



NATIONAL ASSOCIATION OF FIRE INVESTIGATORS PROGRAM APPLICATION

This application form is for members of the National Association of Fire Investigators (NAFI) with up to \$1,000,000 in revenue. For revenues over \$1,000,000, please refer for a quote. PLEASE COMPLETE THIS FORM ELECTRONICALLY TO ENSURE THAT WE CAN RESPOND TO YOUR REQUEST QUICKLY.

Company name:			
Address:			
City:			
State:	ZIP code:		
Telephone:	Email address:		
Total revenue: <small>(last complete financial year)</small>	Payroll: <small>(current financial year)</small>		

POLICY REQUIREMENTS

Professional liability limit: \$1,000,000 \$2,000,000

General liability limit: \$1,000,000 \$2,000,000

Property limit: \$5,000 \$10,000 \$25,000

Cyber liability limit: \$100,000 \$250,000 \$500,000 \$1,000,000

Target inception date:

Please refer to the coverage and rating guide for more information on limits, deductibles, and premiums.

CURRENT INSURANCE

Do you currently have professional liability insurance? Yes No

If yes, please state the limit: Retroactive date:

STATEMENT OF FACT

Do you comply with the requirements detailed in the Statement of Fact below? Yes No

1. You are a member of the National Association of Fire Investigators and in good standing.
2. All of your work relates to fire investigation services, which includes the determination of origin and causes of fires including related engineering analysis, removal and storage of evidence, preparation of reports and court testimony, and expert witness services.
3. All of your premises are occupied solely as self-contained offices, have a locked entrance door when the premises are unoccupied, and are protected by an intruder alarm that is subject to annual maintenance.
4. You have anti-virus software installed and enabled on all desktops, laptops and servers (excluding database servers) and it is updated on a regular basis.
5. You have firewalls installed on all external gateways.
6. No more than 20% of your work involves manual labor with hand held tools and there is no use of any machinery.

CLAIMS INFORMATION

In regards to claims or circumstances that could give rise to a claim, are the below statements true? Yes No

1. After full inquiry, you are not aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous businesses of the partners or directors of any of the companies to be insured) within the last five years.
2. You are not aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof.
3. None of the partners or directors of the companies to be insured have been found guilty of any criminal, dishonest, or fraudulent activity or been investigated by any regulatory body.



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If you answered "No" to the Statement of Fact or Claims statements, please provide further information in the box below:

DECLARATION

I declare that after proper inquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.

I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.

I undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract.

Full name:

Date:

Position:

Signature:

PLEASE NOTE: DO NOT PRINT AND SCAN THIS FORM. PLEASE COMPLETE THIS FORM ELECTRONICALLY, SIGN USING A DIGITAL SIGNATURE, SAVE A COPY FOR YOUR RECORDS, AND SUBMIT VIA EMAIL. THIS WILL ENSURE WE PROCESS YOUR APPLICATION QUICKLY.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF INSURANCE, PLEASE IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES. THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORISATIONS OR AGREEMENTS TO BIND THE INSURANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED INTO THIS APPLICATION.