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Private Investigator Program Supplemental Application

SierraSpecialty

Applicant's Name: _____

- 1 What are your expected gross receipts for the next 12 months? _____
- 2 What is your projected total payroll (not including owners and corporate officers) for the next 12 months? _____
- 3 How many employees do you have? _____
- 4 How many owners/corporate officers do you have? _____
- 5 Are nationwide criminal background checks performed on all prospective employees? Yes No
- 6 Do you, or will you, employ anyone who has been convicted of, or pled guilty to any felony or sexual offense?..... Yes No
- 7 Do you, or do others on your behalf, perform security consultant work? (if "Yes", attach an explanation) Yes No
- 8 How many years have you been in business under the applicant name? _____
- 9 How many years of private investigation work experience do you have? _____
- 10 Do you perform any work or operations other than those usual and customary to a private investigator? Yes No
- 11 Do you have prior civilian or military law enforcement experience? Yes No
- 11a If "yes", how many years? _____
- 12 Are you licensed in all states in which you work? Yes No
- 13 Have any of your licenses to perform private investigations work ever been suspended or revoked? Yes No
- 14 Are you aware of any losses, claims, or circumstances that may result in a claim, whether covered by insurance or not, and that have occurred or been reported within the past three years?..... Yes No
- 15 Do you use a standard contract with all independent contractors who perform work/services on your behalf? Yes No
- 15a Are all independent contractors required to carry liability insurance with limits equal to yours? Yes No
- 15b Are all independent contractors required to name you as an additional insured on their liability insurance policy(ies)? Yes No
- 15c Are all independent contractors required by contract to hold you harmless and to indemnify you? Yes No
- 15d Anticipated total cost paid to your independent contractors during the next 12 months? _____
- 16 Do you, or do any of your independent contractors, perform any of the following:
 - a. Armored car services _____ Yes No
 - b. Auto repossession _____ Yes No
 - c. Bail bond risks _____ Yes No
 - d. Bodyguards _____ Yes No
 - e. Courier services _____ Yes No
 - f. Drug surveillance _____ Yes No
 - g. Escorts/vehicle patrol _____ Yes No
 - h. Polygraph testing _____ Yes No
 - i. Security guard operations _____ Yes No
 - j. Security system installation, service, repair, and/or monitoring _____ Yes No
 - k. Sports or entertainment security _____ Yes No
 - l. Bounty hunters _____ Yes No
 - m. Executive protection services _____ Yes No

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the 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 may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

 Signature of Applicant (Owner, president, or CEO)

 Title

 Date

 Signature of Producing Agent

 Date

 Agent Name

 Agent Address