**APPLICANT**

|  |  |
| --- | --- |
| Name of applicant: |       |
|  |       |
| Mailing address: |       |
|  | *Civic number, street*      |  |       |  |       |
|  | *City* |  | *Prov.* |  | *Postal code* |

**SUPPLEMENTAL QUESTIONS**

|  |  |
| --- | --- |
| Please list type of investigative work: |       |
|       |
|       |
| **Does the applicant you provide any of the following services?** |
|  |  |  |  | **Revenue** |  | **Details** |
| Retail store security or investigations | [ ]  Yes [ ]  No |  | $       |  |       |
| Airport security or investigations |  | [ ]  Yes [ ]  No |  | $       |  |       |
| Bailiff |  | [ ]  Yes [ ]  No |  | $       |  |       |
| Paralegal |  | [ ]  Yes [ ]  No |  | $       |  |       |
| Process Serving |  | [ ]  Yes [ ]  No |  | $       |  |       |
| Forensics |  | [ ]  Yes [ ]  No |  | $       |  |       |
| **Do any of the investigators carry firearms?** | [ ]  Yes [ ]  No |
| Describe the minimum educational training and experience requirements for investigators: |
|       |
|       |
| **Does the applicant pre-hiring process include a criminal background check?** | [ ]  Yes [ ]  No |

**ADDITIONAL INFORMATION**

|  |
| --- |
|       |

**STATEMENT**

|  |
| --- |
| THE APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO INFORMATION HAS BEEN SUPPRESSED OR MISSTATED. |
|       |  |       |
| *Signature of applicant* If signed in the name of a company, indicate the position occupied: |  | *MM/DD/YY*       |
| **The application must be signed by an officer, a director of the applicant Named Insured.** |
|       |  |       |

To send your quote request or to contact our team, write us at: mtl.cgl@tottengroup.com .
Our team will be happy to see if we can help you with your risk!