



SCOTTSDALE INSURANCE COMPANY®

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Detective Or Investigative Agency (Private) & Process Servers
Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

Location of Operations

Table with 3 columns: Street and City, State, License Number. Rows 1-3 with checkboxes for 'same as mailing address'.

1. Errors and Omissions (E&O) Coverage: [ ] Limited E&O [ ] Full E&O (limit will match CGL Limit of Liability)

2. How long has applicant been in business? \_\_\_\_\_ years [ ] Full-Time [ ] Part-Time

3. Are armed personnel certified for use of firearms?..... [ ] Yes [ ] No [ ] N/A

4. Are background checks completed on new employees prior to employment?..... [ ] Yes [ ] No

If yes, describe procedures used for pre-employment screening: \_\_\_\_\_

Are these procedures compliant with state and federal requirements? ..... [ ] Yes [ ] No

5. List applicant's five largest clients and the operations performed for each \_\_\_\_\_

Table titled 'Operations and Percentage of Receipts (Percentages should total to 100%)' with 2 columns and 16 rows listing various services and their percentages.

6. Does applicant use dogs?.....  Yes  No

If yes, explain: \_\_\_\_\_

How often? \_\_\_\_\_

| Employee Data        | Number | Annual Payroll | Leased or Subcontracted | Number | Annual Cost |
|----------------------|--------|----------------|-------------------------|--------|-------------|
| Owner(s) only        |        | \$             | Leased Employees        |        | \$          |
| Employees: Full-Time |        | \$             | Independent Contractors |        | \$          |
| Part-Time            |        | \$             |                         |        |             |

(Include cost of uninsured subcontractors as employee payroll)

7. Does Applicant have other business ventures for which coverage is not requested? .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICABLE IN THE STATE OF 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.

**FRAUD WARNING:**

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.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

IOWA LICENSED AGENT: \_\_\_\_\_