UNITED STATES LIABILITY INSURANCE GROUP

Private Investigator & Background Checking/Screening Service Supplemental

APPLICATION

Applicant's Name: _____

If the Applicant is newly established, please provide best estimates.

1. Please provide a percentage breakdown of current 12 month Gross Receipts from the following. ***(Please provide details to all "Yes" answers.)***

Private Investigator	_____%	_____
Background Check Service	_____%	_____
Screening Service	_____%	_____
Skip Tracing	_____%	_____
Body/Security Guard	_____%	_____
Public Adjuster	_____%	_____
Bounty Hunter	_____%	_____
Title Abstracting	_____%	_____
Bail Bonding	_____%	_____
Repossession Services	_____%	_____
Other (specify) _____	_____%	_____

2. Does the Applicant: ***(Please provide details to all "Yes" answers.)***

	Yes	No	% Receipts
Carry firearms or instruct in firearms use?	❑	❑	_____%
Subcontract repossession services?	❑	❑	_____%
Perform opposition research?	❑	❑	_____%
Perform vulnerability assessments?	❑	❑	_____%
Perform sub rosa investigations?	❑	❑	_____%
Perform background checks/screenings/investigations for or involving:			
Department of Defense?	❑	❑	_____%
U.S. Customs?	❑	❑	_____%
Financial occupations?	❑	❑	_____%
Gun purchases?	❑	❑	_____%

Details:

_____
_____
_____
_____
_____

THIS PRIVATE INVESTIGATOR & BACKGROUND CHECKING/SCREENING SERVICE SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION. THIS SUPPLEMENTAL APPLICATION IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.

_____	_____	_____
SIGNATURE	TITLE (Principal, Partner or Officer)	DATE

_____
PRINT NAME