Special Investigators Professional Liability & Office Package Product

(800) 683-1226 Office / (877) 418-5422 Fax
info@yergeyins.com

Special Investigator Professional Liability & Office Package Application

Contact Program Administrator Yergey Insurance Services at (800) 683-1226 with any questions

General Application Information:

1. Name of Applicant: _____

(Complete name as it should appear on the policy including Inc., Corp., Ltd., LLC., Etc...)

Business Entity Type: ☐ Corporation ☐ Limited Liability Company ☐ Individual / Sole Proprietor ☐ Other _____

Contact Name: _____

Website: _____ Email: _____

Physical Address: _____

Mailing Address: (If different) _____

Other Location Address: _____

Business Phone Number: _____ Fax: _____ Cell Phone: _____

Federal ID Number : _____ Date Established: _____ Years Experience _____ (If less than 3 years, please include a copy of resume.)

Please list all Associations, Memberships and Certifications: _____

(Check all that Apply)

☐ APIA ☐ CFA ☐ FAPI ☐ HIWU ☐ IAAI ☐ INTELLENET ☐ KPIA ☐ LPDAM

☐ Madison Assoc ☐ MAPI ☐ NAFI ☐ NAPPS ☐ NCAPI ☐ NCISS ☐ NFL ☐ NJLPIA

☐ OALI ☐ PALI ☐ PAWLI ☐ PIAI ☐ PIAVA ☐ PSACO ☐ SCALI ☐ WALI

Operations:

If you are active in these activities, Please Call for an application or go to: www.yergeyins.com/applications :

Collection Agency **Claims Adjuster** **Title Abstracting** **Bail Bonding** **Automobile Repossessions**

Alarm/Security installation & monitoring services **Body Guard - High Profile** (Celebrities, Politicians, Athlete) **Security Guard** **Bounty Hunters/Fugitive Recovery**

2. Please provide the percentage of revenue from each type of operation below:

____% Accident Reconstruction	____% Debugging / TSCM	____% Lie Detection / Polygraph
____% Accounting Forensic / AML	____% Executive Protection - Low Profile	____% Locate / SkipTrace
____% Arson / Property Investigations	____% Exiting Interview (Corporate)	____% Mortgage/Court - Auction Services
____% Attorney / Legal Investigations	____% Expert Witness Services	____% Online Searches
____% Background Investigations	____% Fidelity Investigations / Domestic	____% OSINT Services
____% Computer Forensic	____% Fingerprint Analysis	____% Process Service / Subpoena
____% Conservator of Peace (SCOP)	____% Firearms Training - Classroom Only	____% Security Training
____% Constable Services	____% Firearms Training - Range	____% Shopping Services/Mystery Shopping
____% Consulting	____% Genealogy	____% Sub-Rosa Investigations
____% Copyright / Trademark Investigations	____% Insurance Investigations	____% Threat/Vulnerability Assessment
____% CyberSecurity Infiltration	____% Juvenile Investigations	____% Under Cover Investigations
____% Other (Write in Below)	____% Kidnap and Ramson	

3. Your companies expected annual revenue:

☐ $0 to $150,000 ☐ $150,001 to $250,000 ☐ $250,001 to $350,000 ☐ $350,001 to $450,000

☐ $450,001 to $550,000 ☐ $550,001 to $650,000 ☐ $650,001 to $750,000 ☐ $750,001 to $1,000,000

☐ $1,000,001 and $1,250,000 ☐ $1,250,001 and $1,500,000 ☐ $1,500,001 and $1,750,000 ☐ $1,750,001 and $2,000,000

☐ $2,000,001 and Above

Desired Liability Limits:

4. Request Limits of Liability:

☐ $300,000 / $600,000 ☐ $500,000 / $1,000,000 ☐ $1,000,000 / $3,000,000 ☐ $1,000,000 / $5,000,000

☐ $2,000,000 / $2,000,000 ☐ $3,000,000 / $3,000,000 ☐ $4,000,000 / $4,000,000 ☐ $5,000,000 / $5,000,000

Desired Property Limits:

5. Request Limit of Business Personal Property Coverage: (Furniture & Fixtures) ☐ $25,000 - Included - No Cost ☐ $50,000 ☐ $100,000

6. Request Limit of Business Income and Extra Expense: ☒ $25,000 - Included - No Cost

Underwriting:

7. Total number of Employees? (Inclusive of all investigators) _____

   a. Number of Investigators? _____

8. Does the applicant subcontract any investigative work? ☐ Yes ☐ No

   a. If Yes - What percentage of work is subcontracted? _____

   b. If Yes - Are subcontractors required to maintain their own liability coverage at a minimum limit of $300,000/$600,000? ☐ Yes ☐ No

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

Name of Prior Insurance	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? (If Yes, please provide details on a separate attachment.) ☐ Yes ☐ No

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. Does any operation ***require*** you to carry and/or use of a firearm? ***(IF YOU CARRY FOR YOUR OWN PROTECTION, ANSWER NO)*** ☐ Yes ☐ No

Optional Coverages

14. Hired and Non-Owned Auto: ☐ $300,000 ☐ $500,000 ☐ $1,000,000
    (Limit Selected cannot exceed primary liability limits)

    a. Does the applicant have a commercial auto policy in place? ☐ Yes ☐ No

    b. Does the applicant rent or hire auto in excess of 10 times per year? ☐ Yes ☐ No

    c. Does the applicant use any auto to transport clients? ☐ Yes ☐ No

    d. Does the applicant own any auto registered in the company's name or leased on a long term basis? ☐ Yes ☐ No

15.. Blanket Additional Insured: ☒ Included - Included - No Cost

16. Private Eye Endorsement ☒ Included - Included - No Cost

17. Waiver of Subrogation: ☐ To Include - Additional Cost $150

18. Primary Wording: ☐ To Include - Additional Cost $150

19. Stop Gap: (Not Available in All States) ☐ To Include - Additional Cost $250

20. Nose Coverage: ☐ To Include - Additional Cost Retroactive Date of Current Policy: _____

Transition from Claims Made policy to an Occurrence Form policy - One Year Additional Cost

    a. Does the applicant or any principals, directors, officers, partners, professional employees, or independent contractors of the applicant have knowledge or information of any actual or alleged acts, errors, omissions, offenses, or circumstances which might reasonably be expected to give rise to a claim against the applicant or any proposed insured entity? ☐ Yes ☐ No

21. Worldwide Coverage: ☐ To Include - Additional Cost

Other Coverages (Quote Request)

- ☐ Cyber/Privacy/Crime Coverage
- ☐ Directors and Officers Liability (D&O)
- ☐ Workers Compensation
- ☐ Employee Practice Liability (EPLI)
- ☐ Surety / License Bonds
- ☐ Drone / Unmanned Aircraft Liability
- ☐ Commercial Auto

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident 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 applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify and any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached dot and become part of the policy.

Applicant's Signature _____

Name (please print): _____ Date: _____

Desired Effective Date: _____

FOR FLORIDA APPLICANTS ONLY:

Insurance Agent's Name: Michael Yergey Agent's License Identification Number: _____

Insurance Agent's Signature _____

Coverage is not effective until approved by our underwriters and you receive our written conformation 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 the completed application to **Yergey Insurance Services, LLC, 5941 Parsons Lane, King George, VA 22485-2434**
or email: info@yergeyins.com Agent for the carrier is CRC Swett and the policy is underwritten by
ACE Fire Underwriters Insurance Company or Illinois Union Insurance Company, Rated A++ from AM Best.

Questions can be answered by calling **Yergey Insurance at (800) 683-1226 or fax to (877) 418-5422**.

Coverage 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.

******FRAUD WARNING STATEMENTS******

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 (or any supplemental application, questionnaire or similar document) containing any false, incomplete or misleading information is guilty of a felony of 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 OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA 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 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.

NOTICE TO WEST VIRGINIA 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 ALL OTHER APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT REPRESENTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION, SUPPRESSED OR CONCEALED. THE UNDERSIGNED AGREES THAT IF AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE UNDERSIGNED SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO B BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.*****