



© DM Design

Insurance Summary

Proposed Effective Date: The
Your coverage will be placed through: Western Heritage Insurance Co.
Association Membership:

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 Aggregate
Limited Assault & Battery:	\$300,000 Occurrence/\$600,000 Aggregate
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
Blanket Additional Insured	Included

Owner Payroll:	One Owner
Investigative Employee Payroll (W9/W2)	None
Insured Sub-Contractors:	None

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.

remium Breakdown

Premium:	\$800.00
Policy Fee:	\$75.00
Broker Fee:	\$75.00

Financing Options subject to finance fee

Monthly down payment of: \$355.00 with balance paid in nine consecutive installments.
Quarterly down payment of: \$478.00 with balance paid in two quarterly installments.

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

Toll Free 1-888-505-1555 ~ Fax 425-357-1551

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



© DM Design

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.

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
Executive Producer
Account Manager
Account Manager

Vicki Boser
H Eric Vennes
Jennifer Eads
Kathy Kane

Vicki@Insurance-tek.com
EricV@Insurance-tek.com
Jennifer@Insurance-tek.com
Kathy@Insurance-tek.com

Local Business Phone
Physical Address

425-357-1555
11622 35th Ave SE, Everett WA 98208

13300 Bothell-Everett Hwy #6129, Mill Creek WA 98012
Toll Free 1-888-505-1555 ~ Fax 425-357-1551
www. Insurance-Tek.com ~ Info@Insurance-Tek.com

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: _____

WESTERN HERITAGE INSURANCE COMPANY

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion; and that causes losses of at least \$5,000,000.

You should know that any coverage for losses caused by "certified acts of terrorism" is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the act.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Act of 2002 is scheduled to terminate at the end of December 31, 2005, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2005, any terrorism coverage provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO ACCEPT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM."

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

	I hereby elect to purchase certified terrorism coverage for a premium of \$ \$82.00. I understand the the federal Terrorism Risk Insurance Act of 2002 may terminate on December 31, 2005. Should that occur my coverage for terrorism as defined by the Act will also terminate.
	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Name

Clarks Legal Services Inc
Named Insured/Firm

Print Name

2136702
Policy Number, if available

Date