<input style="width:80px; height:25px;" type="text"/>		Investigators:	<input style="width:80px; height:25px;" type="text"/>	<input style="width:80px; height:25px;" type="text"/>
Background Checkers:	<input style="width:80px; height:25px;" type="text"/>	<input style="width:80px; height:25px;" type="text"/>		Process Servers:	<input style="width:80px; height:25px;" type="text"/>	<input style="width:80px; height:25px;" type="text"/>
Clerical:	<input style="width:80px; height:25px;" type="text"/>	<input style="width:80px; height:25px;" type="text"/>		Record Retrievers:	<input style="width:80px; height:25px;" type="text"/>	<input style="width:80px; height:25px;" type="text"/>
Do you or any of your employees or subcontractors carry a firearm? If yes, are they licensed?	Yes	No	Other ( <i>Explain below</i> ):	<input style="width:80px; height:25px;" type="text"/>	<input style="width:80px; height:25px;" type="text"/>	

Are nationwide criminal background checks performed on all prospective employees? Yes No  
 Do you, or will you, employ anyone who has been convicted of, or pled guilty to any felony or sexual offense? Yes No  
 Number of employees using their own vehicles in business?  
 Do you have a training program for employees? Yes No If yes, please describe:

**SUBCONTRACTORS / VENDORS**

<input type="checkbox"/> <input type="checkbox"/>	Are subcontractors / vendors used?	Number Used	Annual Amount Paid	Type of License ( <i>if required</i> )
Yes No		<input style="width:120px; height:25px;" type="text"/>	<input style="width:150px; height:25px;" type="text"/>	<input style="width:220px; height:25px;" type="text"/>
<input type="checkbox"/> <input type="checkbox"/>	Are they licensed in the state they operate in? If so, what state?	<input style="width:100px; height:25px;" type="text"/>		
Yes No	Do you use a standard contract with all independent contractors who perform work/services on your behalf?			Yes No
	Are all independent contractors required to carry liability insurance with limits equal to yours?			Yes No
	Are all independent contractors required to name you as an additional insured on their liability insurance policy(ies)?			Yes No
	Are all independent contractors required by contract to hold you harmless and to indemnify you?			Yes No

**TYPE OF WORK PERFORMED**

Do you, or do any of your independent contractors, perform any of the following:

Narcotic Surveillance	Attorney/Legal Investigations	Undercover Operatives
Auto Repossession	Insurance Claims Investigations	Bounty Hunters
Store Detective/Loss Prevention/(Arrests)	Insurance Surveillance/Subrosa	Courier Services
Polygraph/PSE Exams	Fraud Investigations	Security Guard Service/Property Protection
Foreclosure Sales	Locate People/Witnesses	Armored Car Services
Bank Account/Asset Search	Domestic Surveillance	Escorts/Vehicle Patrol
Online Searches	Process Service	Sports/Athletes/Celebrity/Entertainment/Corporate Security
Accident Reconstruction	Subpoena Service	Security Consultant Services/Work
Arson Investigations (C&O)	Pre-employment Backgrounds	Security System Installation, Service, Repair, Monitoring
Electronic Countermeasures/Bug Sweep	Bail Bond Risks	Executive Protection/Body Guard Services - Low Profile and Incidental to an Investigation
		Other (Describe):

**INDICATE ON BEHALF OF WHOM THESE SERVICES ARE PERFORMED**

Insurance Carriers	Law Firms	
Private Parties	Public Entities	Self Insureds / Third Party Administrators
Other ( <i>please describe</i> ):	<input style="width:650px; height:25px;" type="text"/>	

<input type="checkbox"/> <input type="checkbox"/>	Do you have a brochure for your business?
Yes No	
<input type="checkbox"/> <input type="checkbox"/>	Do you use a written contract for your business?
Yes No	
<input type="checkbox"/> <input type="checkbox"/>	Does your agency and/or you belong to any associations?
Yes No	If yes, please list association name(s): <input style="width:400px; height:25px;" type="text"/>

**CLAIMS / PRIOR INSURANCE**

Have any claims been made or suits brought against you during the past five years? If yes, please describe:   
 Yes No *Attach statement if necessary. Such statement must be a part of this application.*

Are you aware of any circumstances, alleged error, omission or offense that may be reasonably expected to result in a claim being made against you or any of your business predecessors, subsidiaries or affiliates or against any of the past or present partners, owners, staff or company? *If yes, please attach explanation.*  
 Yes No

Have you or any of your 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, please explain in an attached statement. Such statement must be a part of this application.*

Please 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	Premium	Period (e.g. 02-14-01/02)

Please provide your current carrier information:  
 Name of Insurance Carrier      Policy Number      Limits:      Occur/Aggreg      Premium      Period of coverage

- I have not carried insurance for the past three years.
- This is a a renewal application; prior carrier is listed above.

**LIMITS OF LIABILITY / COVERAGE INFORMATION**

Limits of Liability	Occurrence/Aggregate Limits		
	\$1,000,000/\$2,000,000	\$1,000,000/\$5,000,000	
	Other:		
Deductible	.00	\$500	\$1,000

- Would you like a separate quote for Workers' Compensation coverage?  
Yes No

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- Would you like to include Non-Owned & Hired Autos coverage?  
Yes No maximum limit of \$1,000,000 per occurrence

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- Would you like a separate quote for Business Auto Insurance?  
Yes No maximum Combine Single Limit of \$1,000,000 per occurrence (Combined Single Limit)

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- Would you like to include Additional Insureds?      How many   
Yes No *Please give names and addresses on a separate page.*

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- Would you like to include Certificates of Insurance?      **\*\*Certificate holders that are NOT additional Insureds\*\***  
Yes No *Please give names and addresses on a separate page.*      How many @ no charge:

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- Would you like to include Waiver of Subrogation coverage?  
Yes No

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- Would you like to include Primary Wording coverage?  
Yes No

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- Would you like to include Terrorism coverage?  
Yes No

Requested Effective Date of this Policy:

**FRAUDULENT ACTS NOTICE - PLEASE READ CAREFULLY**

For the purpose of this application, the undersigned authorized agent of the persons(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and any attachments, are true and complete. The broker/underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase the insurance.

The information contained in and submitted with this application is on file with the broker/underwriter and along with the application is considered physically attached to the policy and will become a part of it. If issued the broker/underwriter will have relied upon this application and attachments in issuing any policy.

If the information in this application or any attachment materially changes between the date of this application and the policy effective date, the applicant will notify the broker/underwriter, who may modify or withdraw any outstanding quotation or agreement to bind insurance.

**WARNING:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

This application and any required supplement data must be completed in full in a legible manner. All questions and sections must be completed and the application dated and signed.

Date:

X

Signature of authorized representative

Title:

Name	Phone Number
<input type="text"/>	<input type="text"/>

Individual to contact for inspection / audit:

Additional Comments: Brief Details of Experience \* Description of Type of Work Performed \* Prior Insurance Claims

NOTICE TO PRODUCERS: The producer hereby warrants that the information contained in this application is true and correct to the best of their knowledge.

\_\_\_\_\_  
Signature of Producing Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Name (Type or Print)

\_\_\_\_\_  
License No#

# DCI INSURANCE AND RISK SERVICES

WWW.DCI-INSURANCE.COM

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## STATEMENT OF NO KNOWN LOSSES OR CIRCUMSTANCES

\_\_\_\_\_  
NAME OF ENTITY OR INSURED

WE(I) WARRANT AND REPRESENT THAT WE(I) ARE NOT AWARE OF ANY REPORT(S) OF OR OCCURENCE(S) OF ANY LIABILITY LOSS(ES), CLAIM(S), OR CIRCUMSTANCE(S) THAT MAY RESULT IN A LIABILITY CLAIM(S) AGAINST YOU OR AGAINST ANY PERSON OR ORGANIZATION FOR WHOM COVERAGE IS SOUGHT BY VIRTUE OF THIS APPLICATION, WETHER SUCH LOSS(ES), CLAIM(S) OR CIRCUMSTANCE(S) WAS COVERED BY INSURANCE OR NOT.

THIS WARRANTY IS MADE AS A CONDITION OF PURCHASING AN INSURANCE POLICY. WE(I) UNDERSTAND THAT IF ANY REPRESENTATION PROVES FALSE AND ANY CLAIM(S) ARE MADE FROM ANY PRIOR PERIOD (PRIOR INSURANCE) THE CURRENT POLICY OFFERED SHALL NOT OFFER ANY COVERAGE OR LEGAL ASSISTANCE AND THE CLAIM SHALL BE DENIED.

SIGNED UNDER PENALTIES OF PERJURY THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
APPLICANT OR INSURED SIGNATURE

\_\_\_\_\_  
PRINT NAME OF APPLICANT OR INSURED

TITLE