



Mid Valley General Agency LLC  
 888 Madison St NE, Ste 100, Salem, OR 97301  
 Phone: 888-565-7001 ♦ Fax: 888-265-7353  
[quotes@midvalleyga.com](mailto:quotes@midvalleyga.com)

**DETECTIVE OR INVESTIGATIVE AGENCIES (PRIVATE) & PROCESS SERVERS  
 SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Location of Operations:**

	Street and City	State	License Number
1. <input type="checkbox"/> Same as mailing address			
2.			
3.			

**1. Errors and Omissions (E&O) Coverage (available up to the General Liability limits):**

Each Claim: .....\$ \_\_\_\_\_  
 Aggregate: .....\$ \_\_\_\_\_

**2. How long has applicant been in business?.....** \_\_\_ years  Full-Time  Part-Time

3.

Employee Data	Number	Annual Payroll	Leased or Subcontracted	Number	Annual Cost
Owner(s) only		\$	Leased Employees		\$
Full-Time Employees		\$	Independent Contractors*		\$
Part-Time Employees		\$			

\* Include cost of uninsured subcontractors as employee payroll.

**4. Do independent contractors provide applicant with certificates of insurance?.....**  Yes  No

**5. Are armed personnel certified for use of firearms?.....**  Yes  No  N/A

6. Are background checks completed on new employees prior to employment?.....  Yes  No  
 If yes, describe procedures used for pre-employment screening: \_\_\_\_\_

Are these procedures compliant with state and federal requirements?.....  Yes  No

7. Are personnel licensed as required by state and federal agencies? .....  Yes  No  N/A

8. Does applicant provide arson Investigation?.....  Yes  No

9. Does applicant have bail bond operations?.....  Yes  No

10. Does applicant provide bodyguard or personal security services? .....  Yes  No

11. Does applicant operate as a bounty hunter? .....  Yes  No

12. Does applicant provide eviction operations?.....  Yes  No

13. Does applicant repossess personal property (i.e., autos, boats, furnishing, etc.)?.....  Yes  No

14. Does applicant provide utility shut-off operations?.....  Yes  No

15. List applicant's five largest clients and the operations performed for each:

Client Name	Operations Performed

16. Operations and Percentage of Receipts (Percentages should total to one hundred percent [100%]):

Abstractor of Title/Landman	%	Missing Person	%
Arson Investigation	%	Parole/Detention Officer	%
Bail Bond Operations	%	Personal Property Repossession (autos, etc.)	%
Bodyguard	%	Polygraph Work	%
Bounty Hunting	%	Pre-employment Screening	%
Computer Fraud	%	Process Servers	%
Consulting or Testifying as an Expert Witness	%	Records Check	%
Corporate—Employee Dishonesty	%	Surveillance (describe):	%
Drug Surveillance	%		
Drug Testing	%	Undercover Operations (describe):	%
Domestic	%		
Eviction Operations	%	Utility Shut-off Operations	%
Insurance Adjusters (Draft Authority \$_____)	%	Title Research Operations	%
Insurance Claim Investigation/Adjusting (Draft Authority \$_____)	%	Other Operations (describe):	%
Legal	%		

17. Does applicant use dogs?.....  Yes  No

If yes, explain: \_\_\_\_\_

How often? \_\_\_\_\_

18. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

\_\_\_\_\_

19. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_