



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

ACCIDENT RECONSTRUCTIONISTS - ATTORNEY SERVICES - BACKGROUND CHECKERS
FORENSIC INVESTIGATORS - INSURANCE ADJUSTERS - INSURANCE INVESTIGATORS - PRIVATE
INVESTIGATORS - PROCESS SERVERS - PUBLIC RECORD RETRIEVERS - SECURITY CONSULTANTS

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

\$ _____

Total number of active staff _____

Owners/Officers/Partners: Investigators: _____ * Adjusters: _____ Background Checkers: _____ Clerical: _____

Investigators: _____ Process Servers: _____ Other (Explain) _____

*Adjusters must complete a Supplemental Application. Please email to elena@mprfintra.com to get supplemental application.

Are subcontractors / vendors used? _____ Are they licensed in the state they operate in? If so, what state? _____

Do you require a certificate of insurance from all independent contractors/subcontractors? Yes No

You MUST obtain a certificate of insurance from all independent contractors/subcontractors providing evidence of limits of liability equal to or greater than the limits provided by your policy. Failure to comply will result in no coverage for any claim arising against you and/or subcontractor.

TYPE OF WORK PERFORMED - total should equal 100%

Attorney Service _____	Locates/Skip Tracing _____	Property/Arson _____
Background _____	Polygraph _____	Other (Describe) _____
Civil _____	Product Liability _____	Other (Describe) _____
	Process Service _____	

INDICATE ON BEHALF OF WHOM THESE SERVICES ARE PERFORMED - total should equal 100%

Insurance Carriers _____	Public Entities _____	Self Insureds _____
Private Parties _____	NBA _____	
Law Firms _____	NFL _____	

Other(please describe):

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? No Yes If "YES" describe briefly _____

Signature

Date