



The Alliance Group of Associations – Insurance Program

Working with Associations throughout the United States, we understand your needs and designed this insurance program for the Professional Business Owners. Please complete the attached application and fax it to our office for an insurance offer. If you do not receive confirmation of our application received, please call our office.

Insurance Summary

General Liability Coverage

General Aggregate:	\$2,000,000
Products/Completed Operations Aggregate:	\$2,000,000
Personal Injury & Advertising Injury:	\$1,000,000
Each Occurrence Limit	\$1,000,000
Professional Broad Form E&O:	\$1,000,000 Occurrence/\$2,000,000
Fire Damage Limit:	\$100,000
Care, Custody & Control:	\$50,000
Lost Key Coverage:	\$10,000
Medical Expense Limit:	\$5,000
Policy per claim deductible:	None
Assault and Battery	Included
Employees are included as additional insured	

Terms: Policy is not subject to annual audit, 25% minimum earned and fees are fully earned. Specific operations excluded are; Security at Bars, Taverns & Restaurants. Executive Protection for Celebrities, Entertainers and Athletes, Bail Companies and bail enforcement. The policy is being offered through an authorized A+ rated non-admitted insurance company. First term policies are subject to a \$100 cancellation fee.

Payment options

EFT plans are available for the installments
Credit Card Services (Visa/MasterCard) Subject to a 2% fee
Automatic Check Processing for instant binding
NSF Checks are subject to a \$15.00 expense charge with our office.

13300 Bothell-Everett Hwy #6129, Mill Creek WA 98012

Toll Free 1-888-505-1555 ~ Fax 1-800-521-1528

www. Insurance-Tek.com ~ Info@Insurance-Tek.com



Record Keeping

Please ensure if you hire a subcontractor they need to provide your office with a certificate of insurance for general liability including professional E&O with no less than \$1,000,000 limits. Without verification of their insurance, the policy will charge their cost under the investigative payroll section. They are considered W9 contracted employees and not W9 insured subcontractors.

Options Available subject to Additional Premium

Scheduled additional insured required by contract
Blanket Additional Insured
Landlords as additional insured (No Charge)
Hired and Non-Owned Subject to approval
Employers Liability subject to state approval
Primary Additional Insured
Waiver of Subrogation
Higher limits of liability
Training
Property Preservation (subject to approval)
Canine Handlers
Business property including off premises property
* Cameras, GPS, Tracking and Computers
Crime (Fidelity, Employee Dishonesty)
Business auto coverage

Office Information

Principal and Program Director	Vicki Boser	Vicki@Insurance-tek.com
Executive Producer	H Eric Vennes	EricV@Insurance-tek.com
Account Manager	Jennifer Eads	Jennifer@Insurance-tek.com
Account Manager	Kathy Kane	Kathy@Insurance-tek.com
Account Assistant	Kevin Browning	Kevin@Insurance-tek.com

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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 ____%				

Sub-Contractors Management Section (If you have subcontractors)	[] No Subcontractors
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

Employee Management Section	[] No Employees
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: _____