



**PRIVATE INVESTIGATOR / DETECTIVE SERVICES
“SMALL PI” PROGRAM SUPPLEMENTAL APPLICATION**

SEND SUBMISSIONS TO:

submissions@euclidsecurityins.com**RISKS QUALIFYING FOR “SMALL PI” PROGRAM**

If applicant does not meet the following criteria, please complete the Euclid Security Private Investigator / Detective Services (not “Small PI” Program) supplemental application instead:-

- Applicant employee payroll is \$800,000 or less
- Applicant employee payroll has not increased by more than 50% compared to prior year
- Applicant has not acquired or merged with another business in the last five years
- Applicant must have three years or more of operating history or satisfactory owner/management team for new ventures
- Applicant does not use any Insured or Uninsured Subcontractors
- Applicant does not conduct any security guard operations
- Applicant does not require excess coverage over Auto or EL policies (GL only, if required)
- Applicant does not have any GL/Excess claims in the last 5 years
- Applicant does not have or plan to have any contracts for the operations shown as **Excluded/Ineligible** under questions **19. Operations**.

Note: By continuing to complete this application, Applicant affirms that they meet the above criteria and acknowledges that any insurance offered by Euclid Security Programs LLC may be cancelled for underwriting reasons if the above criteria are not met.

Please check box to agree: ☐ Affirm

PRODUCT

1. ☐ General Liability (w/ Errors and Omissions) ☐ Supported Excess Liability

PRODUCER

2. Producer Name:

3. Producer Contact:

4. Street Address:

Mailing Address (if different):

5. Email Address:

6. Phone:

APPLICANT

7. Applicant – Legal Name:

List all DBAs:

8. Street Address:			
Mailing Address (if different):			
Additional Locations (if applicable):			
	(Use worksheet if additional space is necessary)		
Please list any prior company names:			
9. Web-Site Address:			
10. Name of contact person for inspection/audit:	Name:	Telephone:	
	Email:		
11. Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe):		
12. Policy Effective Date Desired:			
BUSINESS INFORMATION			
13. Years In Business under this legal entity:		Years of experience in Investigative field:	
Please describe experience of principals/owners:			
Please list owners:	Owner Name(s)	Ownership %	Is Owner an Active Investigator?
	Owner 1:	1:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner 2:	2:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner 3:	3:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Applicant involved in any other operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other states of operation?			
Is the Company a division of a larger corporation or a subsidiary?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any carrier non-renewed or cancelled Applicant's business? (not applicable in MO)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant had any lapse in coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of lapse:			
Is Applicant aware of any incidents, complaints, or suspected matters in the past 5 years which may result in claims against you?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant use written contracts with its clients?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what % of clients are under contract?			%

14. Revenue, Staffing, Payroll, and Billable Hours (Projected)					
Total Projected Annual Revenue:		\$			
Investigator Revenue:		\$	Other Revenue:		\$
Provide the details of projected staffing, related payroll, and billable hours:					
Classification	# of Total Staff	# of Full-time Staff	# of Part-time Staff	Annual Payroll	Billable Hours
Owners / Execs / Clerical / Sales / Admin. Supervisors				\$	
Supervisors (Active / Field)				\$	
Investigator Employees (Armed)				\$	
Investigator Employees (Unarmed)				\$	
Total				\$	
Please provide the average years of employment for:					
Supervisors:			Investigators:		
15. Provide the names of Applicant's three largest clients and a description of your duties for them:					
Client 1:-					
Client 2:-					
Client 3:-					
16. Policies and Procedures (check all applicable):					
<input type="checkbox"/> Designated safety coordinator <input type="checkbox"/> Personal protective equipment provided to employees <input type="checkbox"/> Prompt reporting of all employee injuries <input type="checkbox"/> Physicals required at the time of hiring <input type="checkbox"/> Random drug testing <input type="checkbox"/> Group transportation of employees			<input type="checkbox"/> Regularly scheduled safety meetings <input type="checkbox"/> Formal accident and investigation program <input type="checkbox"/> Transitional plan for injured workers <input type="checkbox"/> Written drug and alcohol policy <input type="checkbox"/> Company sponsored health plans offered <input type="checkbox"/> Formal training program		

PERSONNEL SELECTION AND TRAINING	
17. Pre-employment Screening Procedure (check all applicable): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Prior Employment Check</div> <div style="width: 50%;"><input type="checkbox"/> Personal Reference</div> <div style="width: 50%;"><input type="checkbox"/> Psychological Testing</div> <div style="width: 50%;"><input type="checkbox"/> Criminal Background Check</div> <div style="width: 50%;"><input type="checkbox"/> Drug Screening</div> <div style="width: 50%;"><input type="checkbox"/> MVR</div> <div style="width: 50%;"><input type="checkbox"/> Physical Exam</div> <div style="width: 50%;"><input type="checkbox"/> Other: _____</div> </div>	
18. Training Program Includes (check all applicable): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Written Manual</div> <div style="width: 50%;"><input type="checkbox"/> Report Writing</div> <div style="width: 50%;"><input type="checkbox"/> CPR</div> <div style="width: 50%;"><input type="checkbox"/> On the Job</div> <div style="width: 50%;"><input type="checkbox"/> Firearms</div> <div style="width: 50%;"><input type="checkbox"/> Use of Force</div> <div style="width: 50%;"><input type="checkbox"/> Powers of Arrest</div> <div style="width: 50%;"><input type="checkbox"/> Classroom</div> <div style="width: 50%;"><input type="checkbox"/> 8 hours or more required</div> </div>	
Trade Association Membership held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list Associations:	
Is the Applicant and all of your employees licensed as required by law in the jurisdictions in which you operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(space intentionally blank – please proceed to next page)	

INVESTIGATOR OPERATIONS BREAKDOWN					
(Operations must equal a total of 100% - Armed & Unarmed separately)					
19. Operations					
Excluded / Ineligible Operations for "Small PI" Program – If you currently, or plan to have contracts for the following types of operations, please complete the Euclid Security PI Services (<u>not</u> "Small PI" Program) supplemental application instead:-					
Bounty Hunting	Bail Bonding		Executive Protection (high profile)		
Polygraph Administration	Collections		Repossession		
Process Service	Undercover / Workplace Infiltration				
Note: By continuing to complete this application, Applicant affirms that they have no knowledge of current or future contracts, in the above listed Excluded/Ineligible operations and acknowledges that any insurance offered by Euclid Security Programs LLC will not provide coverage for any of the Excluded/Ineligible Operations noted above. Please check box to agree: <input type="checkbox"/> Affirm					
Operations cont.	Armed Payroll	Unarmed Payroll	Operations cont.	Armed Payroll	Unarmed Payroll
<i>Investigations:</i> (NOTE: Each column – Armed / Unarmed must add up to 100% separately)					
Accident – Motor Vehicle	%	%	Forensic Accounting	%	%
Arson	%	%	Identity Theft	%	%
Child Custody / Missing Person	%	%	Insurance / Litigation	%	%
Computer Fraud	%	%	Kidnap / Ransom	%	%
Corporate / Due Diligence	%	%	Matrimonial / Spousal	%	%
Criminal / Fraud	%	%	Sub Rosa	%	%
Debugging / Eavesdropping	%	%	Video Surveillance	%	%
Domestic Violence	%	%	Other: (please describe)	%	%
<i>Records Checks and Screening:</i>					
Background Checks	%	%	Pre-Employment Screening	%	%
Credit Reports	%	%	Records Checks	%	%
Drug Testing	%	%	Other: (please describe)	%	%
Genealogical Searches	%	%			
<i>Other Operations:</i>					
Executive Protection (low profile)	%	%	Security Consulting*	%	%
			Security Training*	%	%
Expert Witness	%	%	Other: (please describe)	%	%
Grand Total: (each must add up to 100% separately)				<u>Armed</u>	<u>Unarmed</u>
*If operations including Consulting or Training, please complete specific Euclid Security application				%	%

Please provide additional information regarding your operations as described below:	
Please describe safeguards to ensure compliance with the Fair Credit Reporting Act ("FCRA") or to properly protect the sensitive information of third parties:	
Does Applicant perform work for any federal, state, or local government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Does Applicant use firearms in your operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are all armed personnel subject to initial and ongoing criminal background checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are all armed personnel properly licensed and trained for firearms with the states in which they carry firearms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are copies of licenses maintained with procedures in place to ensure licenses are current and renewed as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the company or employee own the firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If company owned, please describe your gun control and safety procedures:	
Does Applicant use tasers, stun guns, or any other non-lethal weapons in your operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list all operations where used and describe training program:	
Does Applicant use golf carts, ATV's, Gators, or any other off road motor vehicle in your operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many are owned/leased?	
If yes, please describe type, use, and any applicable company policies:	
If yes, do you transport the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are the off road motor vehicles equipped with lights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any animals used in your operations? (Explain)	

If yes, please complete Euclid Security Animal Services Supplemental Application

GENERAL LIABILITY (w/ ERRORS & OMISSIONS)

20. Coverage Limits Requested: Occurrence: \$ Aggregate: \$

21. Deductible Requested (Incl. ALAE):

22. Please list the Applicant's General / Errors & Omissions Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. ☐ (check here if Applicant has no prior coverage)

Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium

23. Additional coverages requested:

<input type="checkbox"/> Care, Custody, and Control	<input type="checkbox"/> Damage to Property	Limits: \$ _____
<input type="checkbox"/> Extended Property Damage	<input type="checkbox"/> W/Employee Theft or Dishonesty	Limits: \$ _____
<input type="checkbox"/> Additional Insured:	<input type="checkbox"/> Specific: _____	<input type="checkbox"/> Blanket
<input type="checkbox"/> Hired and Non-Owned Auto:	Limits: \$ _____	

Note: If HNOA coverage is requested, applicant must also complete the separate HNOA supplemental application.

EXCESS LIABILITY

24. LIMITS REQUESTED: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000

25. Please list the Applicant's Excess Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. ☐ (check here if Applicant has no prior coverage)

Name of Insurer	Policy Period	Limits of Liability	Retained Limit	Premium

Underlying Insurance Requirements

26. COVERAGE REQUESTED: N/A Auto Liability N/A Employer's Liability ☐ GL only

NOTE: If applicant is requesting excess to attach over Auto and Employer's Liability coverages, please complete the Euclid Security Private Investigators & Detective Services (not "Small PI" Program) supplemental application instead.

INITIAL SUBMISSION REQUIREMENTS	
27. General Liability (w/ Errors and Omissions)	
<ul style="list-style-type: none">• Sample copies of contracts used with clients if applicable	
<ul style="list-style-type: none">• Carrier (and TPA if applicable) loss runs for the preceding 5 years (must be currently valued within past 60 days)	
<ul style="list-style-type: none">• Owner(s) resume or background information if Applicant has been in business for less than 3 years	
28. Excess Liability	
<ul style="list-style-type: none">• Carrier (and TPA if applicable) loss runs for the preceding 5 years (must be currently valued within past 60 days)	

FRAUD NOTICE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

*** ELECTRONIC SIGNATURE AND ACCEPTANCE**

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

*** ELECTRONIC SIGNATURE AND ACCEPTANCE**

You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.