



MPR-FINTRA, INC.

7700 Congress Avenue
Suite 3108
Boca Raton, Florida 33487
PH: 561-338-7452 FX: 561-338-7489
www.mprfintra.com

GENERAL & PROFESSIONAL LIABILITY PROGRAM APPLICATION

ARMORED CAR OPERATIONS - PRIVATE INVESTIGATORS
PRIVATE PATROLS - SECURITY CONSULTANTS - SECURITY GUARDS

First Name of the Applicant _____ Last Name _____

DBA or Company Name _____

Business Type: Corporation Partnership Individual Other

Mailing Address _____ Physical Address _____

Business phone _____ Cell / Mobile Telephone _____ Fax No _____

Do you operate from your residence? Yes No E-mail Address: _____

Tax ID or Social Security # _____ Date Business Established _____ Years of Experience _____

Brief Details of Experience _____

State License Number _____ *Please attach a copy of your license.*

Desired limits of Liability: \$ _____ /Aggregate

\$ _____ /Occurrence

Who was your prior insurance carrier for the past three years? _____

Gross Annual Receipts for Your Operation \$ _____ Estimated Gross Receipts for the Next 12 Months: \$ _____

Annual Payroll for Employees (Don not include officers, partners, sole proprietors or clerical) \$ _____

For subcontractors who do not have insurance; Annual 1099 Labor \$ _____

Do you require certificates of Insurance from your subcontractors same or higher limits then yours Yes No

Employees: * Please enter the number of full-time and part-time active staff

	Owners Officers	Armored Car Operations		Private Investigators		Private Patrol		Security Guards		Security Consultants	
	Partners	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full Time											
Part Time											
Payroll											
Avg. Hours/Week											

PERCENTAGE BY OPERATION - total should equal 100%

- | | | |
|-----------------------------------|--------------------------------|-------------------------------------|
| _____ Activity Check | _____ Process Service | _____ Hotels / Motels |
| _____ Construction Sites | _____ Athletic Events ** | _____ Liquor Stores |
| _____ Product Liability | _____ Attorney Service | _____ Locates / Skip Tracing |
| _____ Medical Malpractice | _____ Background | _____ Low Income Housing |
| _____ Airports ** | _____ Banks | _____ Manufacturing Plants |
| _____ Consulting Investigation ** | _____ Bars / Lounges | _____ Property / Arson |
| _____ Surveillance | _____ Car Dealerships | _____ Public Records |
| _____ Mystery Shopping Service | _____ Churches | _____ Residential Patrol |
| _____ Alarm Response | _____ Civil | _____ Restaurants |
| _____ Security Consulting ** | _____ Computer Fraud | _____ Retail Stores ** |
| _____ Traffic Control | _____ Concerts ** | _____ Schools |
| _____ Offices | _____ Condominiums | _____ Shopping Mall Interior |
| _____ AOE / COE | _____ Executive Protection ** | _____ Shopping Mall Parking Lot |
| _____ Criminal | _____ Fast Food Restaurants | _____ Strike Work |
| _____ Warehouses | _____ Fidelity | _____ Sub-Rosa |
| _____ Polygraph | _____ Forensic Investigation | _____ Other(please describe below): |
| _____ Apartments ** | _____ Government Facilities ** | _____ |
| _____ Domestic | _____ Hospitals | _____ |

** Please provide descriptions for starred items on the additional page.

All Apartments, Bars / Lounges, Government Facilities, and Restaurants: Please list the name and address of each on a separate sheet. We will run a check for the activity at each location.

Have any claims been made or suits brought against you during the past five years? If yes, please describe:

Are you aware of any circumstances, alleged error, omission or offense that may be reasonably expected to result in a claim being made against you or any of your business predecessors, subsidiaries or affiliates or against any of the past or present partners, owners, staff or company? Yes No If "YES" describe briefly _____

Signature

Date