

Capitol Indemnity Corporation offers package or monoline General Liability Coverage for Detective and Security Agencies. Both programs provide Errors and Omissions/Professional Liability Coverage including Personal Injury and Erroneous Service of Process. Optional Liability Coverage is available for individuals carrying firearms and \$100,000 of Property Entrusted Coverage.

PROPERTY COVERAGE

Building and/or Contents

- Property Deductible — \$250 per claim
- 80% or 90% Coinsurance

Optional Business Income Coverage

GENERAL LIABILITY COVERAGE

- \$1,000,000 Each Occurrence
- \$2,000,000 General Aggregate
- \$5,000 Medical Payments
- Higher Limits Available

Premises and Operation Liability for Third Party Bodily Injury and Property Damage Claims.

Personal Injury for Libel or Slander

Erroneous Service of Process

Errors and Omissions Professional Liability

Incidental Medical Malpractice for claims arising out of the rendering or failure to render first aid by an insured other than a medical professional

Optional Liability Coverage for Firearms on a named individual basis.

Optional Property Entrusted Coverage to the insured (\$100,000 limit)

CRIME COVERAGES

- Form A - Blanket Employee Dishonesty
- Form B - Theft, Disappearance & Destruction

INLAND MARINE COVERAGE

- Contact Company

UMBRELLA LIABILITY COVERAGE

- Limits From \$1,000,000 to \$5,000,000 Available
- Contact Company

These materials describe Capitol Indemnity's Detective and Security Agency Program. Given space limitations, we cannot list every provision, condition, or exclusion in the policy. These materials are subject to the terms of the actual policy issued should this application be completed by you and approved by the home office. In all cases, the language of the policy controls. Please read your entire policy carefully, immediately after you receive it and contact your agent in the event you have any questions.



Detective & Security Agency Application

Date: _____

Business Name: _____

Agent's Name: _____

Owner's Name: _____

Agent's Address: _____

Business Phone: _____

Business Address: _____

Applicant is: Individual Partnership Corporation Other Proposed Effective Date: _____ to _____

I. Property

(Circle Coverage)

Bldg Limit: _____ Special or Broad ACV or RC 80% or 90% Coinsurance

Cnts Limit: _____ Special or Broad ACV or RC 80% or 90% Coinsurance

Bus Income Limit _____ Coinsurance _____ or Monthly Limit _____ Deductible _____ (\$250 minimum)

Other occupants of building: _____

Location is: Rented Owned

Is there a: Mortgagee Loss Payee Contract of Sale

(If Yes) Name: _____

Address: _____

Building Construction: Frame Masonry NonCombustible Fire Resistive
 Building Age: _____ Protection Class: _____ Total Building Area: _____
 Year of Last Update: _____ Heating _____ Plumbing _____ Electrical _____ Roof _____
 Condition of Building: Very Good Good Other (explain) _____

II. Liability

Limits of Liability: _____ Occurrence: _____ Aggregate: _____ Medical Payments: _____
 Property Entrustment Coverage (\$10,000) Firearms Coverage
 _____ _____

Employee Information:

Estimated Total Payroll			
Armed Guards	\$	Armed Detectives	\$
Unarmed Guards	\$	Unarmed Detectives	\$
Clerical & Administrative	\$	Other	\$

Total Anticipated Annual Receipts \$ _____

Name and address of entities required to be Additional insureds: _____

III. Additional Coverages

Crime: Form A Employee Dishonesty – \$5,000 _____
 Form C Theft, Disappearance/Destruction – \$1,000; \$2,000; \$5,000 _____
 Crime Deductible _____

Glass: Give Description, # of Panes _____
 Width: _____ Inches Height: _____ Inches Glass Deductible: _____

Sign: Value: _____ Deductible: _____

Inland Marine: Computers, telephones, other equipment or signs: attach itemized schedule including serial #'s, value and deductible.

IV. Loss History

General Liability insurer and claims history for past five years. (Even if there are no losses, please provide insurer history)

Date of Occurrence	Line	Type/Description of Occurrence	Date of Claim	Amount Paid	Amount Paid

PLEASE ANSWER ALL OF THE FOLLOWING:

1. What is the experience of firm's investigators? Is the agency licensed by the state? (If applicable) _____
2. Are the policies concerning invasion of privacy established and enforced? Does the insured follow appropriate legal channels of investigation? _____
3. What are the overall conditions of the insured office premises? (i.e., stairs, floors and parking) _____
4. Does the insured screen employees? If so, what is the procedure and to what extent? _____
5. Does anyone carry guns? If so, are they licensed? _____

If coverage is desired, complete this section

DETECTIVE AND SECURITY AGENCY EMPLOYEE INFORMATION

Name: _____ Social Security # _____

Home Address: _____

Training: By Whom: _____ When: _____

*Firearms: _____

Name: _____ Social Security # _____

Home Address: _____

Training: By Whom: _____ When: _____

*Firearms: _____

* If yes, license number and issuing agency; indicate level of proficiency; type and caliber of firearm; frequency of refresher practice.

(For additional employees, add sheet)

6. Is applicant involved in any of the following?

	Y	N	%		Y	N	%		Y	N	%
Airport Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	Electronic Sweeps	<input type="checkbox"/>	<input type="checkbox"/>	_____	Polygraph Operators	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain: _____				Fast Food Restaurants	<input type="checkbox"/>	<input type="checkbox"/>	_____	Repossession/ collection service	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alarm Installation	<input type="checkbox"/>	<input type="checkbox"/>	_____	If yes, explain: _____				Residential Patrol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alarm Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fingerprinting	<input type="checkbox"/>	<input type="checkbox"/>	_____	Retail Stores while open for business (Armed Guards)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Apartment buildings or grounds	<input type="checkbox"/>	<input type="checkbox"/>	_____	Government Facilities	<input type="checkbox"/>	<input type="checkbox"/>	_____	If yes, explain: _____			
Armored Car	<input type="checkbox"/>	<input type="checkbox"/>	_____	Guard Dogs	<input type="checkbox"/>	<input type="checkbox"/>	_____	Retail Stores while open for business (Unarmed Guards)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arson Investigation	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	_____	If yes, explain: _____			
Banks	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hotels/Motels Buildings or Grounds	<input type="checkbox"/>	<input type="checkbox"/>	_____	Schools	<input type="checkbox"/>	<input type="checkbox"/>	_____
Body Guards	<input type="checkbox"/>	<input type="checkbox"/>	_____	If yes, explain: _____				Strike Work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bouncers	<input type="checkbox"/>	<input type="checkbox"/>	_____	Insurance				Supermarkets	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child Search/ Missing Persons	<input type="checkbox"/>	<input type="checkbox"/>	_____	Investigation	<input type="checkbox"/>	<input type="checkbox"/>	_____	Traffic Controls	<input type="checkbox"/>	<input type="checkbox"/>	_____
Churches	<input type="checkbox"/>	<input type="checkbox"/>	_____	Liquor Stores	<input type="checkbox"/>	<input type="checkbox"/>	_____	Training School	<input type="checkbox"/>	<input type="checkbox"/>	_____
Collection Agencies or Collection Work	<input type="checkbox"/>	<input type="checkbox"/>	_____	Low Income Housing	<input type="checkbox"/>	<input type="checkbox"/>	_____	Utilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concerts/Special Events	<input type="checkbox"/>	<input type="checkbox"/>	_____	Malls	<input type="checkbox"/>	<input type="checkbox"/>	_____	Undercover Work	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain: _____				Manufacturing Plants	<input type="checkbox"/>	<input type="checkbox"/>	_____	Warehouses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Construction Sites	<input type="checkbox"/>	<input type="checkbox"/>	_____	Money Escort	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other: _____			
Courier Service	<input type="checkbox"/>	<input type="checkbox"/>	_____	Nightclubs or Bars while open for Business	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Department Stores	<input type="checkbox"/>	<input type="checkbox"/>	_____	Offices	<input type="checkbox"/>	<input type="checkbox"/>	_____				

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE INSURANCE COMPANY.

Signature of Applicant

Date

THE UNDERSIGNED AGENT OR BROKER AGREES TO BE RESPONSIBLE FOR ANY EARNED PREMIUM DEVELOPED ON THIS APPLICATION.

Signature of Agent or Broker

Date