

**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 of insured's location covered by insurance policy.)	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, 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 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 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 policy required by must include coverage for errors and omissions, 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 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. Insurance liability policies must be obtained from an insurer authorized by the Division of Insurance to do surety business in Illinois. Under penalties of perjury, I declare that I am an authorized agent of the above insurance company and licensed in Illinois as a producer; I have examined the policy referenced above and this application, and to the best of my knowledge, the policy meets the requirements 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