

Application for Partnership

Please follow the instructions

Kindly answer all the questions mentioned below. Please don't leave any question as incomplete applications will not be considered.

Please mail your application on the following address or email us the scanned copy of it on info@claiminvestigators.com

Greves Protection Management Pvt. Ltd., 215, Vikas Kendra, E-Block LSC, Vikaspuri, New Delhi - 110018, India.

Claim Investigators-(CI) Partnership

Who can become a member of Claim Investigators-CI?

Our Partnership is only open to qualified or experienced or practicing investigators who have proven his professionalism in the field of Insurance and private investigations. Please follow the mentioned criteria:

Who can become a member of Claim Investigators (CI) The network of Claim Investigators - The Partnership is exclusive and by invitation only. The organization is a private body of Claim Investigators and does not offer open Partnerships.

What are the obligations - All members are obliged to adhere to all the terms laid down in the **Code of Ethics** at all point of times.

How can a prospective member approach for Partnership - Prospective member may first go through the set of conditions laid down in the code of ethics and once he is willing to adhere to all of them, he may write a mail to the Patron-in-chief at the e-mail ID info@claiminvestigators.com and the concerned team will accordingly revert.

Interested members may however fill the attached introduction form and our response team will accordingly revert to them.

NOTE: Our official language is English; therefore, at least one person of each member's office should be fluent in the English language and the form should be filled in English language only.

Personal Information

Full Name of Applicant _____
First Name
Middle Name
Last Name

Residence Address _____
City
State
Zip

Date of Birth _____ (yyyy/mm/dd)
 Birth Place
Nationality

Contact No.(Resi.) _____
 Contact No.(Cell)
Contact No.(24x7)

E-mail _____
 Website(if any)

Gender _____
 Marital Status
Facebook ID
Skype ID

Short bio about yourself _____

Claim Investigation Expertise

<input type="checkbox"/> Insurance Claims Investigation	<input type="checkbox"/> Property Claim Investigation	<input type="checkbox"/> Death Verifications
<input type="checkbox"/> Life Insurance Claim Investigation	<input type="checkbox"/> Medi-Claims Investigation	<input type="checkbox"/> Theft Claim Investigation

Professional Information

Company / Agency Name _____

Company Address _____

_____ City _____ State _____ Zip _____

Company Phone No.(s) _____ Company Fax No.(s) _____

E-mail _____ Website(if any) _____

Is the company subject to licensing regulations? _____ If yes, explain license no., date of issue & date of issue below

License No. _____ Date of issue _____ Date of expiry _____

Your position in company _____ Time in position _____

Affiliations(If any) _____

Claim Investigation Expertise Insurance Claims Investigation Property Claim Investigation Death Verifications

Life Insurance Claim Investigation Medi-Claims Investigation Theft Claim Investigation

Other Investigation Services Corporate Investigation Insurance Investigation IP Investigation

Skip Tracing Investigation Verification Investigation Process Services

Offering investigation services in countries _____

Do you have a full-time office? Yes No Have you ever been convicted in any criminal proceeding? Yes No

Do you have branch offices? Yes No If Yes, Please explain Company Address, Phone(s), Fax(s) etc. below

Branch 1 _____

Branch 2 _____

Branch 3 _____

Please list all the languages spoken by you or your staff _____

CERTIFICATION

(Must be signed)

I hereby certify that the statements in the Request for the Partnership of CI to be approved and submitted by me and the information given above are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I also hereby confirm that any materials translated into English were accurately translated by me or an individual of my institution, who is fluent in English and the original language of the translated documents. Due to failure of any information will result in termination of my Partnership without recourse, legal and I will accept the all the decision of Claim Investigators Network.

Signature of Applicant _____

Date _____

The Code of Ethics of “Claim Investigators Network”

Be it known to all fellow members of “Claim Investigators Network” that all of them are bound by the following terms laid down in this code of ethics for the practice of profession and all of them are required to adhere to the same religiously, for which they have pledged and assured.

- Client Satisfaction and the highest standard of quality are of utmost importance.
- Applicant must hold a current private investigators license in good standing as issued by a state licensing authority if it is applicable in the particular state or country.
- The members shall always keep their investigative operations and client details absolutely confidential and secret and shall under no circumstances disclose the same to any other person or individual irrespective of his stature, position and profile.
- The members shall always adhere to the governing laws and operate within the ambit of the legal laws and ethical as well as moral responsibilities.
- The members shall ensure that the information being gathered is not for an unauthorized or immoral use.
- The members shall provide all necessary support to the state enforcement agencies whenever and wherever required.
- The members shall operate only in those matters where they are duly competent and authorized to deal.
- In event of any dispute, the members shall have the same resolved by way of arbitration within the organization and shall, under normal circumstances, not take this beyond.
- The members shall, at no point, misinform or mislead their clients by representation of falsified facts and / or by manipulating the facts of cases.
- The members shall not enter into any activity which dents the image of the organization and shall never behave in such a manner with the clients, which may be detrimental for the future growth of the organization or the profession at large.
- The members shall maintain absolute professionalism and dignity while operating within the organization and shall settle all mutual invoices promptly and maintain integrity at all point of times.