



Program Underwriters

ALARM/SAFETY EQUIPMENT APPLICATION

(please complete all questions)

Agency Name: _____
Agent: _____
Address: _____
E-mail Address: _____
Phone Number: _____

1. Applicant: _____
2. Street Address: _____
Mailing Address (if different than above): _____
Additional Locations (if any):
a. _____
b. _____
c. If additional space is necessary, please provide additional worksheet.
3. Name of contact person for inspection/audit: _____ Telephone No.: _____
4. Applicant is a/an: Individual Corporation Partnership Other (Describe): _____
5. Coverage Requested: _____
6. Limits: _____ Each Occurrence/Aggregate Deductible: _____
7. Operations (use percentage): _____ % Alarm _____ % Safety Equipment _____ % Other: _____
8. How long has Applicant owned this business? _____
9. How many years' experience does Applicant have in this field? _____
10. Is Applicant involved in any other operations? Yes No If Yes, please describe: _____

11. List states of operations: _____
a. If Applicant is working in states that permit third part action over, is Action Over Exclusion is acceptable? Yes No
12. Describe the duties of owner: _____
13. Provide the names of Applicant's five largest clients and a description of your duties for them:
(1) _____
(2) _____
(3) _____
(4) _____
(5) _____
14. Signed contract with all customers? Yes No
15. Percent % of customers under standard contract: _____

PLEASE ATTACH COPY OF YOUR STANDARD CUSTOMER CONTRACT OR PURCHASE ORDER.

15. Pre-employment Screening Procedure (check applicable):
 Prior Employment Check Drug Screening Personal Reference Psychological Testing
 Polygraph MVR Background Check Other
 Please describe "Other": _____
16. Training Program Consists of (check all applicable):
 Written Manual Report Writing CPR On The Job
 Powers of Arrest Other
 Please describe "Other": _____
17. Is the Applicant licensed? Yes No If Yes, please list all licenses: _____

18. Does Applicant perform any work at facilities where explosives are handled or stored or at nuclear power plants? Yes No
 If Yes, describe: _____
19. Does Applicant perform any design work? Yes No If Yes, fully describe: _____

20. List Trade Association Memberships held: _____

Claim/Loss History: If none, so state. Attach five (5) years currently valued loss runs with application, if available. Verified loss runs required to bind.

Date	Description	Paid Amount	Reserves	Status (Open/Closed)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any additional incidents that have occurred that may result in a claim being made against Applicant. If none, so state:

Policy Information:

Carrier	Policy Period	Limits	Premium	Basis	Deductible
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has any carrier cancelled or refused to renew? Yes No If Yes, please describe: _____

ALARM COMPANY OPERATIONS – PROVIDE BREAKDOWN OF APPLICABLE OPERATIONS:

<u>Client Base:</u>	New Construction	Rehab / Retrofit Service / Repair
Commercial	_____ %	_____ %
Industrial	_____ %	_____ %
Institutional	_____ %	_____ %
Apartments	_____ %	_____ %
Single Family	_____ %	_____ %
Condos	_____ %	_____ %
Tract Housing	_____ %	_____ %
Custom Homes	_____ %	_____ %

GROSS RECEIPTS BREAKDOWN BY ALARM & RELATED OPERATIONS

Receipts Breakdown:

	Sales / Installation Service / Repair	Monitoring	
Fire / Smoke / Heat Detection	\$ _____	\$ _____	
Burglary (Perimeter / Internal / Motion Detector)	\$ _____	\$ _____	
Personal Emergency / Panic Button	\$ _____	\$ _____	
Medical Emergency Pendants	\$ _____	\$ _____	
Medication Reminder Service	\$ _____	\$ _____	
Carbon Monoxide Detection	\$ _____	\$ _____	
Utility Monitors (HVAC / Water / Gas)	\$ _____	\$ _____	
Water Flow on Sprinkler System	\$ _____	\$ _____	
Temperature Control	\$ _____	\$ _____	
Closed Circuit TV	\$ _____		
Central Vacuum	\$ _____		
Home Theater	\$ _____		
Intercom	\$ _____		
Preconstruction Wiring / Conduit	\$ _____		
Nurse Call Buttons	\$ _____	\$ _____	
Other	\$ _____		
Other	\$ _____	\$ _____	
SUB-TOTAL:	\$ _____	\$ _____	TOTAL: _____

PAYROLL AND SUBCONTRACTOR'S COSTS

Total Projected Annual Payroll:	\$ _____
Total Projected Subcontract Costs:	\$ _____
Total Projected Subcontractor's Costs for Monitoring:	\$ _____
Maximum amount liable for Monitoring Operations:	\$ _____

Are any of the above part of wrap-up or OCIP projects? Yes No. If Yes, Receipts? _____

Fully describe "Other" operations: _____

If Applicant does not monitor alarms, who does? _____

Written contract with monitoring company? Yes No **PLEASE ATTACH COPY OF CONTRACT WITH MONITORING COMPANY**

Fully describe alarm response procedures: _____

SAFETY EQUIPMENT OPERATIONS – PROVIDE BREAKDOWN OF APPLICABLE OPERATIONS:

Payroll	Receipts		Payroll	Receipts	
_____	_____	Sales/Distribution	_____	_____	Manufacturing
_____	_____	Service	_____	_____	Other
_____	_____	Installation			

Fully describe "Other" operations: _____

Systems are: _____% Hand Held Extinguishers _____% Personal/Safety First Aid _____% Other

Describe other products sold or handled by Applicant (protective clothing, life support, etc.): _____

Identify Manufacturers: _____

Installations at: _____% Factories _____% Restaurant _____% Computer Room
_____% Other Describe "Other": _____

Customers are: _____% Commercial _____% Residential _____% New Construction

Customers: _____ Number _____ Under Contract \$ _____ Annual Contract Cost

PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR ALARM OR SAFETY EQUIPMENT OPERATIONS:

Do you use any subcontractors? Yes No

a. What kind of work is subcontracted? _____

b. Do you use a written contract with all your subcontractors? Yes No If Yes, please attach a copy of the contract.

c. Do you obtain Certificates of Insurance from all your subcontractors? Yes No

d. Are you always added as an additional insured by your subcontractors? Yes No If No, give percentage: _____%

e. Indicate contractually required minimum limit of liability insurance: _____

Does Applicant install or service safety equipment in nursing homes, medical, correctional or detention facilities? Yes No

Is Applicant covered under Broad Form Vendors coverage by manufacturer? Yes No

Does the Applicant install safety equipment in buildings over four (4) stories? Yes No

OTHER OPERATIONS – SECURITY RESPONSE

Does Applicant provide security/patrol response to their customers if and when local Police/Fire/EMTs do not respond? Yes No

If Yes, are the responders employees, or are they hired/contracted for this service? _____

If responders are not employees, does Applicant have a written contract with the security company that provides the response? _____

If Applicant does have a contract with the security company, is either party holding the other harmless/providing indemnification?

Yes No. If Yes, provide details: _____

Do any employees or subcontractors carry firearms? Yes No

[Fraud Warning and Signatures on Next Pages]

FRAUD WARNING NOTICE

California: For your protection California law requires the following to appear on this form "Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Arizona: For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

All other states:

WARNING: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO FOR THE PURPOSE OF MISLEADING SUCH INSURANCE COMPANY OR OTHER PERSON, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A FELONY CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. PENALTIES MAY INCLUDE RESTITUTION, IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

[Signatures on Next Pages]

SIGNATURES

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does acceptance or review of this application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

APPLICANT SIGNATURE:

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* ELECTRONIC SIGNATURE AND ACCEPTANCE

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

Agency/Brokerage Name

License #

Date

* ELECTRONIC SIGNATURE AND ACCEPTANCE

* You may sign this form electronically by checking the Electronic Signature and Acceptance box below your signature and then either applying your electronic signature to or typing your name above the signature line on this form. By doing so, you agree that your use of a keypad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third-party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.