



## Private Investigator Limited Liability Company Licensee Insurance Claim Reporting Form

### Reporting Period from January 1, 2020 to December 31, 2020

The Bureau developed this form to assist with the reporting of claim data for the reporting period specified above. ***Any claim filed against and/or any claim paid during the reporting period should be provided to the Bureau. Policy information in which no claims were filed during the reporting period should also be provided to the Bureau.***

While the reporting of the claim data is mandatory, the use of this form to report the information is optional. Carefully refer to the instructions for help completing this form.

**COMPLETE FORM ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN.**

#### LICENSEE INFORMATION

Company Name	License Number
Company Address (Address, City, State, and Zip Code)	

#### PERSON WHO COMPLETED FORM INFORMATION

Name (Last, First)	Title
Phone Number (Optional)	Email Address (Optional)

#### CLAIMS FILED FROM JANUARY 1, 2020 TO DECEMBER 31, 2020

Name of Insurer	<input type="checkbox"/> Current Policy <b style="text-align: center;">OR</b> <input type="checkbox"/> Former Policy
Insurance Policy Number	Policy Start Date
Policy End Date	
<div style="display: flex; align-items: center;"> <input type="checkbox"/> <b>Check box if no claim was filed with this insurer during the reporting period.</b> </div>	

1. Claim Number:	Date Claim Filed:
2. Claim Number:	Date Claim Filed:
3. Claim Number:	Date Claim Filed:
4. Claim Number:	Date Claim Filed:
5. Claim Number:	Date Claim Filed:

## CLAIMS PAID FROM JANUARY 1, 2020 TO DECEMBER 31, 2020

Name of Insurer		<input type="checkbox"/> Current Policy <b>OR</b> <input type="checkbox"/> Former Policy
Insurance Policy Number	Policy Start Date	Policy End Date
<div style="display: flex; align-items: center;"> <input type="checkbox"/> <b>Check box if no claim was paid by this insurer during the reporting period.</b> </div>		
1. Claim Number:	Date Claim Paid:	
2. Claim Number:	Date Claim Paid:	
3. Claim Number:	Date Claim Paid:	
4. Claim Number:	Date Claim Paid:	
5. Claim Number:	Date Claim Paid:	
Signature of Person Who Completed Form (Electronic Signatures Not Accepted)		Date

### INSTRUCTIONS

1. **Phone Number & Email Address:** While optional, providing this information may expedite the Bureau's communication with you if additional information is required.
2. **Insurance Information:** Enter the name of your insurance company, policy number and the policy term (i.e. start and end dates) for your current and, if applicable, prior general liability insurance policy. If claims were either filed with or paid by more than one insurer during the reporting period, complete additional form(s) as needed and submit all forms together to the Bureau.
3. **Which Claims Must Be Reported:** Any claim filed by a third party against your current or prior general liability insurance policy, as well as any of these claims that were paid, relating to acts, errors or omissions arising from private investigation services you/your company provided must be reported. To ensure proper processing of your information, verify whether the claims filed or paid were associated to your policy or policies during the reporting period.
  - a. **Claims Filed:** For each claim filed, enter the claim number associated with the policy number, and the date the insurance company identified as the claim receipt date.
  - b. **Claims Paid:** For each claim paid, enter the claim number associated with the policy number, and the date the insurance company paid the claim.
4. **Claims Exceed Form Limit:** If all claim data cannot be reported on one form, use additional form(s) and submit together.
5. **Signature:** Each form submitted must be signed and dated by the person who completed the form.
6. **Form Submission Information:** Submit scanned copies of completed and signed form(s) by email to [PrivateInvestigators@dca.ca.gov](mailto:PrivateInvestigators@dca.ca.gov) or hard-copy forms by mail to the Bureau of Security and Investigative Services, PO Box 989002, West Sacramento, CA 95798.
7. **Questions:** For additional information, visit [https://www.bsis.ca.gov/industries/insurance\\_pi.shtml](https://www.bsis.ca.gov/industries/insurance_pi.shtml). You may contact the Bureau for any further questions at 800-952-5210 or [PrivateInvestigators@dca.ca.gov](mailto:PrivateInvestigators@dca.ca.gov). Due to high call volumes, the Bureau suggests communicating by email.
8. **IMPORTANT INFORMATION:** Sign up for the Bureau's Interested Parties Mailing List to receive reminders to submit your claim information, changes in claim submission activities, and to stay current on what is happening at BSIS. Go to <http://www.bsis.ca.gov/subscriptions.shtml> to receive email notifications from the Bureau.