



**Western Heritage**  
Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250  
1-800-873-9442 • Fax (480) 596-7859

**DETECTIVE OR INVESTIGATIVE AGENCY (PRIVATE) & PROCESS  
SERVERS SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

**Location of Operations**

Street and City	State	License Number
1. <input type="checkbox"/> same as mailing address		
2.		
3.		

- 1. Errors and Omissions (E&O) Coverage:     Limited E&O         Full E&O (limit will match CGL Limit of Liability)
  - 2. How long has applicant been in business? \_\_\_\_\_ years         Full-Time         Part-Time
  - 3. Are armed personnel certified for use of firearms?.....  Yes  No  N/A
  - 4. Are background checks completed on new employees prior to employment? .....  Yes  No
- If yes, describe procedures used for pre-employment screening: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. List applicant's five (5) largest clients and the operations performed for each: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Is applicant involved in any other operations or business? .....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Operations and Percentage of Receipts (Percentages should total to 100%)	
_____ % Arson Investigation	_____ % Legal
_____ % Bail Bond Operations	_____ % Mission Person
_____ % Body Guard	_____ % Polygraph Work
_____ % Computer Fraud	_____ % Process Servers
_____ % Consulting	_____ % Records Check
_____ % Corporate—Employee Dishonesty	_____ % Surveillance (describe)
_____ % Drug Surveillance	
_____ % Drug Testing	_____ % Undercover Operations (describe)
_____ % Personal Property Repossession (Autos, etc.)	
_____ % Pre-employment Screening	
_____ % Domestic	_____ % Other Operations (describe)
_____ % Insurance Claim Investigating	
_____ % Insurance Adjusters (Draft Authority \$ _____)	

Employee Data	Number	Annual Payroll	Leased or Subcontracted	Number	Annual Cost
Owner(s) only		\$	Leased Employees		\$
Employees: Full-Time		\$	Independent Contractors		\$
Part-Time		\$			

(Include cost of uninsured subcontractors as employee payroll)

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_