

**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 you have checked b), c) or e) above and ALSO maintain 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 you expect to handle in the next 12 months	Gross income you expect 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 following on the next page:

PRIVATE INVESTIGATORS ADDENDUM

<u>ACTIVITY</u>	<u>% OF TIME</u>	<u>ACTIVITY</u>	<u>% OF TIME</u>
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	_____ %	_____	_____ %

5. What percentage of your polygraph exams are sex offender testing? _____ %
 Give details of any particular training or qualifications in respect of sex offender testing that you have. Use a separate sheet if necessary.

6. Please give a detailed description of interviewing (use a separate sheet if necessary)

7. If you do background investigations, is the information that you collect a matter of public record? Yes No
 If no, please provide a description of this type of work (use a separate sheet if necessary).

8. Have you 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:

9. 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

10. 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:

11. 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:

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

13. 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 _____

14. 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

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
C/O Complete Equity Markets, 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 _____

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 Certificate, if issued. Completion of this Proposal Form does not bind or obligate the Applicant to complete this insurance.

AIF 2650 A (07/05)