



Background Screening

Commercial General Liability

Including Errors & Omissions

One Blue Hill Plaza
 Suite 530
 Pearl River NY 10965
 Ph 800-214-0207
 Fax 845-735-8383
 www.mechanicgroup.com

1. Name _____
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)

2. Address _____
Street Address City State Zip Code

3. Assoc. Member Yes No Policy proposed effective date _____

4. Phone _____ Fax _____ Email _____

5. Corporation Partnership Individual Other Company Inception Date _____

6. Principal _____ Title _____

7. Experience in industry _____

8. Total number of employees _____ Investigators _____ Consultants _____

9. Projected Annual Revenue (next 12 months) _____ Payroll (if one owner, use \$27,500) _____

10. Subcontractors Expense _____ Do subcontractors provide evidence of insurance Yes No

11. Indicate % of Operations:

Background Screening	Percentage
Criminal	
Credit - Financial	
Prior Employment -Work History	
Education	
Historical and Current Residence	

Investigations	Percentage
Criminal	
Civil	
Corporate	
Matrimonial	
Undercover	
Missing Persons	
Insurance	
Other:	
<i>Other Description</i>	
<i>Other Description</i>	

Other Operations	Percentage
Psychological testing	
Drug Testing	
Polygraph	

12. Have you sustained any claims or become aware of any errors in your work-product over the past 5 years? Yes No
(If yes, please provide brief details below along with insurance company reserve if known).



Background Screening

Client Name: _____

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

13. **Current Professional Liability Information**

Insurance Company	_____
Premium	_____
Deductible	_____
Claims Made Retro Date	_____
Expiration Date	_____
Limit of Insurance	_____

14. Training: (Please provide the number of hours of training for each category):

_____ Total number of annual training hours

_____ On-the-job training

_____ Classroom training

_____ Other - *Describe:* _____

15. Pre-Employment Screening of YOUR employees:

Fingerprints Yes No

Drug Testing Yes No

Honesty Testing Yes No

Psychological Testing Yes No

Prior Employer Yes No

Personal Interview Yes No

16. Is your business always in compliance with Fair Credit Reporting Acts Laws? Yes No

17. Do you warrant that your business will remain in compliance with fair credit reporting act laws and that you will educate every employee in your company to be in compliance with fair credit reporting act laws including notifications and signature requirements?

If yes, please confirm by initialing:

_____ _____
Initials *Date*

18. How do you protect your business against clerical errors made by your employees? _____

19. How do you protect your business against computer errors made by your employees? _____

20. Do you have a standard contract or agreement for client engagements? Yes No

If yes, what % of the time is it signed? _____

21. Has your liability insurance ever been canceled, declined or non-renewed in the past 3 years? Yes No

22. Has your company ever filed for bankruptcy protection? Yes No

Notice to applicants: this application must be completed in full as the quote will be based solely on the information provided. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. By signing this application, the signor warrants that to their best knowledge all information given is true

Signature

Title

Date

Notice: Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island & West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

Maryland applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact maybe violating state law.

Pennsylvania applicants: 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.

Tennessee ,Virginia & Washington applicants: 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.

Arbitration statement

Applicable to Utah applicants if the policy will contain an arbitration clause:

Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of (the American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.

Signature Section General Liability		
<hr/>	<hr/>	<hr/>
<i>Principal, Owner or Officer Signature</i>	<i>Title</i>	<i>Date</i>