



General Liability & Errors and Omissions Insurance Application

For:
Security Consultants

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

1. Name _____ Website: _____

2. Address _____
 Street _____ City _____ ST _____ Zip _____

3. Do you perform any operations in other states? Yes No If yes, please list states below:

4. Person to contact _____ Title _____

5. Telephone _____ Fax _____ Email _____

6. Year Founded _____ License # _____ Individual Partnership Corp. Other

7. Have you ever operated under any other name? Yes No
 If yes, what names: _____

8. Principal _____ Experience _____

Principal _____ Experience _____
Attach BIO or Resume if Available

9. Do you subcontract work? Yes No *If yes, do you require certificates or proof of WC or GL coverage?* Yes No
Are you named as an additional insured on all sub-contractor's policies? Yes No

10. Do you have a training program for new employees? Yes No If yes, please describe _____

11. Pre-employment screening of Polygraph Prior Employment Contacted Criminal Background
 Your Employees and Drug Screen Fingerprint Check Driving Record
 Subcontracted Workers: Personal Reference Psychological Test Other

12a. Do you have a written contract or agreement that is presented and signed by your clients all work? Yes No *If yes, attach the contract to this application*

12b. Is your client contract used for 100% of all client engagements? Yes No

13. Total Number of Employees: _____

| | | | |
|-------|----------------------|-------|---------------------------|
| _____ | Consultants | _____ | Analysts |
| _____ | Field Investigators | _____ | Clerical Staff |
| _____ | Office Investigators | _____ | Administrative Executives |
| _____ | Forensic Accountants | _____ | Other |
| _____ | Cyber Tech's | _____ | Executive Protection |
| _____ | Security Officers | _____ | Electronic Security Techs |

- 14 a) Do your final reports include recommendations or an appropriate course of action? Yes No
- b) Does your company train all employees in fair credit reporting act compliance? Yes No
- c) Does your firm have procedures to protect against clerical errors? Yes No
- d) Does your firm attach a disclaimer to all completed reports? Yes No
- e) Are any of your clients Retail Malls ? Yes No
- f) Are any of your clients Low Income Housing, HUD Housing or Homeless Shelters? Yes No

15 Revenue by Operational Category

| | |
|---|----|
| A List total anticipated entity revenue over the next 12 months here: | \$ |
|---|----|

| B | OPERATIONAL CATEGORY | % OF REVENUE |
|---|---|--------------|
| | SECURITY CONSULTING | |
| | Business Ethics | |
| | Competitive Intelligence | |
| | Crime Prevention through Environmental Design | |
| | Crisis Management Planning & Response | |
| | Emergency Planning & Disaster Recovery | |
| | Expert Witness - Litigation Support | |
| | Fire & Life Safety | |
| | Fraud Awareness & Detection | |
| | Information Security - Data and Cyber Security | |
| | Loss Prevention | |
| | Physical Security Surveys | |
| | Security Designs - Systems and Technology | |
| | Security Operations - Personnel and Policies | |
| | Security Management | |
| | Security Risk Assessments | |
| | Terrorism and Counter Terrorism | |
| | Threat and Crime Analysis | |
| | Training | |
| | Venue - Event Security | |
| | Workplace Violence & Active Shooter | |
| C | INVESTIGATIONS | |
| | Asset Location | |
| | Background Screening, Court Research. Freedom of Information Requests | |
| | Civil Investigations | |
| | Criminal Investigations | |
| | Due Dilligence Reports | |
| | Executive Protection | |
| | Fraud Examination | |
| | Insurance Company Investigations | |
| | Matrimonial Investigations | |
| | Missing Persons | |
| | Shopping Service | |
| | Undercover Operatives | |
| | White Collar Crime | |

| | | |
|---|--------------------------------------|--|
| D | OTHER OPERATIONS | |
| | Database Management | |
| | Document Filing | |
| | Security Guard Services | |
| | Electronic Security / Alarm Services | |
| | Market Analysis & Research | |
| | Other Operations (please state) | |
| | TOTALS (MUST EQUAL 100%) | |

- 16 What is your federal ID #
- 17 Current General and Professional Liability Insurer
- 18 Expiration Date
- 19 Limit of Insurance
- 20 Form (Claims Made or Occurrence)
- 21 Expiring Cost
- 22 Comments:

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Notice to Applicants: this application must be completed in full as all insurers will base pricing, limits and coverage on information provided in this application. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. by signing this application , the signor warrants that to their best knowledge all information given is true and accurate.

| | |
|------------|-----------|
| | |
| Signed By: | Signature |

| | |
|------|-------|
| | |
| Date | Title |