



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: _____

City: _____ State: _____ Zip: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip: _____

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 LPDAM NAPPS NCAPI NCISS NJLPIA PIAI PIAVA PSACO

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. What kind of Investigations do you perform:

<input type="checkbox"/> Background Investigations	<input type="checkbox"/> Medical Mal-Practice Investigations	<input type="checkbox"/> Mortgage/Court - Auction Services
<input type="checkbox"/> Civil Investigations	<input type="checkbox"/> Fidelity Investigations/Domestic	<input type="checkbox"/> Security Training
<input type="checkbox"/> Criminal Investigations	<input type="checkbox"/> Executive Protection - Low Profile	<input type="checkbox"/> Security Consulting/Survey
<input type="checkbox"/> Attorney Service	_____ : Percentage of total work	_____ : Percentage of total work
<input type="checkbox"/> Process Server	<input type="checkbox"/> Activity Check	<input type="checkbox"/> Expert Witness Services
<input type="checkbox"/> AOE/COE Investigations	<input type="checkbox"/> Locate/Skip Tracing	<input type="checkbox"/> Computer Forensic
<input type="checkbox"/> Property / Arson Investigations	<input type="checkbox"/> Under Cover Investigations	<input type="checkbox"/> Accounting Forensic / Bank Review (AML)
<input type="checkbox"/> Sub-Rosa Investigations	<input type="checkbox"/> Exiting Interview (Employee Dismissed)	<input type="checkbox"/> Copyright / Trademark Investigations
<input type="checkbox"/> Product Liability Investigations	<input type="checkbox"/> Exiting Interview (Inventory Only)	<input type="checkbox"/> Debugging / Eavesdropping Detection (TSCM)
<input type="checkbox"/> Firearms Training - Range	<input type="checkbox"/> Genealogy	<input type="checkbox"/> Drug Testing - Witness Only (NO Testing)
<input type="checkbox"/> Firearms Training - Classroom Only	<input type="checkbox"/> Juvenile Investigations	<input type="checkbox"/> Shopping Services/Mystery
<input type="checkbox"/> Asset Searches	<input type="checkbox"/> Debt Collection - Less than 10%	<input type="checkbox"/> Kidnap and Ransom
<input type="checkbox"/> Constable Services	<input type="checkbox"/> Record Retrieval	<input type="checkbox"/> Insurance / Legal Investigations
<input type="checkbox"/> Conservator of Peace (SCOP's)	<input type="checkbox"/> Accident Reconstruction	<input type="checkbox"/> Lie Detection/Polygraph
<input type="checkbox"/> Enrollment Agents	<input type="checkbox"/> Threat/Vulnerability Assessment	<input type="checkbox"/> Fingerprint Analysis
<input type="checkbox"/> Other	_____ : Percentage of total work	<input type="checkbox"/> Cyber Security
		<input type="checkbox"/> Register Agent

3. Your companies expected annual revenue:

<input type="checkbox"/> \$0 to \$150,000	<input type="checkbox"/> \$150,001 to \$250,000	<input type="checkbox"/> \$250,001 to \$350,000	<input type="checkbox"/> \$350,001 to \$450,000
<input type="checkbox"/> \$450,001 to \$550,000	<input type="checkbox"/> \$550,001 to \$650,000	<input type="checkbox"/> \$650,001 to \$750,000	<input type="checkbox"/> \$750,001 to \$1,000,000
<input type="checkbox"/> \$1,000,001 and \$1,250,000	<input type="checkbox"/> \$1,250,001 and \$1,500,000	<input type="checkbox"/> \$1,500,001 and \$1,750,000	<input type="checkbox"/> \$1,750,001 and \$2,000,000
<input type="checkbox"/> \$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 Property Coverage: \$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. Does the applicant have more than 5 employees? Yes No
- 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? 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. Does any operation require you to carry and/or use of a firearm? *(IF YOU CARRY FOR YOUR OWN PROTECTION, ANSWER NO)* Yes No

Cyber/Privacy Liability Coverages

Privacy Liability Only - 3rd Party

- 14. Does the applicant's website, system, or network request and capture any credit card information? Yes No
 - a. IF YES, Is Applicant currently compliant with regard to Payment Card Industry Data Security Standard (PCI DSS)? Yes No
- 15. Does the applicant's website, system, or network request and capture Credit History and Rating, Bank Records, Investment Data or Financial Transactions? Yes No
- 16. Does the applicant's website, system, or network request and capture Medical Records or Personal Health Information? Yes No
 - a. IF YES, Is Applicant currently compliant with regard to Health Insurance Portability and Accountability Act of 1996? Yes No

Including Data Breach - 1st Party

- 17. Is firewall technology used at all internet points of presence to prevent unauthorized access to internal networks? Yes No
- 18. Are written policies and/or documented procedures in place which address Network Security, appropriate use of network resources/internet/email, and user and password management? Yes No
- 19. Does the applicant use up to date antivirus software on all desktops, portable computers and mission critical servers? Yes No
- 20. Does the applicant hold over 250,000 protected records? Yes No

Optional Coverages

21. 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

22. Blanket Additional Insured: Included - Included - No Cost

23. Private Eye Endorsement Included - Included - No Cost

24. Waiver of Subrogation: To Include - Additional Cost \$150

25. Primary Wording: To Include - Additional Cost \$150

26. 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

27. Worldwide Coverage: To Include - Additional Cost

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, 7371 Atlas Walk Way, #603 Gainesville, VA 20155** or email: info@yergeyins.com
Agent for the carrier is CRC Swett and the policy is underwritten by **ACE Fire Underwriters 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 BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY. *****