



PRIVATE INVESTIGATOR PROFESSIONAL LIABILITY INSURANCE APPLICATION

Administered by:
Fox Point Programs, Inc.
250 Philadelphia Pike, 2nd Fl
Wilmington, DE 19809
800-499-7242 Fax: 302-472-8529
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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 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	+\$175	\$925
<input type="checkbox"/>	\$1,000,000/\$1,000,000	\$5,000	\$1,000	+\$175	\$1,175

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. <i>Must equal 100%.</i>				b. Indicate on whose behalf services are performed. <i>Must equal 100%.</i>	
SERVICE PROVIDED	%	SERVICE PROVIDED	%	CLIENT	%
Activity Check	_____	Domestic.....	_____	Insurance Carriers	_____
Criminal.....	_____	Process Service	_____	Private Parties	_____
Polygraph	_____	Attorney Service.....	_____	Law Firms.....	_____
AOE/COE.....	_____	Fidelity	_____	Public Entities.....	_____
Civil	_____	Record Retrievers	_____	Self Insureds	_____
Locates/ Skip Tracing.....	_____	Background/ Credit Check.....	_____	Professional Sports Teams.....	_____
Forensic Investigation.....	_____	Other (describe) _____	_____	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 proposed Insured ever been the subject of disciplinary action by authorities as a result of professional activities? Yes No
 c. Does the person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her? Yes No *If "Yes", please complete a Supplemental Claims Information Form for each.*
 d. After inquiry have any claims been made against any proposed Insured(s) during the past five (5) years? Yes No
 If "Yes", please complete a Supplemental Claims Information Form for each claim.
If the answer to questions 3b, 3c or 3d (above) is "Yes", please explain on a separate sheet.

Payment A. Check For Full Amount Due, Payable to: **Fox Point Programs, Inc.**
Options B. Credit Card VISA MasterCard AMEX
 _____ CREDIT CARD NUMBER _____ EXP DATE _____

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.