

Detective Agency & Security Agency

Capitol Indemnity Corporation offers package or monoline General Liability Coverage for Detective and Security Agencies. Both programs provide Errors or 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.

We offer the following coverages for your protection:

PROPERTY COVERAGE

- **Building and/or Contents** - Property Deductible of \$250 per claim. 80% or 90% coinsurance
- **Optional Business Income Coverage**

GENERAL LIABILITY

- **Maximum limits available:**
 - Each Occurrence - \$1,000,000.
 - General Aggregate - \$2,000,000.
 - Medical Payments - \$5,000.
- **Premises & Operation Liability** for third party bodily injury and property damage claims
- **Personal Injury** for libel or slander
- **Erroneous Service of Process**
- **Errors or 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**
- **Optional Property Entrusted Coverage** to the insured (\$100,000 limit)

CRIME COVERAGE

- **Form A** - Blanket Employee Dishonesty
- **Form C** - Theft, Disappearance & Destruction

INLAND MARINE COVERAGE

- Radios, computer equipment, etc.

UMBRELLA LIABILITY COVERAGE

- **Limits from \$1,000,000 to \$5,000,000**

These materials describe Capitol Indemnity's Detective and Security Agency Program. Give 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 AND SECURITY AGENCY APPLICATION

Date _____ Agent Name and Address _____

Business Name _____

Owner's Name _____

Applicant is Individual Partnership Corporation Other

Business Address _____

Business Phone _____

Proposed Effective Date _____ to _____

I. PROPERTY

Bldg Limit _____ Special or Broad _____ (Circle Coverage)
ACV or RC 80% or 90% Coinsurance

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

Business 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 _____

II. LIABILITY

Limits of Liability: _____ Occurrence _____ Aggregate

Medical Payments _____

Property Entrustment Coverage (\$100,000 Limit)

Firearms Coverage (must be licensed)

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: _____

What is their legal interest? _____

III. ADDITIONAL COVERAGES

Crime: Form A Employee Dishonesty - \$5,000 _____
 (attach completed ACORD Crime application)

Form C Theft, Disappearance/Destruction
 \$1,000; \$2,000; \$5,000 _____

Crime deductible _____

Glass: Give description, # of panes _____

Width _____ inches Height _____ inches Glass deductible _____

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

IV. LOSS HISTORY (not applicable in Missouri)

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

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

Is applicant involved in any of the following?

	Y	N	%
Airport security	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain _____			
<hr/>			
Alarm installation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alarm monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____
Apartment buildings or grounds	<input type="checkbox"/>	<input type="checkbox"/>	_____
Armored car	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arson investigation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Banks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Body guards	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bouncers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child search/ missing persons	<input type="checkbox"/>	<input type="checkbox"/>	_____
Churches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Collection agencies or collection work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concerts/Special Events	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain _____			
<hr/>			
Construction sites	<input type="checkbox"/>	<input type="checkbox"/>	_____
Courier service	<input type="checkbox"/>	<input type="checkbox"/>	_____
Department Stores	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electronic sweeps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fast food restaurants	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain _____			
<hr/>			
Fingerprinting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Government Facilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Guard Dogs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hotels/motels buildings or grounds	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain _____			
<hr/>			

	Y	N	%
Insurance investigation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liquor stores	<input type="checkbox"/>	<input type="checkbox"/>	_____
Low Income Housing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Malls	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manufacturing plants	<input type="checkbox"/>	<input type="checkbox"/>	_____
Money escort	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nightclubs or bars while open for business	<input type="checkbox"/>	<input type="checkbox"/>	_____
Offices	<input type="checkbox"/>	<input type="checkbox"/>	_____
Polygraph operators	<input type="checkbox"/>	<input type="checkbox"/>	_____
Repossession/ collection service	<input type="checkbox"/>	<input type="checkbox"/>	_____
Residential patrol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retail stores while open for business (Armed guards)	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain _____			
<hr/>			
Retail stores while open for business (Unarmed guards)	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain _____			
<hr/>			
Schools	<input type="checkbox"/>	<input type="checkbox"/>	_____
Strike Work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Supermarkets	<input type="checkbox"/>	<input type="checkbox"/>	_____
Testing/Screening for Alcohol/Drug use	<input type="checkbox"/>	<input type="checkbox"/>	_____
Traffic control	<input type="checkbox"/>	<input type="checkbox"/>	_____
Training school	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Undercover work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Warehouses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____			

PLEASE ANSWER ALL OF THE FOLLOWING:

1. What is the experience of firm's investigators? _____
Is the agency licensed by the state? List state licensed: _____

2. Are policies concerning invasion of privacy established and enforced? Does the insured follow appropriate legal channels of investigation? _____

3. Does the insured screen employees? If so, what is the procedure and to what extent? _____

PRIOR CARRIER INFORMATION

LIABILITY COVERAGE

Carrier	_____	Policy Number	_____	Term	_____
General Aggregate Limit	_____				
Products Aggregate Limit	_____				
BI/CSL Occurrence Limit	_____				
Total Premium	_____				

PROPERTY COVERAGE

Carrier	_____	Policy Number	_____	Term	_____
Policy Number	_____				
Amount	_____				
Total Premium	_____				

WORK COMP

Carrier	_____	Policy Number	_____	Term	_____
---------	-------	---------------	-------	------	-------

UMBRELLA

Carrier	_____	Policy Number	_____	Term	_____
Limit	_____				
Total Premium	_____				

APPLICABLE IN IDAHO:

Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

APPLICABLE IN KENTUCKY:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN MINNESOTA:

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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