

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATE OF INSURANCE

SUPPORTING DOCUMENT

DE-INS

APPLICANT: Complete the applicant section of this form, then have your authorized insurance agent complete the remainder of the form. The completed form must be submitted **WITH** your application for licensure or renewal form. Insurance must be in the name of the individual license holder. The comprehensive, commercial general liability insurance must be in the name of the individual licensee.

1. NAME OF INSURED (must be exactly as it appears on application, renewal form of individual license.)

2. DATE OF BIRTH

____ / ____ / ____
Month Day Year

3. SOCIAL SECURITY NUMBER

____ - ____ - ____

4. ADDRESS STREET, CITY, STATE, ZIP CODE (specific address as noted on license)

5. NEW APPLICANTS ONLY

REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

Profession Name

Profession Code

6. MAIDEN OR GIVEN SURNAME

7. RENEWAL APPLICANTS AND PERSONS VERIFYING CURRENT INSURANCE ONLY -- Record each individual license number you hold under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act.

115 - _____

119 - _____

124 - _____

191 - _____

8. TELEPHONE NUMBER (where you can be reached during the day-time)

Area Code (____) _____ - _____

Under penalties of perjury, I declare that I have examined the policy and this completed form and to the best of my knowledge, the statement is true, correct, and complete.

Signature of Applicant/Licensee

Date

INSURANCE COMPANY/INSURANCE PRODUCER: Complete the following information and return the form to the applicant licensed under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act.

A. NAME OF INSURANCE COMPANY

B. NAME OF AUTHORIZED AGENCY/PRODUCER

C. INSURANCE COMPANY HOME ADDRESS:
STREET, CITY, STATE, ZIP CODE

D. NAME AND ADDRESS OF AGENT'S BUSINESS: STREET, CITY,
STATE, ZIP CODE

E. INSURED'S POLICY NUMBER

F. TITLE OR TYPE OF POLICY

G. AGENT'S BUSINESS TELEPHONE NUMBER

Area Code (____) _____ - _____

H. EFFECTIVE DATE OF POLICY

____ / ____ / ____
Month Day Year

I. EXPIRATION DATE OF POLICY

____ / ____ / ____
Month Day Year

The comprehensive commercial general liability insurance policy, with proof of a minimum of \$1,000,000 of liability insurance, must include coverage for bodily injury liability, property damage and personal injury. If the licensee carries a firearm in the course of duty, coverage must extend to claims for injury or damage resulting from the use of firearms while acting in the course of employment. Additionally, if the licensee serves as the licensee in charge of an agency, and the licensee in charge of that agency permits anyone associated with it to carry a firearm, then coverage must extend to claims for injury or damage resulting from the employee's use of firearms while acting in the course of employment. Under penalties of perjury, I declare that I am an authorized agent of the above insurance company; I have examined the policy referenced above and this application, and to the best of my knowledge, the policy meets the requirements and provides liability coverage for the licensee's operations in the State of Illinois and statements made here are true, correct and complete. If this policy is terminated prior to expiration, the insurer agrees to provide written notice to the Department of Financial and Professional Regulation thirty (30) days prior to cancellation.

Signature of Agent

Date