



Return Applications to:  
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## Private Investigation General Liability (E & O) Application

### Section 1-General Information

Insured's Name (Including dba's): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Effective Date Desired: \_\_\_\_\_

Individual:  Partnership:  Corporation:  Other:

#### Limit of Liability Desired

Occurrence: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Company Established: \_\_\_\_\_

What background do the principals of this organization have in the Investigative/Security Consultation Industry?

Federal ID Number: \_\_\_\_\_

License Number: \_\_\_\_\_

*\*\*\*Your liability insurance defines Independent Contractors as workers who carry their own license and their own liability insurance. All other employees who are 1099 or W2 are considered "on the payroll" and their salaries should be included on the next page.*

Does applicant subcontract work to others?  Yes  No

Do sub-contractors maintain their own insurance?  Yes  No

Are Certificates of Insurance required from subcontractors?  Yes  No



Do you require subcontractors to name you as an additional insured on their policies?  Yes  No

Annual Sub-Contractor Cost: \_\_\_\_\_

Does your firm provide any type of security guard or alarm operations?  Yes  No

If "Yes", please explain:

Please provide a list of your **types of clients**, along with a description of services:

## Section II - Operations

Total number of Owner(s): \_\_\_\_\_

Number of Owners performing investigation(s): \_\_\_\_\_

Number of employees not including Clerical, Sub-Contractors, Owner(s), Partners or Exec Officers: \_\_\_\_\_

Annual Corporate Revenue: \_\_\_\_\_

Total Employee Payroll: \_\_\_\_\_  
(not incl owners or partners)

Employee training consists of:

- Written Manual     Report Writing     Powers of Arrest     On the Job  
 Firearms     CPR     Other

Pre-Employment screening procedures for employees (check all that apply):

- Driving Record (MVR)     Psychological Test     Drug Screen  
 Fingerprint Check     Personal References     Other \_\_\_\_\_

**\*Please indicate % of operations (must be 100%):**

### Private Investigation

% Accident Investigations/Reconstruction\*\*     % Insurance Investigations  
 % Asset Searches     % Legal Investigations



- % Background Investigations
- % Bank & Accounting Fraud
- % Child Recovery/ Custody
- % Computer Crime
- % Credit/ Pre-Employment
- % Domestic (Matrimonial/Divorce)
- % Environmental
- % Executive Protection\*\*
- % Expert Witness
- % Fire / Arson

- % Missing Persons/ Heirs
- % Process Serving
- % Record Services
- % Repossessions
- % Shopping Services \*\*
- % Skip Tracing/ Collections
- % Surveillance / Electronic
- % WC/ Fraud Investigations
- % White Collar Crimes
- % Other\*\*

### Security Consulting\*\*

- % Construction Design
- % Criminal
- % Data / Computer Security
- % Kidnap / Terrorist

- % Seminars / Lectures
- % Terrorism
- % Threat Assessments
- % Other

### Lie Detection

- % Paper / Pen & Pencil
- % Polygraph

- % Psychological Stress Evaluator
- % Other

### Training

- # Firearms Training-Classroom (students /yr)
- # Security –Classroom (students/yr)       # Other \*\* (students/yr)
- # Firearms Training- Firing Range (students/yr)

**\*\*Please refer to Section III for a further explanation of operations**



## Section III – Description of Operations (If Applicable)

**Accident Investigations / Reconstruction-** Please describe all operations below:

Any fault assessment?  Yes  No

**Executive Protection-** Please describe all duties performed below:

Any athletes, celebrities or entertainers?  Yes  No

**Expert Witness-** Do you provide court testimony as an expert for cases that you are **NOT** investigating?

Yes  No

If **“Yes”**, please describe all operations/duties performed & **provide resume:**

**Fire/ Arson-** Please describe all operations/duties performed below:

Any cause of origin?  Yes  No

**Shopping Services-** Please describe events, locations and duties:



**Security Consulting** – Please describe clients, scope of services performed & provide a **sample contract**:

Other- Please describe all operations/duties performed:

## Section IV – Current Insurance Information

Current Carrier: \_\_\_\_\_

Inception date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Premium: \_\_\_\_\_

Deductible: \_\_\_\_\_

Limit of Liability: \_\_\_\_\_

Occurrence Form?  Yes  No

Have there been any claims or lawsuits in the past 5 years? If “yes”, please attach statement of losses.

Yes  No

Do you anticipate any future claims/losses?  Yes  No

Applicant Name: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_