



**INVESTIGATORS**

General Liability and Errors & Omissions Insurance  
Contact Program Administrator Yergey Insurance at (800) 683-1226 with any questions.

1. Name of Applicant (include full name of firm, if applicable): \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Tel#: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

2. a. Date Established: \_\_\_\_\_  
 b. Years of experience as an investigator: \_\_\_\_\_

3. Please list all Association Affiliations, Memberships and Certifications: \_\_\_\_\_

4. a. Total number of investigators \_\_\_\_\_

Please allocate the number of investigators in the following 2 questions:

b. Number of full-time "Background investigators": \_\_\_\_\_ \* Number of part-time "Background investigators": \_\_\_\_\_ \*

\*\*"Background investigators" are defined as investigators whose work is only comprised of paperwork and computer checks on personnel for pre-employment, defense contractors, records checks and courthouse reviews.  
 A background investigator is further defined as only doing their work via the telephone and computer versus work outside the office.

c. Number of full-time "Private investigators": \_\_\_\_\_ \* Number of part-time "Private investigators": \_\_\_\_\_ \*

\*\*"Private investigators" are defined as investigators who have any work outside the office. This includes activities such as workers compensation related investigations, polygraphs, attorney related work for third-party suits, process serving, arson investigations, business consulting, surveillance and similar activities.

5. What percentage of your work is handled by sub/independent contractors? \_\_\_\_\_

If more than 25%, advise details on a separate sheet advising how many sub/independent contractors you typically use during the year and type of work they do for you.

6. Describe fully professional activities conducted: \_\_\_\_\_

7. Are you or your firm currently involved in, or plan to be in the next 12 months, any of the following?  Yes  No

If Yes, please advise % of your total revenue derived (or projected to be derived) from each activity and outline in detail your activities. Use additional sheets if necessary.

	Yes	%	No		Yes	%	No
Alarm installation	<input type="checkbox"/>	_____	<input type="checkbox"/>	Automobile repossessions	<input type="checkbox"/>	_____	<input type="checkbox"/>
Bail Bonding	<input type="checkbox"/>	_____	<input type="checkbox"/>	Body Guard/Executive Protection	<input type="checkbox"/>	_____	<input type="checkbox"/>
Firearms (carry or instruct)	<input type="checkbox"/>	_____	<input type="checkbox"/>	Security Guard	<input type="checkbox"/>	_____	<input type="checkbox"/>
Security system monitoring	<input type="checkbox"/>	_____	<input type="checkbox"/>	Bounty Hunters	<input type="checkbox"/>	_____	<input type="checkbox"/>
Traffic Control	<input type="checkbox"/>	_____	<input type="checkbox"/>	Title search and abstracting for Real Estate Closing	<input type="checkbox"/>	_____	<input type="checkbox"/>

8. Do you use firearms in the conduct of your professional activities?  Yes  No

**The use of firearms is excluded by this policy. Contact Yergey Insurance Agency for details.**

9. How many years have you maintained continuous General Liability and Errors & Omissions Coverage? \_\_\_\_\_

Name of General Liability Insurer \_\_\_\_\_ Policy Period \_\_\_\_\_ Limit \_\_\_\_\_ Deductible \_\_\_\_\_ Premium \_\_\_\_\_

Name of Errors & Omissions Insurer \_\_\_\_\_ Policy Period \_\_\_\_\_ Limit \_\_\_\_\_ Deductible \_\_\_\_\_ Premium \_\_\_\_\_

10. 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).
11. Is the Applicant aware of any circumstance, allegation, contention, or incident which may result in a claim or suit against the Applicant?  Yes  No (If Yes, please provide details on a separate attachment).
12. 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).

13. List your three largest clients and the services performed for each.

Name of client	Services
_____	_____
_____	_____
_____	_____

**Fraud Statement:** 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violations.

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true.  
 The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.  
 The completion of this Application does not bind the company to sell nor the Applicant to purchase the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

Signature \_\_\_\_\_

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Coverage is not in effect until approved by our underwriters and you receive our written confirmation coverage is bound with your effective date and policy number is if you qualify, your effective date will be the date of your expiring policy subject to our receiving this request prior to the expiration date of that policy or if this is the first time you have purchased coverage, the date we approve your application.

Mail this completed application to Yergey Insurance, 10550 Linden Lake Plaza, Suite 100, Manassas, VA 20109. Agent for the carrier is Swett & Crawford Insurance Agency. Questions can be answered by calling Yergey Insurance at (800) 683-1226 or fax to 703-530-0303.

Coverages include: General Liability including Bodily Injury, Property Damage, Personal Injury, Professional Liability, Error and Omissions all on an Occurrence Policy Form with an A++ rated Insurer by A.M. Best.  
 See specimen policy for actual terms and conditions.