

Private Investigators Application

- Name: _____
(Complete name as it should appear on the policy including Corp., Ltd., Etc.)
- Address: _____

No.	Street	City	County	State	Zip Code
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- Contact: _____ Telephone: (____) _____ Fax: (____) _____
- Insureds' Email Address: _____
- Total Number of employees: _____ Full Time _____ Part Time
- Date established: _____ License No. _____

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
- Policy proposed effective date _____ to _____
- Please fill out the table below for the current and previous policy year:

		Current Policy Year (next 12 months)
Annual Revenue (Sales)	\$	
Annual Payroll*	\$	
Amount Paid to Subs	\$	

*Employees/owners who perform private investigation services. Do not include clerical or sales payroll.

- Services Provided: Please check services that you now provide or would provide if requested.

<input type="checkbox"/> Narcotics Surveillance	<input type="checkbox"/> Online Searches	<input type="checkbox"/> Undercover Operatives
<input type="checkbox"/> Auto Repossession	<input type="checkbox"/> Accident Reconstruction	<input type="checkbox"/> Guard Service/Property Protection
<input type="checkbox"/> Bodyguard/Exec. Protection	<input type="checkbox"/> Arson Investigations (C&O)	<input type="checkbox"/> Process Service
<input type="checkbox"/> Store Detective (Arrests)	<input type="checkbox"/> Attorney/Legal Investigations	<input type="checkbox"/> Subpoena Service
<input type="checkbox"/> Polygraph/PSE Exams	<input type="checkbox"/> Insurance Fraud Investigations	<input type="checkbox"/> Pre-Employment Backgrounds
<input type="checkbox"/> Foreclosure Sales	<input type="checkbox"/> Locate People/Witnesses	<input type="checkbox"/> Electronic Countermeasures
<input type="checkbox"/> Bank Account Searches	<input type="checkbox"/> Domestic Surveillance	<input type="checkbox"/> Asset Searches
<input type="checkbox"/> Other (Describe) _____		
 - Do you or any of your employees carry a firearm? Yes No If yes, are they licensed? Yes No
- Additional Coverages – Check all that apply**
- | | | | | |
|-----------------------|-------------------------------------|----------------------------------|--|-----------------------------------|
| Additional Insureds | <input type="checkbox"/> Individual | <input type="checkbox"/> Blanket | <input type="checkbox"/> Per Project Aggregate | <input type="checkbox"/> Stop Gap |
| Waiver of Subrogation | <input type="checkbox"/> Individual | <input type="checkbox"/> Blanket | <input type="checkbox"/> Employee Benefits Liability | |
| Primary Wording | <input type="checkbox"/> Individual | <input type="checkbox"/> Blanket | <input type="checkbox"/> Hired/Non-owned Auto | |

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED. THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE. IF THE UNDERSIGNED LEARNS OF ANY MATERIAL CHANGE IN THE INFORMATION, YOU MUST PROVIDE IT TO THE UNDERWRITERS.

Name (type or print)	Signature	Date
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NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

Name (type or print)	Signature	Date	License Number
ARF 2858 (PI) 07302024	Page 1 of 4		RyanPrograms.com

Please complete below if requesting Auto, Hired & Non-Owned, or Excess coverage.

AUTO/HIRED & NON-OWNED

1. Are Applicants' MVRs reviewed upon hire and annually thereafter? Yes No
2. Are standards for acceptable drivers in place? Yes No
3. Is an action plan in place if acceptability standards are not met? Yes No
4. Are all drivers between 21 and 70 years old? Yes No
5. If over 70, are medical certificates stating that, he/she has no medical issues that would preclude him/her from driving, available? Yes No
6. Does the insured have an acceptable Fleet Safety Program in place? Yes No
7. Is a Vehicle Maintenance Program in place? Yes No
8. Is personal usage of vehicles allowed? Yes No
9. Does the insured have a written personal use policy in place? Yes No
10. Is the original cost new of all vehicles less than \$100,000? Yes No
11. Are all autos kept in a locked premise when not in use? Yes No
12. Does the Applicant utilize GPS fleet telematics devices? Yes No
13. What percentage of the Applicant's fleet is provided with fleet telematics? _____ %
14. Are any vehicles used for snow plowing? Yes No
15. Does the Applicant have any owned or leased autos? Yes No
16. Do the Applicant's employees drive autos that the Applicant does not own to and from work sites, to or at client locations, or for any other business-related reason? Yes No
 - a. If yes, how many employees drive autos that the Applicant does not own for business purposes? _____
17. If the Applicant obtains MVRs, which of the following causes would suspend an employee from driving on behalf of the Applicant?

<input type="checkbox"/> One moving violation in past 5 years	<input type="checkbox"/> One at-fault accidents in past 5 years
<input type="checkbox"/> Two moving violations in past 5 years	<input type="checkbox"/> Two at-fault accidents in past 5 years
<input type="checkbox"/> Three or more moving violations in past 5 years	<input type="checkbox"/> Three or more at-fault accidents in past 5 years
<input type="checkbox"/> Intoxicated driving (DUI/DWI)	<input type="checkbox"/> Inactive or suspended license
<input type="checkbox"/> Other:	

18. What is the Applicant's annual cost of hired autos? _____
19. What is the annual average mileage per auto? _____

EXCESS

Information Required with Submission (Please attach):

- ACORD Application
- 5 Years Currently Valued Loss Run Statements – include Auto Loss runs

1. With the exception of lienholders, are any vehicles not solely owned by and registered to the Applicant? Yes No
2. Do over 50% of the employees use autos in the business? Yes No
3. Are any vehicles leased to others? Yes No
4. Are any vehicles customized, altered or have special equipment? Yes No
5. Do operations involve transporting hazardous material? Yes No
6. Are any vehicles used by family members or non-employees? Yes No
7. Does the Applicant have a specific driver recruiting method? Yes No

If you answered "Yes" to any of the above questions, please explain: _____

FRAUD WARNINGS

GENERAL: 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. **(Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)**

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: 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.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: 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.

DISTRICT OF COLUMBIA: 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.

FLORIDA: 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.

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

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

LOUISIANA: 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.

MAINE: 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 a denial of insurance benefits.

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

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

NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: 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.

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.

OKLAHOMA: 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.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: 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 act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: 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.

TENNESSEE: 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.

VERMONT: 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.

VIRGINIA: 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.

WASHINGTON: 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.

WEST VIRGINIA: 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.

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