



# Specified Professions Professional Liability Product

## PRIVATE INVESTIGATOR & BACKGROUND CHECKING/SCREENING SERVICE SUPPLEMENT

Applicant's Name: \_\_\_\_\_

**If the applicant is newly established, please provide best estimates.**

1. Please provide breakdown of services:

(Please provide details to all "Yes" answers.)

- a. Private investigator \_\_\_\_\_ %
- b. Background Check Service/Screening Service \_\_\_\_\_ %
- c. Other (specify) \_\_\_\_\_ % \_\_\_\_\_

2. Does the applicant provide any off the following services  Yes  No

- |                                 |                            |
|---------------------------------|----------------------------|
| Alarm installation              | Healthcare Professionals   |
| Bail Bonding                    | Security System Monitoring |
| Body Guard/Executive Protection | Title Abstracting/Search   |
| Vulnerability Assessment        | Repossession Services      |
| Instruct in firearms use        |                            |

3. Does applicant provide opposition research (investigation of political candidates), Business Research (investigation of business entities and their directors/officers) or Juvenile Investigations?  Yes  No

4. Perform background checks/screenings for or involving any of the following:  Yes  No

- |                   |                          |
|-------------------|--------------------------|
| Airline Personnel | Healthcare Professionals |
| Customs           | Nannies/Babysitter       |
| Defense Positions | Police                   |
| Gun Purchases     | Security                 |

5. Does applicant derive more than 25% of receipts from providing background checks for financial occupations?  Yes  No

6. Does applicant provide more than 25% of gross receipts from providing or subcontracting drug testing/screening?  Yes  No

7. Does applicant provide medical or patient screening services?  Yes  No

**THIS PRIVATE INVESTIGATOR & BACKGROUND CHECKING/SCREENING SERVICE SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION. THIS SUPPLEMENTAL APPLICATION IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.**

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Principal, Partner or Officer)