

PROTECTION SERVICES PROGRAM - SUPPLEMENTAL APPLICATION

PRIVATE INVESTIGATION FIRM

(Required in addition to the "APPLICATION FOR GENERAL LIABILITY INSURANCE - PROTECTION SERVICES" form)

Does firm and employees carry appropriate licenses: Yes No List: _____

Does the firm have a Privacy Policy in place: Yes No

Please list 5 largest clients or contracts:

Client	Type of Business	Type of Investigative Work

Do you provide any of the following service: Retail store or airport security investigations Yes No
 Bailiff Yes No Forensics Yes No
 Paralegal Yes No Process Serving Yes No

If yes, details: _____

Do any of your investigators carry firearms: Yes No Appropriate Permits in place: _____

Described your minimum educational training & experience requirements for your employees: _____

**** (IF AVAILABLE - PLEASE ATTACH RESUMES OF MAIN INVESTIGATORS AND PRINCIPALS, AND ANY BROCHURE CONTAINING INFORMATION ON THE FIRMS SERVICES AND PERSONNEL)**

Does your pre-hiring process include a criminal background check: Yes No

DECLARATION / CONSENT:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Signature: _____ Date: _____

Broker's Signature: _____ Date: _____

Broker Email: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667 London - T 519.850.1610 F 519.850.1614