

National Casualty Company

Madison, Wisconsin
 Property/Casualty Home Office
 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
 1-800-423-7675 • Fax (480) 483-6752
 www.scottsdaleins.com
 A Stock Company

Detective Or Investigative Agency (Private) & Process Servers Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location of Operations

Street and City	State	License Number
1. <input type="checkbox"/> same as mailing address		
2.		
3.		

1. Errors and Omissions (E&O) Coverage: Limited E&O Full E&O (limit will match CGL Limit of Liability)
2. How long has applicant been in business? _____ years Full-Time Part-Time
3. Are armed personnel certified for use of firearms? Yes No N/A
4. Are background checks completed on new employees prior to employment?..... Yes No
 If yes, describe procedures used for pre-employment screening: _____

Are these procedures compliant with state and federal requirements? Yes No

5. List applicant's five largest clients and the operations performed for each _____

Operations and Percentage of Receipts (Percentages should total to 100%)	
___ % Arson Investigation	___ % Insurance Adjusters (Draft Authority \$ _____)
___ % Bail Bond Operations	___ % Legal
___ % Body Guard	___ % Missing Person
___ % Bounty Hunting	___ % Parole/Detention Officer
___ % Computer Fraud	___ % Polygraph Work
___ % Consulting or Testifying as an expert witness	___ % Process Servers
___ % Corporate—Employee Dishonesty	___ % Records Check
___ % Drug Surveillance	___ % Surveillance (describe)
___ % Drug Testing	
___ % Personal Property Repossession (Autos, etc.)	___ % Undercover Operations (describe)
___ % Pre-employment Screening	
___ % Domestic	___ % Other Operations (describe)
___ % Insurance Claim Investigating	

6. Does applicant use dogs? Yes No

If yes, explain: _____

How often? _____

Employee Data	Number	Annual Payroll	Leased or Subcontracted	Number	Annual Cost
Owner(s) only		\$	Leased Employees		\$
Employees: Full-Time		\$	Independent Contractors		\$
Part-Time		\$			

(Include cost of uninsured subcontractors as employee payroll)

7. Does Applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

APPLICABLE IN THE STATE OF NEW YORK:

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 violation.

FRAUD WARNING:

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 subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____