



**Producer:** Kevin Whaley, LIC  
**Address:** PO Box 1788  
 Grand Rapids, MI 49501-1788  
**Telephone:** (800) 748-0351, ext 435  
**Fax:** (800) 847-3129  
**Email:** [ispla@thecampbellgrp.com](mailto:ispla@thecampbellgrp.com)

## PRIVATE INVESTIGATOR INSURANCE APPLICATION

### A. Business Information

1. Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Additional Locations, if any: \_\_\_\_\_

3. Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

4. Proposed Effective Date: \_\_\_\_\_

5. Licensed and in Business since: \_\_\_\_\_

6. Applicant is:  Corporation  Partnership  Individual  LLC  Other: \_\_\_\_\_

7. Gross Receipts/Sales: Last Year \$ \_\_\_\_\_ Anticipated Coming Year: \_\_\_\_\_

What is the number of active accounts/contracts currently servicing: \_\_\_\_\_

8. Employees Information:

	No. of Employees		Total Payroll	
	Full Time	Part-Time (20 hrs or less)	Last Year	Coming Year
a. Employees Payroll	_____	_____	\$ _____	\$ _____

b. Describe hiring practices and pre-employment screening procedures: \_\_\_\_\_

c. Do you have any employees who drive your or their autos while working for you?  Yes  No

d. Do you order Motor Vehicle Reports on these employees?  Yes  No

9. Claim/Loss History for Past 5 Years. If none, so state. (Insurer loss runs are required)

Date	Description	\$ Paid Amount	\$ Reserves	Open/Closed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any additional incidents that have occurred which may result in a claim being made against the applicant. If none, so state: \_\_\_\_\_

\_\_\_\_\_

10. Is applicant involved with any of the following activities or clients?

	<u>Yes</u>	<u>No</u>	<u>%</u>
Arson Investigation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Body Guards (describe clients)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child Search/Missing Persons	<input type="checkbox"/>	<input type="checkbox"/>	_____
Collection Agencies/Work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Credit Checks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drug Searches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electronic Searches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingering Printing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insurance Investigations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Polygraph Operators	<input type="checkbox"/>	<input type="checkbox"/>	_____
Process Servers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Repossession	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skip Tracers	<input type="checkbox"/>	<input type="checkbox"/>	_____*
Strike Work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Undercover Work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____			_____

TOTAL: 100%

Largest Clients: \_\_\_\_\_  
 Largest Clients: \_\_\_\_\_

\*Skip Chasers/Bounty Hunters are not eligible.

**B. INSURANCE INFORMATION**

Policy information:

Carrier	Dates	Limits	Premium	Basis	Deductible
_____	_____	_____	_____	_____	\$ _____

**C. DISCLOSURE/AUTHORIZATION/DECLARATIONS**

WARNING NOTICE: Any person who, with intent to defraud or knowing that he 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.

The undersigned Applicant authorizes the Company, its agents, and representatives to secure claims information from my current and previous insurance carriers.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSURER TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

\_\_\_\_\_  
 Applicant Date

The undersigned agent or broker additionally agrees to be responsible for any earned premium developed on any policy issued based on this application.

\_\_\_\_\_  
 Signature of Agent or Broker Date

I would like to  elect or  reject Terrorism Risk Insurance Act—if elected an additional and separately disclosed premium will be charged on your policy. Checking the rejection box constitutes a legal waiver of coverage in the same manner as a signature.