



SCOTTSDALE INSURANCE COMPANY®

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Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
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DETECTIVE OR INVESTIGATIVE AGENCY (PRIVATE) & PROCESS SERVERS
SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Location of Operations

Table with 3 columns: Street and City, State, License Number. Rows 1-3 with checkboxes for 'same as mailing address'.

- 1. Errors and Omissions (E&O) Coverage: [] Limited E&O [] Full E&O (limit will match CGL Limit of Liability)
2. How long has applicant been in business? _____ years [] Full-Time [] Part-Time
3. Are armed personnel certified for use of firearms?..... [] Yes [] No [] N/A
4. Are background checks completed on new employees prior to employment?..... [] Yes [] No
If yes, describe procedures used for pre-employment screening: _____

5. List applicant's five largest clients and the operations performed for each: _____

6. Is applicant involved in any other operations or business? [] Yes [] No
If yes, describe: _____

Operations and Percentage of Receipts (Percentages should total to 100%)
Table with 2 columns listing various operations and their percentages.

Employee Data	Number	Annual Payroll	Leased or Subcontracted	Number	Annual Cost
Owner(s) only		\$	Leased Employees		\$
Employees: Full-Time		\$	Independent Contractors		\$
Part-Time		\$			

(Include cost of uninsured subcontractors as employee payroll)

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING:

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)