

The Alliance Group - Professional Application

Applicant Information	
Business Name	Contact:
Applicant	Contact Number:
Mailing Address	Business Number:
City State Zip	Cellular Number:
Web-Site	Fax Number:
Email Address	Date Started Business
Organization Type: Individual Partnership Corporation LLC PLLC LTD	States Licensed & Number
Desired Policy Effective Date:	EIN# (or) Drivers License (Individual)

**Coverage Section** – Professional Liability E&O included at the same occurrence limit selected.

Liability ( ) \$1,000,000/\$2,000,000 ( ) \$\_\_\_\_\_ Occurrence ( ) \$\_\_\_\_\_ Aggregate

Optional Coverage	Limits			
Hired and Non-Owned Auto (Subject to Company Approval)	( ) None	( ) \$1,000,000		
Washington - Ohio Stop Gap	( ) None	( ) \$300,000	( ) \$500,000	( ) \$1,000,000
Employee Benefit Liability	( ) None	( ) \$300,000	( ) \$500,000	( ) \$1,000,000
Blanket Additional Insured	( ) 5 or less	( ) 6-10	( ) 11-20	( ) Over 20
Primary Additional Insured	( ) #	Waiver of Subro	( ) #	
Preservation of Property	( ) Include	Training Instructor	( ) Included	
Scheduled Additional Insured –	( ) Total	Clients	Landlord	Equipment

Physical Location (Attach separate page if needed)				
Address	City	State	Zip	County
Address	City	State	Zip	County

Additional Insured (Attach separate page if needed)			
Name	Address	Attn:	Fax
Name	Address	Attn:	Fax

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Investigative Operations	Percentage	Investigative Operations	Percentage
Asset Location and Research		Occupancy/Field Inspections	
Background Checks		Preservation of Property (describe below)	
Canine Operations (describe below)		Process/Document Serving	
Corporate		Records and Research	
Domestic		Surveillance	
Electronic Countermeasures		Witness Interviews	
Employment		Work Place Drug Testing	
Forensics		Repossessions (other than locates)	
Insurance and/or Worker's Comp.		Armed Security Work (describe below)	
Insurance Claims Adjuster- Draft \$ _____		Unarmed Security Work (describe below)	
Legal		Executive Protection (describe Below)	
Certified Polygraph (No CVSA operations)		Other:	

Position with Agency	# of Employees		Employee Payroll	
	Armed	Unarmed	Armed	Unarmed
Owners, Officers, Partners				
Office, Management, Clerical.				
Investigators & Process Servers (Other than Owners)				
Security Services (Other than Owners)				
Insured Sub-Contractors	Total Paid to Subcontractors		\$	\$
Canine – Each Handler	Each	#		
Annual Gross Receipts \$ _____ [Percentage from Security ____%				

<b>Sub-Contractors Management Section (If you have subcontractors)</b>	<b>[ ] No Subcontractors</b>
Do you verify your subcontractors have general liability insurance? (Note: Subs without insurance verification are treated as employees for premium calculation purposes.)	( ) Yes ( ) No
Do all subcontractors have liability insurance limits equal to yours?	( ) Yes ( ) No
Are you an additional insured on every subcontractor's liability policy?	( ) Yes ( ) No
Do you have personal knowledge of this sub-contractor?	( ) Yes ( ) No

<b>Employee Management Section</b>	<b>[ ] No Employees</b>
Pre-Employment: Background Check _____ Prior Employment Check _____ Check MVR _____ Drug Testing _____	
Provide workers compensation on all your employees?	( ) Yes ( ) No
Employment handbook provided to each employee?	( ) Yes ( ) No
How often to you company meetings?	<input type="checkbox"/> Per Job <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

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**General Operations:**

Professional Associations or Organization belong to: \_\_\_\_\_  
 (You must be a member of an approved Association. We will verify on line membership at issuance)

Do you keep records of each job? How many years? \_\_\_\_\_ ( ) Yes ( ) No

Signed contracts with each client or business your work with? ( ) Yes ( ) No

Have you ever operated under another business name? ( ) Yes ( ) No

Name and reason for name change:

**Prior Insurance Carrier & Loss Experience Section** (Please provide information on your liability insurance for past three years)

Company	Policy Dates	Premium	Occurrence or Claims-Made

Any claim or knowledge of a potential claim within the past three years? If yes - show dates, amount, and describe ( ) None

Has any insurance carrier cancelled or declined to renew in the last three years? ( ) Yes ( ) No  
 If so, why?

Describe; Canine Operations, Security Work, Executive Protection, Property Preservation, and/or other:

Please describe your on going education and training:

Please list your experience (attach resume if less than three years in business)

The policy may be placed with a SURPLUS LINE MARKET which is not regulated by the State Insurance Guaranty Fund. In the event of the insolvency on the SURPLUS LINES insurer, losses will not be paid by the STATE INSURANCE GUARANTY FUND. The undersigned hereby acknowledges that this has been explained to the applicant and that coverage will only placed with an A.M. Best "A" rated insurance carrier(s)

Any person who, with intent to defraud or knowing that he or she 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.

**I understand and have read the above statements.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_