



Sierra Specialty Insurance Inc.  
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Private Investigator Program Supplemental Application

CHOOSE ONE:

- ARMED  
 UNARMED

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 <input type="checkbox"/>	No <input type="checkbox"/>
b. Auto repossession _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Bail bond risks _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Bodyguards _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Courier services _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Drug surveillance _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Escorts/vehicle patrol _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Polygraph testing _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. Security guard operations _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j. Security system installation, service, repair, and/or monitoring _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k. Sports or entertainment security _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l. Bounty hunters _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
m. Executive protection services _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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