

PRIVATE INVESTIGATOR PROFESSIONAL LIABILITY INSURANCE APPLICATION



Return Applications to: **Fox Point Programs, Inc.**
250 Philadelphia Pike, 2nd Fl,
Wilmington, DE 19809
Tel: 800-499-7242 • Fax: 302-472-8529
www.foxpointprg.com

NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

RATES SHOWN BELOW ARE FOR APPLICANTS GENERATING LESS THAN \$150,000 IN RECEIPTS ANNUALLY. APPLICANTS GENERATING HIGHER ANNUAL RECEIPTS MUST COMPLETE THE FULL APPLICATION SO THEY CAN BE INDIVIDUALLY UNDERWRITTEN AND RATED.

Select	Limit of Liability	Deductible	Premium	Taxes & Fees (Required)	Total Due (Premiums+Fee)
<input type="checkbox"/>	\$500,000/\$500,000	\$5,000	\$750	+\$100	\$850
<input type="checkbox"/>	\$1,000,000/\$1,000,000	\$5,000	\$1,000	+\$100	\$1,100

1 GENERAL INFORMATION Applicant Name _____

Business Address _____

City _____ State _____ Zip _____

Tel (____) _____ Fax (____) _____ E-mail _____

Do you operate from a residence? Yes No Years in Business _____ Date Business Established _____

Does Applicant have employees or retain independent contractors? Yes No If "Yes", how many? _____

If more than 3 employees or contractors utilized, please complete the Full Application.

2 FINANCIAL AND BUSINESS INFORMATION a. Total receipts, last 12 months \$ _____

a. Provide professional services by approximate percentage. *Must equal 100%.*

SERVICE PROVIDED	%	SERVICE PROVIDED	%	SERVICE PROVIDED	%
Activity Check	_____	Domestic.....	_____	Product Liability...	_____
Criminal.....	_____	Process Service	_____	Claims Adjuster....	_____
Polygraph	_____	Attorney Service.....	_____	Consulting	_____
AOE/COE.....	_____	Fidelity	_____	Property/Arson	_____
Civil	_____	Record Retrievers ..	_____	Computer Fraud ...	_____
Locates/ Skip Tracing.....	_____	Background/ Credit Check.....	_____	Medical Malpractice	_____
Forensic Investigation	_____	Other (describe) _____	_____		

b. Indicate on whose behalf services are performed. *Must equal 100%.*

CLIENT	%
Insurance Carriers	_____
Private Parties	_____
Law Firms.....	_____
Public Entities.....	_____
Self Insureds	_____
Professional Sports Teams.....	_____
Other (describe)	_____

c. State License No. _____ License Type _____

d. Applicant is: Individual Partnership Corporation Other (describe) _____

3 PRIOR INSURANCE a. Do you currently have an Errors & Omissions Insurance policy? Yes No

If "Yes", specify carrier _____ Retroactive Date: ____/____/____

b. Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled, or non-renewed? Yes No

c. Has any Professional Liability claim(s), complaint or proceeding been made against the Applicant or any person or organization proposed for this insurance or any predecessor organization? Yes No

If the answer to questions 3b or 3c is "Yes", please explain on a separate sheet.

Payment Option Check For Full Amount Due, Payable to: **Fox Point Programs, Inc.**

Applicant's
Authorized Signature _____ Date _____

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.