



## DETECTIVE OR INVESTIGATIVE AGENCY SUPPLEMENT

First Named Insured \_\_\_\_\_

### UNDERWRITING INFORMATION

**General Section** *Must be answered on all risks.*

1. Indicate the types of operations by entering the percentage of total receipts of each:

Alarm Response _____%	Courier Services _____%	Process Serving _____%
Armored Car Services _____%	Domestic (divorce) _____%	Protective Service _____%
Auto Repossession _____%	Drug Surveillance _____%	Security Consulting _____%
Background Checks _____%	Escorts/Vehicle Patrol _____%	Security Services _____%
Bail Bondsmen _____%	Fingerprinting _____%	Security System Installations _____%
Body Guard _____%	Insurance Investigation _____%	Surveillance _____%
Bounty Hunting _____%	Lie Detection Testing _____%	Sweeping/Debugging _____%
Concert/Entertainment Security _____%	Missing Persons _____%	Other _____%
Consulting _____%		

Describe in detail any operations listed above as "Other." \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Indicate the types of your clientele:

Insurance Cos. \_\_\_\_\_% Corporations \_\_\_\_\_% Law Firms \_\_\_\_\_% General Public \_\_\_\_\_%

3. Are licenses required by your state government?  Yes  No If yes, license no. \_\_\_\_\_

4. Number of employees by category for your agency:

Licensed Investigators \_\_\_\_\_ Unlicensed Investigators \_\_\_\_\_ Clerical or Office Staff \_\_\_\_\_

Other \_\_\_\_\_ Indicate type of position and number \_\_\_\_\_

5. Do you subcontract work to other agencies or individuals?  Yes  No

If yes, percentage of work subcontracted \_\_\_\_\_%

Are subcontractors required to carry insurance?  Yes  No

If yes, indicate general liability limits \$ \_\_\_\_\_

Are they required to carry personal injury liability insurance?  Yes  No

Are you named as an additional insured?  Yes  No

Type of work subcontracted. \_\_\_\_\_

6. Training hours required for each job category:

	Pre-Job Training	Continuing Ed (annual)	Handgun (annual)
Licensed Investigator	_____	_____	_____
Unlicensed	_____	_____	_____

7. Number of investigators under each years of experience column by job category:

	None	1 – 2	3 – 5	6 – 9	10 or more
Licensed	_____	_____	_____	_____	_____
Unlicensed	_____	_____	_____	_____	_____

8. Percent of business from repeat or contract customers \_\_\_\_\_%

9. List top three clients:

**Name of Company or Individual**

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10. List key management personnel (names, ages, job descriptions, length of employment, percent of ownership).

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11. Has your license been suspended or revoked within the past five years?  Yes  No

12. Has any employee or owner ever had any prior convictions for illegal activities?  Yes  No

If yes, explain. \_\_\_\_\_

13. Do you or any of your investigators carry concealed weapons?  Yes  No

If yes, how often \_\_\_\_\_ List all permit numbers \_\_\_\_\_

14. Are criminal checks performed on all employees prior to hiring?  Yes  No

**Personal Injury Section**

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 1. Do you or any of your investigators:                                   |                          |                          |
| a. Do any electronic surveillance, even when allowed by law?              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use motion or still photograph on private premises without permission? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Enter private property without permission?                             | <input type="checkbox"/> | <input type="checkbox"/> |

2. Is training conducted or provided on libel, slander and invasion of privacy issues to your staff?  Yes  No

3. Has you or any of your investigators ever been involved in a libel, slander or invasion of privacy lawsuit?  Yes  No

If yes, provide details. \_\_\_\_\_

**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or 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 and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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Signature of Applicant Title Date

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Signature of Producing Agent Date

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Agent Name and Address

## **IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Northfield compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northfield Insurance Company, c/o Law Department, 385 Washington St., St. Paul, MN 55102.