

1. Applicant: _____
Street Address: _____
Mailing Address (if different): _____
2. Additional Office Locations (if any):
A. _____
B. _____
3. Contact person: _____ Tax ID Number: _____
E-mail: _____ Phone Number: _____
Website: _____ FAX Number: _____
4. Applicant is: ___ Individual ___ Corporation ___ Partnership ___ Other - Describe: _____
5. REQUESTED EFFECTIVE DATE: _____
6. Date Business Started: _____ Your License Number: _____
7. Describe your operations (any areas of specialty, etc.): _____

Please Answer Each of the Following - "Yes" or "No":

	YES	NO
8. Do you operate in other States? A. Are you licensed in every State where licenses are required?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you engaged solely in detective/private investigative operations?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you do Electronic Eavesdropping work?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you do Shoplifting Surveillance work?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you provide Lie Detection Services &/or Polygraph testing?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you adhere to the NCISS Code of Ethics?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you provide Expert Witness Testimony related to Arson Investigations?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you do Security Consulting work?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you do Repossession or Collection work?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you do any undercover work in the workplace (Workforce Infiltration work)?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you do Bodyguard / Executive Protection work?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you perform Security Guard Services?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you do Bounty Hunting or Fugitive Recovery work?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to Questions 8 through 20: Please DESCRIBE exactly what you do in each of these areas:

21. Number of Employees:	F/T	P/T	Total	Number Armed?	Annual Payroll	Annual Revenue
Investigators: (Include Yourself!)					\$	
Clerical:					\$	
Total:					\$	

22. WHAT KIND of Investigations Do You Do? Please provide approximate percentage (%) in each category

Category	Unarmed	Armed	Category	Unarmed	Armed
Arson	%	%	Insurance / Legal	%	%
Accident Reconstruction	%	%	Kidnap and Ransom	%	%
Background Screening	%	%	Lie Detection / Polygraph	%	%
Child Custody	%	%	Matrimonial / Domestic	%	%
Copyright / trademark / patent	%	%	Missing Persons / Skip Tracing	%	%
Counterfeit Products	%	%	Paper / Pencil Honesty Testing	%	%
Credit	%	%	Process Serving	%	%
Criminal / Fraud / SIU	%	%	Record Checks	%	%
Debugging (Eavesdropping detection)	%	%	Shopping Service	%	%
Drug Testing	%	%	Undercover / Workplace Infiltration	%	%
Forensic Accounting	%	%	Video Surveillance	%	%
Genealogical Searches	%	%	Other (Describe it!)	%	%
Identity Theft	%	%	TOTAL	100%	

23. Are your Detectives/Investigators armed? YES NO
 If yes, please describe their experience & training (such as: retired police officer, etc.):

24. Do you employ Independent Contractors?

If Yes:

F/T	P/T	Total	Contract Cost
			\$

B. Do they provide you with proof of their own insurance?
 Note: Independent Contractors are required to carry limits of \$1,000,000 / 2,000,000

25. Please provide insurance information for the past 5 years:

Insurance Company Name	Policy Period	Liability Limit	Premium	# of Claims or Lawsuits
			\$	
			\$	
			\$	
			\$	
			\$	

A. Please attach loss runs for the past 3 years
B. Please describe any claims, on an attached page. (What happened & how did it happen?)
C. Do you have any knowledge of any incidents that have occurred prior to the date of this application, and which might result in a future claim? (If yes, please provide details.)

26. Are you currently insured?

27. Has any insurance company cancelled or refused to renew your insurance?

If Yes, Explain: _____

NOTICE TO APPLICANT:

The application must be signed by an individual Applicant, or by the President, Chairman, or CEO of the Applicant, acting as the Authorized Agent of the person(s) and entity(ies) proposed for this insurance.

The undersigned Applicant/Authorized Agent declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and any attachments are true and complete. The Underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the Underwriter to complete, or the applicant to purchase, this insurance.

The information contained in and submitted with this application is on file with the Underwriter and along with the application, is considered physically attached to, and will become a part of such policy, if issued. The Underwriter will have relied upon this application and attachments, in issuing the policy.

If the information in this application or any attachment materially changes between the date of this application and the policy effective date, the Applicant will notify the Underwriter, who may modify or withdraw any quotation or agreement to bind insurance.

I have read the State Notices that follow.

Signed: _____

Print Name: _____

Title: _____

Date: _____

Notice to ARKANSAS, MINNESOTA & OHIO Applicants:

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

Notice to COLORADO Applicants:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to FLORIDA Applicants:

Any person who, knowingly and with intent to injure, defraud, or deceive an employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false 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 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 MAINE 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 may include imprisonment, fines, or a denial of insurance benefits.

Notice to MARYLAND Applicants:

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Notice to NEW JERSEY Applicants:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to NEW YORK 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 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.

Notice to OKLAHOMA Applicants:

Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to OREGON & TEXAS Applicants:

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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.

THE NCISS PI INSURANCE PLAN

Brownyard Programs in collaboration with the National Council of Investigators and Security Services has developed a general professional liability program for private investigators throughout the United States. The NCISS Private Investigator Insurance plan combines broad coverage with very competitive premiums, and it is underwritten by the largest insurance group in the world:

American International Group (AIG)

The NCISS PI Insurance Plan includes the following major features:

COVERAGE

- **Comprehensive General Liability** – Basic Premises & Operations Coverage
- **Professional Liability / Errors & Omissions** – Includes coverage for Financial Loss
- **Assault & Battery** – Includes coverage for ALL assaults!
- **Vicarious Liability** of the Employer
- **Personal Injury** – False arrest, libel and slander, invasion of privacy, etc.
- **Contractual Liability** – Coverage for Hold Harmless Clauses / Indemnification Agreements
- **Additional Insured** – Coverage is available (for an additional charge)
- **Independent Contractors**
- **Accidental Death Coverage** - \$25,000 per employee

LIMITS	PREMIUMS	DEDUCTIBLE
\$1,000,000 per Occurrence \$2,000,000 Aggregate	Policy premiums are generally lower than the premiums charged by most other PI Insurance programs.	\$2,500 Per Occurrence

INSURANCE COMPANY

Insurance Company: **Lexington Insurance Company**
 part of the American International Group
 which is rated "A+" (Excellent) by A.M. Best Company, Inc.

- Coverage is available in all states except Alaska
- Coverage is only available to members of NCISS

For More Information, Please Contact:	Brownyard Programs Ltd.	Brownyard Programs Ltd. P.O. Box 599 East Islip, NY 11730 (800) 665-7304 FAX: (631) 581-9385
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