



# PRIVATE INVESTIGATOR PROFESSIONAL LIABILITY INSURANCE APPLICATION

Return Applications to: **Fox Point Programs, Inc.**  
4001 Miller Road  
Wilmington, DE 19809  
Tel: 800-499-7242 • Fax: 302-765-2088  
www.foxpointprg.com

**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	+\$200	\$950
<input type="checkbox"/>	\$1,000,000/\$1,000,000	\$5,000	\$1,000	+\$200	\$1,200

**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. *Must equal 100%.*

SERVICE PROVIDED	%	SERVICE PROVIDED	%	SERVICE PROVIDED	%
Activity Check .....	_____	Domestic .....	_____	Product Liability...	_____
Criminal .....	_____	Process Service .....	_____	Claims Adjuster....	_____
Polygraph .....	_____	Attorney Service.....	_____	Consulting .....	_____
AOE/COE.....	_____	Fidelity .....	_____	Property/Arson ....	_____
Civil .....	_____	Record Retrievers ..	_____	Computer Fraud...	_____
Locates/ Skip Tracing.....	_____	Background/ Credit Check.....	_____	Medical Malpractice .....	_____
Forensic Investigation.....	_____	Other (describe) _____	_____		

b. Indicate on whose behalf services are performed. *Must equal 100%.*

CLIENT	%
Insurance Carriers	_____
Private Parties .....	_____
Law Firms.....	_____
Public Entities.....	_____
Self Insureds .....	_____
Professional Sports Teams.....	_____
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.**