

S.I.U. LLC 700 N. Brand Blvd., Suite 300 Glendale, CA 91203	PRIVATE DETECTIVE, INVESTIGATIVE AGENCY (PRIVATE), OR PROCESS SERVERS SUPPLEMENTAL (TO BE USED AS A SUPPLEMENT TO AN ACORD APPLICATION)	P (818) 547-1333 F (818) 547-9003 License: 0C79819
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Applicant's Name: _____

Location of Operations

Street & City	State	License Number
1. <input type="checkbox"/> same as mailing address		
2.		
3.		

1. Errors & 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:

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

6. Is applicant involved in any other operations or business? Yes No
 If yes, describe:

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Operations and Percentage of Receipts (Percentages should total to 100%)	
_____ % Arson investigation	_____ % Legal
_____ % Bail Bond Operations	_____ % Mission Person
_____ % Body Guard	_____ % Polygraph Work
_____ % Computer Fraud	_____ % Process Servers
_____ % Consulting	_____ % Records Check
_____ % Corporate—Employee dishonesty	_____ % Surveillance (describe)
_____ % Drug Surveillance	
_____ % Drug Testing	_____ % Undercover operations (describe)
_____ % Personal Property (autos, etc.) Repossession	
_____ % Pre-employment screening	
_____ % Domestic	_____ % Other operations (describe)
_____ % Insurance Claim Investigating	
_____ % Insurance Adjusters (draft authority \$_____)	

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)

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WARNING: California law requires complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely.

I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.

Signature of Applicant* _____ Date _____

Name and Title* _____

* Must be owner, executive officer, or partner