

**APPLICATION FOR  
PROFESSIONAL LIABILITY INSURANCE**  
issued to the  
**AMERICAN ASSOCIATION OF POLICE POLYGRAPHISTS**  
(This is an application for a Claims Made Coverage)

- A) Please answer all questions in ink, leaving no blank spaces.
- B) The application must be signed and dated.
- C) When answering questions, please use a separate sheet if space provided is insufficient.
- D) You must be a member of the American Association of Police Polygraphists.

1. a) Name of Applicant \_\_\_\_\_  
 b) Address of Practice \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Fax number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

Form of Practice: Sole Proprietor  Partnership  Corporation

2. Check if Applicant is: \_\_\_\_\_ a) Full-time private practice polygraphist  
 \_\_\_\_\_ b) Police department employee  
 \_\_\_\_\_ c) Police officer; # of Police Polygraph Exams \_\_\_\_\_  
 \_\_\_\_\_ d) Private Investigation  
 \_\_\_\_\_ e) Other: \_\_\_\_\_

3. If the Applicant has checked b), c) or e) above and ALSO maintains a part-time private polygraphist practice, indicate the percentage of time devoted to:

\_\_\_\_\_ % full-time employment      \_\_\_\_\_ % part-time private practice

	Number of cases handled in past 12 months	Gross income from the past 12 months	Number of cases expected to be handled in the next 12 months	Gross income expected from those services in the next 12 months
4. Private Practice Polygraph:		\$ _____	_____	\$ _____
Written Testing:		\$ _____	_____	\$ _____
Interviewing:		\$ _____	_____	\$ _____
Background Checks:		\$ _____	_____	\$ _____
*Private Investigation:		\$ _____	_____	\$ _____

**\* If this work is undertaken, please complete the Private Investigators Section on the last page.**

5. What percentage of the Applicant's polygraph exams are sex offender testing? \_\_\_\_\_%  
 Give details of any particular training or qualifications in respect of sex offender testing that the Applicant has.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Does the Applicant provide polygraph services for tournaments or contests?  Yes  No

If Yes, please provide details about such tournaments or contests, and specify the approximate number of such events for which the Applicant provides polygraph services each year. Also, please attach or otherwise provide: (1) any tournament or contest rules; (2) any tournament or contest application form that is signed by participants; and (3) any contract between the Applicant and the sponsor of the tournament or contest.

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7. Does the Applicant provide, or intend to provide, polygraph services for television programs?  Yes  No

If Yes, please provide details about such programs. Also, please attach or otherwise provide: (1) the Applicant's contract with the television network or program producer; (2) any indemnification or hold-harmless agreement between the Applicant and the television network or program producer; (3) any contract, waiver, or release form signed by the contestants on the television program.

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8. Please give a detailed description of interviewing.

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9. a) Does the Applicant conduct background investigations?  Yes  No

b) Is the information that the Applicant collects a matter of public record?  Yes  No

If no, please provide a description of this type of work.

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10. Does the Applicant videotape the polygraph exams?  Yes  No

11. Has the Applicant ever been subject to any disciplinary proceedings or reprimanded by or refused admission to practice or suspended from practice before any court or administrative agency?  Yes  No

If yes, please give details:

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12. Have any claims or suits been made during the past five years against the Applicant either as an individual or as an employee of a police department or private polygraph firm?  Yes  No

If yes, please give details:

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13. Is the Applicant aware of any circumstances which may result in any claim being made against the Applicant?  Yes  No

If yes, please give details:

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14. Has any similar insurance for the Applicant ever been declined or cancelled?  Yes  No  
 If yes, give full particulars:

\_\_\_\_\_  
 \_\_\_\_\_  
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15. Please give full particulars of all Polygraph Insurance carried during the past five years.

INSURER: \_\_\_\_\_

AMOUNT OF POLICY: \_\_\_\_\_

WHETHER "CLAIMS MADE" OR "OCCURRENCE" COVERAGE: \_\_\_\_\_

PERIOD: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Deductible \_\_\_\_\_ Premium \_\_\_\_\_

16. Please check appropriate box(es) for limits of liability you require.

\$100,000/\$100,000    \$250,000/\$250,000    \$500,000/\$500,000    \$1,000,000/\$1,000,000    \$1,000,000/\$2,000,000

17. A) I am currently a member in good standing of the AAPP:  Yes  No  
 B) I am currently a CERTIFIED member in good standing of the AAPP:  Yes  No

PRIVATE INVESTIGATORS SECTION			
ACTIVITY	% OF TIME	ACTIVITY	% OF TIME
Alarm Installation, Services or Repair	_____ %	Motor Vehicle Accidents & Reconstruction	_____ %
Asset Searches	_____ %	Motor Vehicle Reconstruction	_____ %
Arson Investigation	_____ %	Process Servers	_____ %
Bail Bond Operations	_____ %	Process Service	_____ %
Bodyguards	_____ %	Quiet Titles	_____ %
Bounty Hunters	_____ %	Reposition/Collection Work	_____ %
Computer Fraud	_____ %	Records Check	_____ %
Corporate-Employee Dishonesty	_____ %	Slip & Fall Accidents	_____ %
Credit Pre-Employment Screening	_____ %	Security Consulting	_____ %
Drug Surveillance	_____ %	Undercover Operations	_____ %
Drug Testing	_____ %	Surveillance-Describe	_____ %
Formal Signed Statements	_____ %	_____	_____ %
Guard Services	_____ %	_____	_____ %
Insurance Claim Investigation	_____ %	_____	_____ %
Legal	_____ %	_____	_____ %

I hereby declare that the above statements and particulars are true, and that I have not suppressed or misstated any material facts. At the present time, I have no reason to anticipate any claim being brought against me for any act, error, or omission on my part, other than as stated above, and agree that this Proposal Form shall be the basis of the contract between me and the Underwriters and shall be deemed a part thereof.

AAPP Insurance Services <b>c/o Complete Equity Markets, Inc.</b> In California dba Complete Equity Markets Insurance Agency, Inc. 1190 Flex Court Lake Zurich, IL 60047 Phone: (800) 323-6234 In Illinois: (847) 541-0900 Fax: (847) 541-0444	Named Applicant _____ Signature _____ Date _____
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This proposal Form duly completed, together with any supplementary information, must be signed in ink by the Applicant. A signed copy will be attached to and form part of the Policy or Endorsement/Certificate, if issued. Completion of this Proposal Form does not bind or obligate the Applicant to complete this insurance.