



**Producer:** Kevin Whaley  
**Address:** PO Box 1788  
 Grand Rapids, MI 49501  
**Telephone:** 1-800-748-0351  
**Fax:** 1-800- 847-3129  
**E-Mail:** kwhaley@thecampbellgrp.com

**PRIVATE INVESTIGATOR INSURANCE APPLICATION**

**A. BUSINESS INFORMATION**

1. Name of Applicant: \_\_\_\_\_
2. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 Additional Locations, if any: \_\_\_\_\_
3. Proposed Effective Date: \_\_\_\_\_ **Contact Name:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_
4. Licensed and in Business Since: \_\_\_\_\_
5. Applicant is: Individual  Corporation:  Partnership  Other: \_\_\_\_\_
6. Gross Receipts/Sales: Last Year \$ \_\_\_\_\_ Anticipated Coming Year: \$ \_\_\_\_\_  
 What is the number of active accounts/contracts you are currently servicing? \_\_\_\_\_

7. Employee Information

	No. of Employees		Total Payroll	
	Full-Time	Part-Time (20 hrs. or less)	Last Year	Coming Year
a. Employees/Payroll	_____	_____	\$ _____	\$ _____
b. Describe hiring practices and pre-employment screening procedures:	_____			
c. Do you have any employees who drive your or their autos while working for you?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. Do you order Motor Vehicle Reports on these employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

8. Claim/Loss History for Past 5 Years. If none, so state. (Insurer loss runs are required.)

Date	Description	\$ Paid Amount	\$ Reserves	Open/Closed?
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

Describe any additional incidents that have occurred which may result in a claim being made against the applicant. If none, so state: \_\_\_\_\_



9. Is applicant involved with any of the following activities or clients? \*

	Yes	No	%
Arson Investigation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Body Guards (describe clients)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child Search/Missing Persons	<input type="checkbox"/>	<input type="checkbox"/>	_____
Collection Agencies/Work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Credit Checks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drug Searches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electronic Sweeps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingerprinting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insurance Investigation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Polygraph Operators	<input type="checkbox"/>	<input type="checkbox"/>	_____
Process Servers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Repossession	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skip Tracers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Strike Work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Undercover Work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Total: \_\_\_\_\_ 100%

Largest clients: \_\_\_\_\_  
 \_\_\_\_\_

\*Skip Chasers/Bounty Hunters are not eligible.

**B. INSURANCE INFORMATION**

1. Policy Information:

Carrier	Dates	Limits	Premium	Basis	Deductible
_____	_____	_____	_____	_____	\$ _____

**C. DISCLOSURE/AUTHORIZATION/DECLARATIONS**

**WARNING NOTICE:** 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.

The undersigned Applicant authorizes the Company, its agents, and representatives to secure claims information from my current and previous insurance carriers.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSURER TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

\_\_\_\_\_  
 Applicant Date

The undersigned agent or broker additionally agrees to be responsible for any earned premium developed on any policy issued based on this application.

Kevin Whaley--The Campbell Group  
 Signature of Agent or Broker Date



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Applicant

\_\_\_\_\_  
Date

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Kevin Whaley--The Campbell Group  
 \_\_\_\_\_  
Signature of Agent or Broker

\_\_\_\_\_  
Date