



ALARM LIABILITY INSURANCE APPLICATION

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

SECTION 1: COMPANY DETAILS

1. Applicant company: _____
 Company DBA(s): _____
 Contact Name: _____
 Mailing Address Street: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email: _____ Website: _____
2. Legal Status: Individual Partnership Corporation Joint Venture Other: _____
3. Company License #(s): _____
4. Number of years in business: _____ FEIN: _____

SECTION 2: INSURANCE INFORMATION/CLAIMS HISTORY

1. Effective Date Desired: _____ to _____
2. Please indicate the limits of liability desired: (i.e., \$1,000,000 each occurrence, \$2,000,000 aggregate and \$2,000,000 product liability)
 Each Occurrence: \$ _____
 Aggregate: \$ _____
 Products & Completed Operations: \$ _____

******Very Important******

The carrier will not allow a quote to be released until they have reviewed your company's contract. Please return with application. The "limitation of liability" or "liquidated damages" must be legible.

3. Do you currently have liability insurance? Yes No
 Insurance Company: _____
 Limits of Liability: \$ _____ Deductible/SIR: \$ _____
 Expiring Premium: \$ _____ Expiration Date: _____



4. Please provide 5 years current valued loss runs:

Prior year _____

1st Prior Year: _____

2nd Prior Year: _____

3rd Prior Year: _____

4th Prior Year: _____

SECTION 3: TOTAL ESTIMATED ANNUAL REVENUE

1. Estimated Revenue for next 12 months (not including monitoring revenue): _____

2. Estimated monitoring revenue: _____

3. % of revenue generated by jobs subcontracted to insured companies: _____

4. Number of technicians not including owner: _____

5. Annual Payroll for technicians not including clerical/admin/owner(s): _____

6. Revenue for previous 12 months: _____

7. Owner(s) payroll (only if Field Work is performed by owner(s)): _____

SECTION 4: OPERATIONS

1. Do you operate in any other states? Yes No
If yes, please list: _____

2. Operations are:

| | | | | | |
|----------------|---|--------------------------------|---|---------------|---|
| Fire Alarm | % | Burglar Alarm | % | Combination | % |
| Home Theater | % | Medical Alert | % | Temp. Control | % |
| Closed Circuit | % | Preconstruction Wiring/Conduit | % | Other | % |

5. Client Base:

| | | | | | |
|---------------|---|---------------|---|-------------------|---|
| Commercial | % | Industrial | % | New Home Builders | % |
| Institutional | % | Condos | % | Other | % |
| Apartments | % | Single Family | % | | |

6. Please describe the type of work being done for New Home Builders (i.e., tract homes, condominiums, custom homes). A "tract home" is defined as a development of five or more individual and freestanding houses which share common or similar design elements, floor plans, blueprints and/or architectural details, and/or which are constructed at the same time, or consecutively, on the same parcel, adjacent parcels, or parcels so located within one geographic area to be considered a single project: _____



If a portion of the work you are doing for new home builders is for tract homes or condos and another portion is for custom homes, please provide percentages for each (must equal 100%):

| | | | |
|---------------------------------------|---|--------------------------|---|
| Tract homes, Condos, Townhouses | % | Custom Homes | % |
| Total Number of Customers | % | Number Under Contract | % |

7. Do you install alarm or service safety equipment in:
- a. Nursing Homes: Yes No
 - b. Medical Facilities: Yes No
 - c. Correctional Facilities: Yes No
 - d. Detection Facilities: Yes No

If yes, what percentage of your total work is designated to this? _____%

8. Does your company do its own monitoring? Yes No
- If no, please provide the name of monitoring company detection facilities: _____

9. Do you ensure that sub-contractors have their own General Liability and Errors and Omissions insurance? Yes No

10. Do any of your contracts contain a service credit or liquidated damages regime? Yes No
- If yes, please attach a sample.

11. Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature? Yes No

SECTION 5: ALARM RESPONSE

1. Do you provide security/patrol response to your customers if and when Police/Fire/EMT's do not respond? Yes No

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

Fully describe alarm response procedures: _____

2. If responders are not employees, do you have a written contract with the security company that provides the response? Yes No

3. If you have a contract with the security company, is either party holding the other harmless/providing indemnification? Yes No

If yes, please provide details: _____

4. Do any employees or subcontractors carry firearms? Yes No



SECTION 6: DECLARATION

- I declare that after proper inquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this Application Form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signatures:

Date: _____

Applicant:

Signature

Print Name

Title

ADDITIONAL INFORMATION:
