

15. General Information:

- a. How long has Applicant owned this business? _____
- b. How many years experience does Applicant have in this field? _____
- c. Is Applicant involved in any other operations? Yes No
If yes, please describe: _____
- d. Has any carrier cancelled or refused to renew Applicant's business? Yes No
If yes, what reason: _____

- 16. Have you had any claims or lawsuits brought against your firm in the last five years? Yes No
If yes, please describe: _____

- 17. Do you currently carry liability insurance: Yes No
If yes: Carrier: _____ Limits: _____
 Premium: _____ Deductible: _____

- 18. Are you licensed in any state: Yes No
If Yes, what state(s)? _____

- 19. Does your firm purchase workers' compensation coverage? Yes No

- 20. Does your firm title any automobiles to the business name? Yes No

- 21. Do any of your employees drive personally owned automobiles while in the course of their work? Yes No
If yes, how many? _____
Does your firm require them to carry personal automobile insurance? Yes No
If yes, what are the limits? _____

Investigation/Consultants

Describe the Types of Investigative Work Performed by Percentages – Total Must Equal 100%

	<u>Armed%</u>	<u>Unarmed%</u>	<u>Description of Operations</u>
Auto Repossessions	_____	_____	_____
Background Checks	_____	_____	_____
Body Guard Protection	_____	_____	_____
Bounty Hunting/Fugitive Recovery	_____	_____	_____
Computer/Data Base	_____	_____	_____
Consulting/Security Consulting	_____	_____	_____
Credit/PreEmployment/Drug Test	_____	_____	_____
Domestic/Divorce	_____	_____	_____
Executive Protection	_____	_____	_____
Fire Cause & Origin	_____	_____	_____
Fraud Auditing	_____	_____	_____
Insurance/Surveillance/Legal	_____	_____	_____
Missing Persons	_____	_____	_____
Polygraph Service/LieDetection	_____	_____	_____
Process Serving	_____	_____	_____
Shopping Service	_____	_____	_____
Other (explain)	_____	_____	_____
Total	_____ *	_____ =	100

