



Private Investigator Limited Liability Company Licensee Insurance Claim Reporting Form

Reporting Period from January 1, 2024 to December 31, 2024

This form must be used to report claim data for the reporting period specified above. Any claim paid as well if no claim was paid during the reporting period must be reported to the Bureau. **The claim information must be reported to the Bureau no later than March 1, 2025.** (Business and Professions Code Section 7520.3(g).)

Read the Instructions for completing this form carefully.

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 PAID FROM JANUARY 1, 2024 TO DECEMBER 31, 2024

Name of Insurer	<input type="checkbox"/> Current Policy OR <input type="checkbox"/> Former Policy	
Insurance Policy Number	Policy Start Date	Policy End Date
 <input type="checkbox"/> Check box if no claim was paid by this insurer during the reporting period.		
1. Claim Number:	Date Claim Paid:	
2. Claim Number:	Date Claim Paid:	
3. Claim Number:	Date Claim Paid:	
4. Claim Number:	Date Claim Paid:	

Signature of Person Who Completed Form (Electronic Signatures Not Accepted)	Date
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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 that was paid by your insurer during the prior calendar year relating to acts, errors, or omissions arising from private investigation services you/your company provided must be reported.
 - a. **Claims Paid:** For each claim paid, enter the associated claim number, the date the insurer paid the claim, and the amount of the claim the insurer paid.
 - b. **No Claims Paid:** If no claims were paid during the reporting period, check the specified box.
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 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://bsis.ca.gov/industries/insurance_pi.pdf. You may contact the Bureau for any further questions at 800-952-5210 or 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.