



## INSURANCE TEK, INC.

is a specialized insurance broker offering comprehensive insurance products in all States.  
With access to the top Insurance programs, we ensure **your business is protected.**

Detective and Insurance programs include an exclusive insurance policy through an  
A+ rated insurance company with the minimum premium for detectives starting at **\$650.00**  
and process servers minimum starting at **\$550.00**

(Subject to fees and taxes added to premium. Minimum premium subject to the State of operations)

### Optimize Your Protection

#### Key Business Protection

- Occurrence Form General Liability including Broad Form E&O
- Personal/Advertising Injury
- Assault & Battery
- Employees and Volunteers
- Sexual Misconduct Allegations
- Electronic Data Liability
- Care, Custody and Control
- Subcontractor Protection
- Blanket Additional Insured
- No Firearm Exclusion
- Low or No Deductible
- Wrongful Serve
- Assault Battery
- False Arrest/Wrongful Detainment

#### Additional Protection Options

- Employment Practices
- Workman's Compensation
- Business Owners Property
- Business Auto Coverage
- Umbrella Limits
- On/Off Site Equipment
- License Bonding
- Performance Bonding
- Fidelity & Crime Bonding
- Worldwide Operations/DIC

Applications available online @ [www.insurance-tek.com](http://www.insurance-tek.com) or call **888-505-1555** for a quick quote.

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

## The Alliance Group - Professional Application

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

## The Alliance Group - Professional Application

**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 InsuranceTek, Inc. has explained this to the applicant. InsuranceTek, Inc. will only place coverage with a 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: \_\_\_\_\_

Please read and sign the bottom

**RE: No Known Loss Letter**

To Whom it May Concern;

This letter is to comply with the request for my prior claims history to date. For the last three years, there have been no known losses with respects to General Liability and/or Professional E&O Coverage. We have requested our report from the insurance company and have not had a response to our requests.

During the most recent three years, I/we represent, warrant, and affirm as a consideration of receiving General Liability and/or Professional E&O Insurance coverage that:

- 1) I/we have had no losses; and,
- 2) I/we have had no claims or notices of claims made against me/us; and,
- 3) I/we have not had similar general liability/professional coverage cancelled or Non-renewed by any insurer; and,
- 4) I/we have no knowledge of any pending claim, or reason to expect a claim or loss resulting from our business activities. These representations are given to induce the insurance company to provide General Liability and/or Professional E&O Coverage and are true and correct.

  X   There are no exceptions.

\_\_\_\_\_ Exception (Explain fully): \_\_\_\_\_

Sincerely,

X \_\_\_\_\_  
Sign here

\_\_\_\_\_  
Dated

Business Name \_\_\_\_\_

Authorized Signer (Print Name) \_\_\_\_\_