



Mid Valley General Agency LLC
 3400 State Street #G-740, Salem, OR 97301
 Phone: 888-565-7001 ♦ Fax: 888-265-7353
 www.midvalleyga.com

Detective Or Investigative Agency (Private) & Process Servers Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web Site Address: _____

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: _____

Are these procedures compliant with state and federal requirements? Yes No

5. List applicant's five largest clients and the operations performed for each: _____

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

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6. Does applicant use dogs? Yes No
 If yes, explain: _____
 How often? _____

| 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)

7. Does Applicant have other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured: _____

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
 (Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
 (*Applicable to Florida Agents Only*)

IOWA LICENSED AGENT: _____