



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: Email address:

Total revenue (last complete financial year): \$ Payroll (current financial year):

Section 1: Policy Requirements

Table with 5 columns: Limit type, \$1,000,000, \$2,000,000, \$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.

Section 2: Current Insurance

2.1 Do you currently have professional liability insurance? Yes No
If "yes", please state the limit: Retroactive date (MM/DD/YYYY):

Section 3: Statement of Fact

- 3.1 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...
3. All of your premises are occupied solely as self-contained offices...
4. You have anti-virus software installed...
5. You have firewalls installed on all external gateways.
6. No more than 20% of your work involves manual labor with hand held tools...

Section 4: Claims Information

- 4.1 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...
2. You are not aware of any circumstances which may give rise to a claim...
3. None of the partners or directors of the companies to be insured have been found guilty of any criminal, dishonest, or fraudulent activity...



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

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymised elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact Name:

Position:

Signature:

Date (MM/DD/YYYY):



Alexander J. Wayne & Associates, Inc.

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

Insured's Signature

Insured's Name and Title