

**APPLICATION FOR
PROFESSIONAL LIABILITY INSURANCE**
issued to the
AMERICAN ASSOCIATION OF POLICE POLYGRAPHISTS
(This is an application for a Claims Made Coverage)

- A) Please answer all questions in ink, leaving no blank spaces.
- B) The application must be signed and dated.
- C) When answering questions, please use a separate sheet if space provided is insufficient.
- D) You must be a member of the American Association of Police Polygraphists.

1. a) Name of Applicant _____
 b) Address of Practice _____

 Telephone number (_____) _____
 Fax number (_____) _____
 Email Address _____
 Mailing Address _____

Form of Practice: Sole Proprietor Partnership Corporation

2. Check if Applicant is: _____ a) Full-time private practice polygraphist
 _____ b) Police department employee
 _____ c) Police officer; # of Police Polygraph Exams _____
 _____ d) Private Investigation
 _____ e) Other: _____

3. If the Applicant has checked b), c) or e) above and ALSO maintains a part-time private polygraphist practice, indicate the percentage of time devoted to:

_____ % full-time employment _____ % part-time private practice

	Number of cases handled in past 12 months	Gross income from the past 12 months	Number of cases expected to be handled in the next 12 months	Gross income expected from those services in the next 12 months
4. Private Practice Polygraph:		\$ _____	_____	\$ _____
Written Testing:		\$ _____	_____	\$ _____
Interviewing:		\$ _____	_____	\$ _____
Background Checks:		\$ _____	_____	\$ _____
*Private Investigation:		\$ _____	_____	\$ _____

*** If this work is undertaken, please complete the Private Investigators Section on the last page.**

5. What percentage of the Applicant's polygraph exams are sex offender testing? _____ %
 Give details of any particular training or qualifications in respect of sex offender testing that the Applicant has.

6. 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.

7. 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.

8. Please give a detailed description of interviewing.

9. a) Does the Applicant conduct background investigations? Yes No
b) Is the information that the Applicant collects a matter of public record? Yes No

If no, please provide a description of this type of work.

10. Does the Applicant videotape the polygraph exams? Yes No

11. Has the Applicant ever been subject to any disciplinary proceedings or reprimanded by or refused admission to practice or suspended from practice before any court or administrative agency? Yes No

If yes, please give details:

12. Have any claims or suits been made during the past five years against the Applicant either as an individual or as an employee of a police department or private polygraph firm? Yes No

If yes, please give details:

13. Is the Applicant aware of any circumstances which may result in any claim being made against the Applicant? Yes No

If yes, please give details:

14. Has any similar insurance for the Applicant ever been declined or cancelled? Yes No
 If yes, give full particulars:

15. Please give full particulars of all Polygraph Insurance carried during the past five years.

INSURER: _____

AMOUNT OF POLICY: _____

WHETHER "CLAIMS MADE" OR "OCCURRENCE" COVERAGE: _____

PERIOD: ____/____/____ to ____/____/____ Deductible _____ Premium _____

16. Please check appropriate box(es) for limits of liability you require.

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

B. Please provide a quote for Contingent Bodily Injury: Yes No

17. A) I am currently a member in good standing of the AAPP: Yes No

B) I am currently a CERTIFIED member in good standing of the AAPP: Yes No

PRIVATE INVESTIGATORS SECTION

<u>ACTIVITY</u>	<u>% OF TIME</u>	<u>ACTIVITY</u>	<u>% OF TIME</u>
Alarm Installation, Services or Repair	_____ %	Motor Vehicle Accidents & Reconstruction	_____ %
Asset Searches	_____ %	Motor Vehicle Reconstruction	_____ %
Arson Investigation	_____ %	Process Servers	_____ %
Bail Bond Operations	_____ %	Process Service	_____ %
Bodyguards	_____ %	Quiet Titles	_____ %
Bounty Hunters	_____ %	Reposition/Collection Work	_____ %
Computer Fraud	_____ %	Records Check	_____ %
Corporate-Employee Dishonesty	_____ %	Slip & Fall Accidents	_____ %
Credit Pre-Employment Screening	_____ %	Security Consulting	_____ %
Drug Surveillance	_____ %	Undercover Operations	_____ %
Drug Testing	_____ %	Surveillance-Describe	_____ %
Formal Signed Statements	_____ %	_____	_____ %
Guard Services	_____ %	_____	_____ %
Insurance Claim Investigation	_____ %	_____	_____ %
Legal	_____ %	_____	_____ %

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 for any act, error, or omission on my part, other than as stated above, and agree that this Proposal Form shall be the basis of the contract between me and the Underwriters and shall be deemed a part thereof.

AAPP Insurance Services c/o Complete Equity Markets, Inc. In California dba Complete Equity Markets Insurance Agency, Inc. 1190 Flex Court Lake Zurich, IL 60047 Phone: (800) 323-6234 In Illinois: (847) 541-0900 Fax: (847) 541-0444	Named Applicant _____ Signature _____ Date _____
---	--

This proposal Form duly completed, together with any supplementary information, must be signed in ink by the Applicant. A signed copy will be attached to and form part of the Policy or Endorsement/Certificate, if issued. Completion of this Proposal Form does not bind or obligate the Applicant to complete this insurance.

Data Security Breach and Client Network Infection Questionnaire

1. Does the applicant provide remote access to its internal networks and computer systems? Yes No

If YES, please provide details including how remote access is restricted? Use a separate attachment if necessary.

2. Are there formalized security policies for anyone with direct or remote access to your hard wired or wireless network or paper files and records? Yes No

3. Do you comply with all applicable regulatory and industry supported privacy and security standards and frameworks that are applicable to your industry, including PCI data to your business? Yes No

4. Does applicant use intrusion detection software to detect unauthorized access to internal networks and computer systems? Yes No

5. Does applicant use firewall protection and anti-virus systems to prevent unauthorized access to internal networks and computer systems? Yes No

6. How does applicant limit access to its internal networks, computer systems and electronic devices (i.e. passwords, encryption or both)?

7. How does applicant ensure sensitive data is permanently removed before any computer equipment or paper file is discarded?

8. Does applicant accept payment by credit card? Yes No

If YES, is that information stored on your network? Yes No

9. Does applicant have a written procedure to communicate a privacy breach to state authorities and affected parties? Yes No

10. Does confidential data ever leave the applicant's premises by way of paper or electronic format? Yes No
(This includes any outsourced data handling/data processing / offsite storage)
If YES, please provide details. Use a separate attachment if necessary.

11. Has the applicant had any incidents, claims, suits or complaints involving unauthorized access, breach, misuse or compromise of any system of maintaining storage of confidential client or employee information? Yes No

If YES, please provide details. Use a separate attachment if necessary.

12. Is the applicant aware of any incident which could give rise to a claim, suit or complaint involving unauthorized access, breach, misuse or compromise of any system of maintaining storage of confidential client or employee information? Yes No

If YES, please provide details. Use a separate attachment if necessary.

13. Please provide below the approximate number of computer and paper records (in office and in storage) kept regarding individuals:
(One client or personnel/staff equals one record)

Own Personnel/Staff paper record:- _____ Own Personnel/Staff electronic record:- _____
Clients/Other paper record:- _____ Clients/Other electronic record:- _____

I/We have not suppressed or misstated any material facts.

I/We agree that this application shall be the basis of the contract with the insurers.

Signing this application does not bind the applicant or the Insurers to complete the insurance, but it is agreed that this application shall be the basis thereof.

Applicant: _____ **Title:** _____
Applicant's Signature: _____ **Date:** _____

Complete Equity Markets, Inc.
In CA. dba Complete Equity Markets
Insurance Agency, Inc. (CASL#0D44077)
1190 Flex Court
Lake Zurich, IL 60047
Toll-free number 800-323-6234 - In Illinois 847-541-0900 - Fax 847-541-0444