



**Background Screening  
Commercial General Liability  
Including Errors & Omissions**

One Blue Hill Plaza  
Suite 530  
Pearl River NY 10965  
Ph 800-214-0207  
Fax 845-735-8383  
www.mechanicgroup.com

1. Name \_\_\_\_\_  
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)

2. Address \_\_\_\_\_  
Street Address City State Zip Code

3. Assoc. Member  Yes  No Policy proposed effective date \_\_\_\_\_

4. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

5. Corporation  Partnership  Individual  Other  Company Inception Date \_\_\_\_\_

6. Principal \_\_\_\_\_ Title \_\_\_\_\_

7. Experience in industry \_\_\_\_\_

8. Total number of employees \_\_\_\_\_ Investigators \_\_\_\_\_ Consultants \_\_\_\_\_

9. Projected Annual Revenue (next 12 months) \_\_\_\_\_ Payroll (if one owner, use \$27,500) \_\_\_\_\_

10. Subcontractors Expense \_\_\_\_\_ Do subcontractors provide evidence of insurance  Yes  No

11. Indicate % of Operations:

Background Screening	Percentage
Criminal	
Credit - Financial	
Prior Employment -Work History	
Education	
Historical and Current Residence	

Investigations	Percentage
Criminal	
Civil	
Corporate	
Matrimonial	
Undercover	
Missing Persons	
Insurance	
Other:	
<i>Other Description</i>	
<i>Other Description</i>	

Other Operations	Percentage
Psychological testing	
Drug Testing	
Polygraph	

12. Have you sustained any claims or become aware of any errors in your work-product over the past 5 years?  Yes  No  
(If yes, please provide brief details below along with insurance company reserve if known).

\_\_\_\_\_  
\_\_\_\_\_

