

**APPLICATION FOR  
COMMERCIAL GENERAL LIABILITY  
Polygraphists**

(This is an application for annual "per occurrence" coverage)

- A) Please answer all questions, leaving no blank spaces. PLEASE PRINT OR TYPE
- B) The application must be signed and dated.
- C) When answering questions, please use a separate attachment if space provided is insufficient.

**APPLICANT INFORMATION:**

1) (a) Name of Applicant/Organization to be insured: \_\_\_\_\_  
Name of Contact Person (person completing application): \_\_\_\_\_

(b) Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Area Code/Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

(c) Applicant is:  Sole Proprietor  Partnership  Corporation  Other: \_\_\_\_\_

(d) Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? \_\_\_\_\_  
\_\_\_\_\_

(e) Any operations sold, acquired, or discontinued in the last five years?  Yes  No

(f) Number of employees: Full-Time Staff \_\_\_\_\_ Part-Time Staff \_\_\_\_\_

(g) Financial Information	Gross Income	Staff Payroll	Subcontractor Payroll
Past Twelve Months:	\$ _____	\$ _____	\$ _____
Estimate of Next Twelve Months:	\$ _____	\$ _____	\$ _____

2) List Branch Offices and Addresses, if any: \_\_\_\_\_  
\_\_\_\_\_

3) Date Business was Established: \_\_\_\_\_

4) (a) Please provide a description of your activities below by showing the percentage of income derived from each and a brief description of each. Use a separate attachment if necessary. (Attach any brochures or fliers, if available).

\_\_\_\_ % Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_ % Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_ % Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_ % Description: \_\_\_\_\_  
\_\_\_\_\_

(b) Do you perform any activities off-shore or overseas?  Yes  No

If "yes", what are the activities performed and do you perform them on a seldom, occasional or regular basis? \_\_\_\_\_  
\_\_\_\_\_

(c) Please state the number of cases handled in the past 12 months:

Private Practice Polygraph	_____	Background Check	_____
Written Testing	_____	Private Investigation	_____
Interviewing	_____	Sex Offender Testing	_____

5) Does the Applicant provide polygraph services for tournaments or contests?  Yes  No

If Yes, please provide details about such tournaments or contests, and specify the approximate number of such events for which the Applicant provides polygraph services each year. Also, please attach or otherwise provide: (1) any tournament or contest rules; (2) any tournament or contest application form that is signed by participants; and (3) any contract between the Applicant and the sponsor of the tournament or contest.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6) Does the Applicant provide, or intend to provide, polygraph services for television programs?  Yes  No

If Yes, please provide details about such programs. Also, please attach or otherwise provide: (1) the Applicant's contract with the television network or program producer; (2) any indemnification or hold-harmless agreement between the Applicant and the television network or program producer; (3) any contract, waiver, or release form signed by the contestants on the television program.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS INSURANCE:**

7) Please provide prior carrier information for the last three (3) years:

(a) Commercial General Liability

**LIMITS:**

<u>Expiration Date</u>	<u>Carrier</u>	<u>Policy Number</u>	<u>Policy Type</u>	<u>General Aggregate</u>	<u>Products Aggregate</u>	<u>Per Occurrence</u>	<u>Total Premium</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

(b) Professional Liability

<u>Expiration Date</u>	<u>Carrier</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Deductible</u>	<u>Total Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(c) Any policy or coverage declined, cancelled or non-renewed during the prior three years?  Yes  No

If "yes", please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LOSS HISTORY:**

8) Have any claims or suits been made during the past five years against the Applicant.  Yes  No

If "yes", please provide full particulars, including date of occurrence, description of occurrence or claim, date of claim, amount paid, amount reserved, and claim status (open/closed): \_\_\_\_\_

\_\_\_\_\_

Is Applicant aware of any circumstance which may result in a claim?  Yes  No

If "yes", please give details:

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INSURED:**

9) Please provide name and address of those requesting to be listed as Additional Insureds. **Attach copy of insurance section of contract, if applicable.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GENERAL POLICY INFORMATION:**

10) Policy Period Requested:

(a) Proposed Effective Date: \_\_\_\_\_ (b) Proposed Expiration Date: \_\_\_\_\_

11) Policy Limits Requested (Per Occurrence/General Aggregate):

**NOTE: Policy Limits must be equal to the limits on your Professional Liability policy and can exceed those limits only if your Professional Liability limits are at the maximum amount available.**

\$100,000/\$100,000  \$250,000/\$250,000  \$500,000/\$500,000  \$1,000,000/\$1,000,000  \$1,000,000/\$2,000,000

I hereby declare that the above statements and particulars are true, and that I have not suppressed or misstated any material facts. At the present time, I have no reason to anticipate any claim being brought against me, other than as stated above, and agree that this Proposal Form shall be the basis of the contract between myself and the Underwriters and shall be deemed a part thereof.

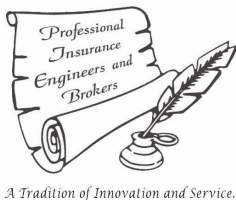
Name of Applicant: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

This Proposal Form duly completed, together with any supplementary information, must be signed in ink by the Applicant. Completion of this Proposal Form does not obligate the Applicant or the Insurer to complete this insurance.



**COMPLETE EQUITY MARKETS, INC.**  
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