

# BROWNYARD GROUP

<input type="checkbox"/> New Business
<input type="checkbox"/> RENEWAL

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**NOTE: All Questions Must Be Answered**



## COMMERCIAL GENERAL LIABILITY APPLICATION FOR PRIVATE INVESTIGATORS & SECURITY CONSULTANTS

*(for Security Guard coverage, or any type of Executive Protection work, use the **BrownGuard** Liability Application for Private Security Agencies)*

1. NAME: \_\_\_\_\_  
 (COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)
2. Physical Address: \_\_\_\_\_  

NO.	STREET	CITY	COUNTY	STATE	ZIP
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3. Mailing Address: \_\_\_\_\_  

NO.	STREET	CITY	COUNTY	STATE	ZIP
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4. Policy proposed effective date \_\_\_\_\_ to \_\_\_\_\_ (12:01 AM Standard Time at the address above)
5. Check limit of liability desired:  \$100,000/\$100,000     \$300,000/\$300,000     \$500,000/\$500,000  
 \$1,000,000/\$1,000,000     \$1,000,000/\$3,000,000     \$1,000,000/\$5,000,000
6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
7. Email: \_\_\_\_\_ Website: \_\_\_\_\_
8. Date established: \_\_\_\_\_  Corporation     Partnership     Individual     Other: \_\_\_\_\_
9. Federal ID Number: \_\_\_\_\_ License Number: \_\_\_\_\_
10. Principal: \_\_\_\_\_ Title: \_\_\_\_\_
11. Person to contact for Audit: \_\_\_\_\_ Title: \_\_\_\_\_
12. How did you hear about us?  Web surfing     Ad in which publication: \_\_\_\_\_     Other: \_\_\_\_\_
13. Are you an ASIS member?  Yes     No
14. What background do the principals of this organization have in the Investigative/Security Consultation Industry?  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Total number of employees: \_\_\_\_\_ Investigators: \_\_\_\_\_ Consultants: \_\_\_\_\_
16. Annual receipts: \_\_\_\_\_ Payroll: \_\_\_\_\_ Sub-contractor expense: \_\_\_\_\_
17. Are sub-contractors' Certificates of Insurance on File?  Yes     No
18. Does your firm provide any type of security guard operations (ie: executive protection, standing guards, security patrol, bodyguard work, etc)?  Yes     No *If Yes, you must switch to the **BrownGuard** Liability Application for Private Security Agencies instead of this application.*  
 Indicate percent of operations: \_\_\_\_\_ and provide details: \_\_\_\_\_  
 \_\_\_\_\_
19. Any other operations (ie: alarm, fugitive recovery, etc.): \_\_\_\_\_

20. List your (5) largest clients: 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_

21. a. Current Carrier: \_\_\_\_\_ Current Premium: \_\_\_\_\_

b. Have you incurred any losses over the past 5 years?  Yes  No If yes, please attach summary of losses.

c. Are you aware of any circumstances which might give rise to a claim under this policy?  Yes  No If yes, please attach details.

22. Regarding your Employees' Pre-Employment Screening:

Fingerprints	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Honesty Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychological Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No

23. Regarding your Employees' Training: (please provide the number of hours of training for each category)

Total number of annual training hours: \_\_\_\_\_ On-the-job training: \_\_\_\_\_

Classroom training: \_\_\_\_\_ Other, describe: \_\_\_\_\_

24. Indicate % of operations (ALL CATEGORIES TOTALED, SHOULD EQUAL 100%):

**PRIVATE INVESTIGATION**

- \_\_\_\_\_ % Airport/Port/Utilities
- \_\_\_\_\_ % Accident Investigations/Reconstruction
- \_\_\_\_\_ % Asset Searchers
- \_\_\_\_\_ % Background Investigations
- \_\_\_\_\_ % Bank & Accounting Fraud
- \_\_\_\_\_ % Child Recovery/Custody
- \_\_\_\_\_ % Civil Investigations
- \_\_\_\_\_ % Computer Crime
- \_\_\_\_\_ % Credit/Pre-employment
- \_\_\_\_\_ % Criminal Investigations
- \_\_\_\_\_ % Domestic (Matrimonial/Divorce)
- \_\_\_\_\_ % Drug/Explosive K-9 Ops
- \_\_\_\_\_ % Environmental
- \_\_\_\_\_ % Expert Witness
- \_\_\_\_\_ % Fire/Arson
- \_\_\_\_\_ % Forensic Services
- \_\_\_\_\_ % Insurance/Legal
- \_\_\_\_\_ % Intellectual Property
- \_\_\_\_\_ % Malpractice
- \_\_\_\_\_ % Missing Persons/Heirs
- \_\_\_\_\_ % Process Serving
- \_\_\_\_\_ % Record Retrieval Services
- \_\_\_\_\_ % Repossessions
- \_\_\_\_\_ % Shopping Services
- \_\_\_\_\_ % Skip Tracing/Collections
- \_\_\_\_\_ % Surveillance/TSCM
- \_\_\_\_\_ % Trial Preparation
- \_\_\_\_\_ % WC/Fraud Investigations
- \_\_\_\_\_ % White Collar Crimes
- \_\_\_\_\_ % Special Events (explain):

\_\_\_\_\_ % Other (explain):

**SECURITY CONSULTATION**

- \_\_\_\_\_ % Construction Design
- \_\_\_\_\_ % Criminal
- \_\_\_\_\_ % Data/Computer Security
- \_\_\_\_\_ % Kidnap/Terrorist
- \_\_\_\_\_ % Physical Security Audits
- \_\_\_\_\_ % Seminars/Lectures
- \_\_\_\_\_ % Terrorism
- \_\_\_\_\_ % Threat/Vulnerability Assessments
- \_\_\_\_\_ % Training

Firearms Training:

- Firing Range \_\_\_\_\_ %
- Classroom \_\_\_\_\_ %
- \_\_\_\_\_ % Other (explain):

**LIE DETECTION**

- \_\_\_\_\_ % Paper/Pen & Pencil
- \_\_\_\_\_ % Polygraph
- \_\_\_\_\_ % Psychological Stress Evaluator
- \_\_\_\_\_ % Other (explain):

NOTICE TO APPLICANTS EXCEPT: AR, CO, FL, KY, OH, OK, PA, NJ & NY:

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 may be guilty of insurance fraud.

NOTICE TO ARKANSAS APPLICANTS ONLY:

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 ONLY:

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 FLORIDA ONLY:

Any person who knowingly and with intent to defraud any insurance company or other person 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 KENTUCKY AND PENNSYLVANIA ONLY:

Any person who knowing 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 and subject the person to criminal and civil penalties.

NOTICE TO OHIO ONLY:

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 ONLY:

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 NEW JERSEY ONLY:

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 ONLY:

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.

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**APPLICATION MUST BE SUBMITTED BY BROKER**

\_\_\_\_\_  
BROKER'S COMPANY

\_\_\_\_\_  
BROKER NAME

\_\_\_\_\_  
WEBSITE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
EMAIL