

Please send your completed application to your agent:

OREP Insurance Services LLC

EMAIL: investigators@orep.org

PROFESSIONAL LIABILITY PROGRAM APPLICATION

for

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

This is an application for **New Occurrence Basis**, not a claims-made policy.

Please complete the following information about your operation:

First Name M.I. Last Name Contact Name

DBA or Company Name

Business Type: ☐ Corporation ☐ Partnership ☐ Individual ☐ Other:

Mailing Address

City State Zip Code

Street Address

City State Zip Code

Business Telephone

Residence Telephone

Cell / Mobile Telephone

Fax Number

☐ ☐ Do you operate from your residence?

Yes No

Email Address:

Additional Locations: *(Please include the addresses of all offices other than the one above.)*

Name of Qualified Principal and/or Partner Tax ID or Social Security # Date Business Established Years of Experience

Brief Details of Experience

State License Number

Licensed in State

Other States Where You Operate

Gross Annual Receipts from Your Operation

Estimated Gross Receipts for the Next 12 Months

Annual Payroll for Employees

↔ Do not include officers, partners,
sole proprietors or clerical.

Annual 1099 Labor / Subs

STAFF

	Owners / Officers / Partners	Armored Car Operations		Private Investigators		Private Patrol		Security Consultants		Security Guards	
		Armed	Unarmed	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full Time *	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Part Time *	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Percentage of Payroll		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

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

PERCENTAGE BY OPERATION - total should equal 100%

Please provide a payroll percentage breakdown for Armored Car, Private Investigators and Detectives ,
Private Patrol, Security Consultants, and Security Guards operations by the following categories:

<input style="width: 40px;" type="text"/> Airports <input style="width: 40px;" type="text"/> Alarm Response <input style="width: 40px;" type="text"/> AOE / COE <input style="width: 40px;" type="text"/> Apartments ** <input style="width: 40px;" type="text"/> Armored Car / Courier / Money Escort <input style="width: 40px;" type="text"/> Athletic Events ** <input style="width: 40px;" type="text"/> Attorney Service <input style="width: 40px;" type="text"/> Background <input style="width: 40px;" type="text"/> Banks <input style="width: 40px;" type="text"/> Bars / Lounges <input style="width: 40px;" type="text"/> Car Dealerships <input style="width: 40px;" type="text"/> Churches <input style="width: 40px;" type="text"/> Civil <input style="width: 40px;" type="text"/> Computer Fraud <input style="width: 40px;" type="text"/> Concerts ** <input style="width: 40px;" type="text"/> Condominiums <input style="width: 40px;" type="text"/> Construction Sites <input style="width: 40px;" type="text"/> Consulting Investigation **	<input style="width: 40px;" type="text"/> Criminal <input style="width: 40px;" type="text"/> Domestic <input style="width: 40px;" type="text"/> Executive Protection ** <input style="width: 40px;" type="text"/> Fast Food Restaurants <input style="width: 40px;" type="text"/> Fidelity <input style="width: 40px;" type="text"/> Forensic Investigation <input style="width: 40px;" type="text"/> Government Facilities ** <input style="width: 40px;" type="text"/> Hospitals <input style="width: 40px;" type="text"/> Hotels / Motels <input style="width: 40px;" type="text"/> Liquor Stores <input style="width: 40px;" type="text"/> Locates / Skip Tracing <input style="width: 40px;" type="text"/> Low Income Housing <input style="width: 40px;" type="text"/> Marijuana / Dispensaries ** <input style="width: 40px;" type="text"/> Manufacturing Plants <input style="width: 40px;" type="text"/> Medical Malpractice <input style="width: 40px;" type="text"/> Mystery Shopping Service <input style="width: 40px;" type="text"/> Offices <input style="width: 40px;" type="text"/> Polygraph	<input style="width: 40px;" type="text"/> Process Service <input style="width: 40px;" type="text"/> Product Liability <input style="width: 40px;" type="text"/> Property / Arson <input style="width: 40px;" type="text"/> Public Records <input style="width: 40px;" type="text"/> Residential Patrol <input style="width: 40px;" type="text"/> Restaurants <input style="width: 40px;" type="text"/> Retail Stores ** <input style="width: 40px;" type="text"/> Schools <input style="width: 40px;" type="text"/> Security Consulting ** <input style="width: 40px;" type="text"/> Shopping Mall Interior <input style="width: 40px;" type="text"/> Shopping Mall Parking Lot <input style="width: 40px;" type="text"/> Strike Work <input style="width: 40px;" type="text"/> Sub-Rosa <input style="width: 40px;" type="text"/> Surveillance <input style="width: 40px;" type="text"/> Traffic Control <input style="width: 40px;" type="text"/> Warehouses <input style="width: 40px;" type="text"/> Other (please describe below):
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** Please provide descriptions for starred items on the next 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.**

DESCRIPTIONS OF OPERATIONS

You must complete this section to obtain a quotation.

☐ Yes ☐ No Any Subsidized -
Section 8 (HUD) or
Low Income Housing?

Apartment Work - Please describe duties performed.

Concerts, Athletic Events, and Special Events - Please describe duties performed and locations. (Crowd control?)

Consulting Investigation - Please describe.

Executive Protection - Please describe duties. Any celebrities, entertainers, or athletes? If so, who?

We must have the name of each person being protected and type of operation or they will be excluded from quote.

Government Facilities - Please describe where work is performed (i.e. offices, train station, etc.)

Marijuana / Dispensaries - Please describe.

Retail Work - Please describe duties, types of stores, and hours that guards are on duty.

Security Consulting - Please describe.

☐ Yes ☐ No Do you have a website?
If yes, please enter the website address:

☐ Yes ☐ No Do you use a written contract for your business?

☐ Yes ☐ No Does your agency and/or you belong to any associations?
If yes, please list association name(s):

CLAIMS / PRIOR INSURANCE

☐ ☐ Have any claims been made or suits brought against you during the past five years?
 Yes No *If yes, please explain in an attached statement. Such statement must be a part of this application.*
We will need loss runs for the last five years.

☐ ☐ 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? *If yes, please attach explanation.*

☐ ☐ Have you or any of your business predecessors, subsidiaries, affiliates, past or present partners, owners, officers, staff, or employees been investigated and/or cited by any regulatory agency for violations arising out of your activities?
 Yes No *If yes, please explain in an attached statement. Such statement must be a part of this application.*

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

Please include any coverage that would have been directly related or would have responded in part to the exposure:

Name of Insurance Carrier	Policy Number	Coverage	Premium	Period (e.g. 02-14-01/02)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ I have not carried insurance for the past three years.

☐ This is a renewal application; prior carrier is listed above.

RATING INFORMATION

Guards, Patrol, and Investigators (annual):
 Payroll Receipts 1099s / Subs

Please describe training for guards, patrol, and investigators / detectives:

Number of Hours Billed Annually - All Guards Number of Armed Guards Number of Unarmed Guards

Where are guards stationed?

Full-Time Guards:	Number <input type="text"/>	Payroll <input type="text"/>	Avg. Hours / Week <input type="text"/>	Part-Time Guards:	Number <input type="text"/>	Payroll <input type="text"/>	Avg. Hours / Week <input type="text"/>
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Full-Time Investigators / Detectives:	Number <input type="text"/>	Payroll <input type="text"/>	Are they armed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Part-Time Investigators / Detectives:	Number <input type="text"/>	Payroll <input type="text"/>	Are they armed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Full-Time Security Consultants:	Number <input type="text"/>	Payroll <input type="text"/>	Are they armed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Part-Time Security Consultants:	Number <input type="text"/>	Payroll <input type="text"/>	Are they armed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Supervisors: Number Payroll Please describe duties performed.

Canines: # Attended # Unattended Where and how are they used? Please describe any drug- or bomb-sniffing activities.

LIMITS OF LIABILITY / COVERAGE INFORMATION

Limits of Liability	<input type="radio"/> \$1,000,000/\$2,000,000 <input type="radio"/> \$1,000,000/\$3,000,000 <input type="radio"/> \$2,000,000/\$3,000,000 <input type="radio"/> \$3,000,000/\$4,000,000 <input type="radio"/> \$4,000,000/\$5,000,000 <input type="radio"/> \$5,000,000/\$5,000,000 <input type="radio"/> Other: <input style="width: 150px;" type="text"/>
Deductible	<input type="radio"/> \$0 Deductible Per Claim

☐ ☐ Would you like to include Additional Insureds? How many:
 Yes No *Please give names and addresses on a separate page.*

☐ ☐ Would you like to include Certificates of Insurance? How many @ no charge:
 Yes No *Please give names and addresses on a separate page.*

Requested Effective Date of this Policy:

Comments

FRAUDULENT ACTS NOTICE - PLEASE READ CAREFULLY

For the purpose of this application, the undersigned authorized agent of the persons(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and any attachments, are true and complete. The broker/underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase the insurance.

The information contained in and submitted with this application is on file with the broker/underwriter and along with the application is considered physically attached to the policy and will become a part of it. If issued the broker/underwriter will have relied upon this application and attachments in issuing any policy.

If the information in this application or any attachment materially changes between the date of this application and the policy effective date, the applicant will notify the broker/underwriter, who may modify or withdraw any outstanding quotation or agreement to bind insurance.

WARNING: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

This application and any required supplement data must be completed in full in a legible manner. All questions and sections must be completed and the application dated and signed.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

FRAUDULENT ACTS NOTICE (cont.)

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: 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.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

This is an application for insurance. It is not an insurance policy. Any coverage description shown may be an abbreviated title and does not indicate in force coverage. Only the policy itself provides coverage. This application is not a part of and is not incorporated into the insurance policy. If there is any conflict between the coverage descriptions shown in this application and the actual insurance policy, the insurance policy prevails. The insurance policy supersedes this application and proposal.

I/we hereby declare that the statement and particulars in this application are true, and that I/we have not misstated or suppressed any material facts. I agree that this application together with any other information supplied by me on behalf of the applicant, shall form the basis of any contract of insurance effected thereon. The applicant undertakes to inform the insurer of any material alteration to these facts, whether occurring before or after issuance of the contract of insurance.

Date:



Signature of authorized representative

Title:

Name

Phone Number


Individual to contact for inspection / audit:

NOTICE TO APPLICANT - UNDERWRITING CONDITIONS

This policy does not insure under the Professional Liability nor the Comprehensive General Liability section for loss caused directly or indirectly by any of the following:

1. Occasioned directly or indirectly by enforcement of any ordinance of law regulating a subterfuge, pretext calls, false pretense, unless permitted by law;
2. Due to any dishonest or fraudulent act by the insured or by partner, officer or by employees;
3. Due to citizen's arrest, false arrest;
4. Security guards, body guards, protective services, insurance appraisals, insurance inspections, auto repossession, bail bond operations, bounty hunters, armed guards in retail stores, bouncer, armored car services, funeral escort services, monitoring of emergency medical alarms, operation involving nuclear power plant, airport security; (some of these could be covered by endorsement)
5. Due to more than three losses in the last three years;
6. A person or agency that is not properly licensed by the State you operate in when required;
7. Loss due to any dishonest or fraudulent act by the insured or by any partner, officer, director or trustee, whether acting alone or with other;
8. Independent contractors (private investigator, security, patrol operator, adjuster, process server, attorney service, public record retrievers & consultants) must have insurance equal to or greater than your insurance. It is the responsibility of the Insured to secure a Certificate of Insurance from each Independent Contractor for General Liability Plus Errors and Omissions insurance equal to or greater than those of your policy. Should you have greater than \$1,000,000 / \$2,000,000 then the Independent Contractor must have limits no less than \$1,000,000 / \$2,000,000. Your failure to request the Certificate of Insurance from Independent Contractors could result in a claim being denied should you fail to obtain proof of insurance.
9. Due to pretexting or subterfuge of consumers' financial information from financial institutions, unless permitted by law or the Gramm-Leach Bliley Act. Obtaining or attempts to obtain customer information via false pretenses by: Making a false statement to an officer, employee or agent of a financial institution or making a false statement to a customer of a financial institution unless permitted by law or the Gramm-Leach Bliley Act.
10. Information Brokers or Customer Information Brokers; Collection Agencies; Credit Counselors; Financial or Investment Counselors; Property Appraisers; Recovery Agencies.
11. Background checks for which the insured has not verified information retrieved from Data Information Brokers Computerized Data Information Services. Any claims, including but not limited to loss indemnification of loss adjustment expense, arising from background checks not properly verified will not be covered by this insurance. Further, the carrier will have no duty or obligation to defend the insured as respects any such claims.

NOTICE: Non-Owned/Hired Autos employees must carry minimum of \$100,000 Liability Limits on their personal autos. This endorsement is excess over their limits of \$100,000. Endorsement for Non-Owned/Hired Autos has a maximum Liability Limits of \$1,000,000.



Signature _____ Title _____ Date _____

Signature

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019; AND 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

PLEASE ALSO BE AWARE THAT YOUR POLICY DOES NOT PROVIDE COVERAGE FOR ACTS OF TERRORISM THAT ARE NOT CERTIFIED BY THE SECRETARY OF THE TREASURY.

Acceptance or Rejection of Terrorism Insurance Coverage

You must accept or reject this insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*, before the effective date of this policy. Your coverage cannot be bound unless our representative has received this form signed by you on behalf of all insureds with all premiums due.

☐ **Coverage acceptance:**
I hereby elect to purchase coverage for certified acts of terrorism, *as defined in Section 102(1) of the Act* for a prospective premium of \$ _____. I understand that I will not have coverage for losses resulting from any non-certified acts of terrorism.

OR

☐ **Coverage rejection:**
I hereby decline to purchase coverage for certified acts of terrorism, *as defined in Section 102(1) of the Act*. I understand that I will not have coverage for any losses arising from either certified or non-certified acts of terrorism.

X

Policyholder/Applicant's Signature-
Must be person authorized to sign for all Insureds.

Print Name

Named Insured

Date

Insurance Company

Peleus Insurance Company

Policy Number

Submission Number

Producer Number

Producer Name

Isaac Peck / OREP Insurance Services

Street Address

6353 El Cajon Blvd, Suite 124-605

City, State, Zip

San Diego, CA 92115

Please send your completed application to your agent:

OREP Insurance Services LLC

EMAIL: investigators@orep.org

The producer shown above is the wholesale insurance broker your insurance agent used to place your insurance coverage with us. Please discuss this Disclosure with your agent before signing.