



**Background Screening  
Commercial General Liability  
Including Errors & Omissions**

One Blue Hill Plaza  
Suite 530  
Pearl River NY 10965  
Ph 800-214-0207  
Fax 845-735-8383  
www.mechanicgroup.com

1. Name \_\_\_\_\_  
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)

2. Address \_\_\_\_\_  
Street Address City State Zip Code

3. Assoc. Member  Yes  No Policy proposed effective date \_\_\_\_\_

4. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

5. Corporation  Partnership  Individual  Other  Company Inception Date \_\_\_\_\_

6. Principal \_\_\_\_\_ Title \_\_\_\_\_

7. Experience in industry \_\_\_\_\_

8. Total number of employees \_\_\_\_\_ Investigators \_\_\_\_\_ Consultants \_\_\_\_\_

9. Projected Annual Revenue (next 12 months) \_\_\_\_\_ Payroll (if one owner, use \$27,500) \_\_\_\_\_

10. Subcontractors Expense \_\_\_\_\_ Do subcontractors provide evidence of insurance  Yes  No

11. Indicate % of Operations:

Background Screening	Percentage
Criminal	
Credit - Financial	
Prior Employment -Work History	
Education	
Historical and Current Residence	

Other Operations	Percentage
Psychological testing	
Drug Testing	
Polygraph	

Investigations	Percentage
Criminal	
Civil	
Corporate	
Matrimonial	
Undercover	
Missing Persons	
Insurance	
Other:	
<i>Other Description</i>	
<i>Other Description</i>	

12. Have you sustained any claims or become aware of any errors in your work-product over the past 5 years?  Yes  No  
(If yes, please provide brief details below along with insurance company reserve if known).

\_\_\_\_\_  
\_\_\_\_\_





## Reg. 194 Mandatory Initial Disclosure

*As required by the New York State Insurance Department*

As an independent insurance agent or insurance broker I, or my firm, (hereafter "I") may have access to more than one insurance company to place your coverage. Whether acting as an independent insurance agent or insurance broker I have certain obligations to you as the purchaser and certain obligations to the insurance company as determined in both statutory and case law. If acting as an independent insurance agent I may have authority to obligate the insurance company on your behalf and as a result I may be required to act within the scope of my contractual agreement with the company.

As the purchaser you need to understand that I typically will receive compensation from the selling company based on the agreement I have with the company. That compensation may vary from company to company and also be impacted by the volume of business I place with the company, the profitability of that business and other factors.

You may receive information about my compensation on the policy or policies you select and about any policies I have presented to you which you did not select by asking me for the information.