

National Association of Fire Investigations Program



Insurance application form

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.

	Legal entity name:			****************		
	Company name:					
	Address:					
	Telephone: Total revenue (last complete financial year): \$			Email address:		
			Payroll (current financial year):		inancial year):	
Sec	tion 1: Policy Requiremer	nts				
7.7	Professional liability limit:	\$1,000,000	\$2,000,000			
	General liability limit:	\$1,000,000	\$2,000,000			
	Cyber liability limit:	\$100,000	\$250,000	\$500,000	\$1,000,000	
	Target inception date (MM/DD/	YYYY):				
	Please refer to the coverage and rating guide for more information on limits, deductibles, and premiums.					
	ction 2: Current Insurance Do you currently have profession		? Yes No			
2.1		onal liability insurance		Retroactive date	(MM/DD/YYYY):	
2.1 Sec	Do you currently have profession of "yes", please state the limit:	onal liability insurance				
2.1	Do you currently have profession of figures, please state the limit:	ements detailed in the	e Statement of Fa	ct below? Yes	No	
2.1 Sec	Do you currently have profession of "yes", please state the limit: Stion 3: Statement of Fact Do you comply with the require 1. You are a member of the Nation 2. All of your work relates to fire	ements detailed in the	e Statement of Fa re Investigators ar s, which includes	ct below? Yes and in good standi	No	
2.1 Sec	Do you currently have profession of "yes", please state the limit: Stion 3: Statement of Fact Do you comply with the require 1. You are a member of the Nation 2. All of your work relates to fire engineering analysis, removal a	ements detailed in the onal Association of Fi investigation services and storage of evidence	e Statement of Far re Investigators ar s, which includes ce, preparation of tained offices, ha	ct below? Yes and in good standi the determinatio reports and cour	No ing. n of origin and causes of fires including related t testimony, and expert witness services.	
2.1 Sec	Do you currently have profession of "yes", please state the limit: Etion 3: Statement of Fact Do you comply with the require 1. You are a member of the Nation 2. All of your work relates to fire engineering analysis, removal and analysis, removal and analysis. 3. All of your premises are occupant of the profession of the professi	ements detailed in the onal Association of Fi investigation services and storage of evidence bied solely as self-con that is subject to ann	e Statement of Far re Investigators ar s, which includes ce, preparation of stained offices, har ual maintenance.	ct below? Yes Ind in good standi The determinatio The reports and cour The detect of the courts and courts are courts and courts	No ing. n of origin and causes of fires including related t testimony, and expert witness services.	
2.1 Sec	Do you currently have profession of "yes", please state the limit: Extion 3: Statement of Fact Do you comply with the require 1. You are a member of the Nation 2. All of your work relates to fire engineering analysis, removal a 3. All of your premises are occup protected by an intruder alarm 4. You have anti-virus software in	ements detailed in the onal Association of Fi investigation services and storage of evidence pied solely as self-con that is subject to ann installed and enabled	e Statement of Far re Investigators ar s, which includes ce, preparation of tained offices, har ual maintenance.	ct below? Yes Ind in good standi The determinatio The reports and cour The detect of the courts and courts are courts and courts	No ing. In of origin and causes of fires including related it testimony, and expert witness services. In occupied, and are	

- 4.7 In regards to claims or circumstances that could give rise to a claim, are the below statements true? Yes
 - 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 Claim	as statements, please provide further information in the box below:
portant Notice	
signing this form you agree that the information provided is	both accurate and complete and that you have made all reasonable attempts to
	your business. CFC Underwriting will use this information solely for the purposes of
	d parties in order to do this. We may also use anonymised elements of your data for the Forfull details on our privacy policy please visit www.cfcunderwriting.com/privacy
itact Name:	(Position:



Broker / Filing Fee Memo

The \$50 fee listed on the quote is being paid to a Surplus Lines Agent/Broker for their services as such in the procurement, export and issuance of the Surplus Line coverage described in the quote in addition to their insurance advising services. This fee is an addition to any additional commission paid to the agent and/or broker and separate from the premium stated in the proposal. It is understood that you are responsible for payment of the premium and any fees associated with the issuance of this policy.

	Date
lı	nsured's Signature
- lı	nsured's Name and Title